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Ramenomics

When Nora Lynch opened her mouth, an odd hybrid of British and Long Island accents flew out. As I hovered over a voice recorder for my first cancer conversation, this blind encounter with Nora held a palm-sweating edge strikingly similar to my first foray into the online dating world just two weeks earlier. Although I had previously carried on candid, one-on-one conversations about cancer with Seth—a lymphoma patient in San Francisco who became a close friend—our chats were absent a microphone and the expectation that our words would be immortalized in print. Nora was equally anxious because she had never encountered anyone her age who had cancer.

Nora had replied to my posting on the Washington, D.C., Craigslist. We exchanged a few e-mails and agreed that I would travel to the D.C. area. We met in a chaotic Metro parking lot in suburban

Virginia during rush hour. We each had an abbreviated list of physical identifiers so that we could recognize the other. Nora: a twenty-four-year-old woman, of medium height, with short black hair and pale skin. Me: a thirty-one-year-old woman, tall, with long brown hair. Nora looked Goth, clad in a black mesh shirt and black jeans despite the thick July humidity.

Seeking privacy from her two roommates, we parked ourselves on a cement-slab bench in a square in Old Town Alexandria. Loud buses hurtled past and kids screamed and splashed in a fountain as we took refuge in the story of the last nine months of her life. Despite my twinges of nervousness, I was confident about the parameters I had devised for these conversations. I had no prepared list of questions, I'd willingly share as much of my cancer experience with her as she wanted to know, and we needn't tell our stories in chronological order. We agreed that I could ask her anything, and she was free to skip over any answers and subjects that she wished not to talk about. Nora asked to use a pseudonym, out of fear that future employers could discriminate against her in the hiring process. She had just come from a doctor's appointment to have the site of her chemo port checked. I started our conversation by asking about her appointment, but she quickly dove back in time to the beginning of her saga. She spoke with biting humor and self-deprecation, mixed with intervals of steady, forthright contemplation.

"I was diagnosed with lymphoma nine months ago. During the whole nine months of cancer, I've had really great fantasies about finally being able to go to work. When I was diagnosed, I had just finished my graduate degree from the London School of Economics. I was so eager to be supporting myself and feeling like an adult at last. In college, everything was being done for me by someone else. My dorm rooms were found for me; my schedule was being set by someone else. I wanted to take care of myself for a change, but I suddenly entered this period of cancer, of not being able to do the most basic

things for myself. It was like, Great, now that I've graduated college and am ready to become independent, I'll go back to infancy. I really feel like I was shot down by circumstances on the eve of becoming a financially independent adult.

"After I left London, I came back to Long Island, where I thought I was staying with my mother in her one-bedroom apartment for two weeks. I had a Long Island doctor look at this lump I'd found on my neck two weeks before, when I was finishing up my thesis in England. You know, when I got my positive biopsy report back from the doctor, I didn't even feel too upset. I kind of felt a sense of inevitability. 'Cause before I was diagnosed and telling friends and family that I might have cancer, they were all saying, 'No, no, I don't think you have it. I feel like you don't,' but my gut was saying something else. When I got the news, I thought, Okay, yeah, it figures, damn. I was a very casual smoker, maybe three cigarettes a week. I went outside and had a smoke and that's the last cigarette I've had. I didn't want to be one of those people standing outside a hospital with a drip in their chest smoking a cigarette. That's just too dark, even for me.

"My mom was at work when I got the news, and I knew she was going to freak out. Hearing her break down on the other end of the phone was probably the worst part of the entire cancer experience. She wanted to come home, but I preferred to be alone. My parents got divorced about two years ago. My dad. Oh God. Bless him, he can't help it. He's got obsessive-compulsive disorder and a whole host of other mental problems. When I called to tell him, he replied,

"People reading

this will think I'm crazy for smoking when I just got through brain cancer. I don't ever sleep and I'm going through withdrawal from being on high doses of pain medication for such a long period of time. I feel like I just need something to get me through but I do wish I could quit."

—*Krista Hale, 39*

‘Bummer. Seen that new Harry Potter movie?’ I said no, and seriously, that was pretty much it. Once in a while he’d send me a postcard: ‘So how’s that cancer thing going, Nora?’ It’s like, Great, Dad, I’m having a great time. My grandparents tried to give us emotional and financial support as best they could. My sister is twenty-three. She came out from New York City quite a lot to check on us. But otherwise, it was just me and my mom. My mother had actually just been diagnosed with colon cancer two weeks beforehand.”

As Nora spoke, I worked hard to bite my tongue, to not shout out, “What the hell are you talking about? You and your mom *both* had cancer, at the *same* time? How do you even begin to handle that?” I was shocked by how unfazed Nora seemed by the whole situation. Listening to her story, I so easily forgot what I have come to learn: that you play the cards you are dealt. You adapt. A life that appears freakish, bizarre, and extremely unlikely to the outside world can suddenly become normal to you because, really, there is no other choice but to move forward.

As Nora’s situation spun in my head, I tasted some of what my friends experienced each time I dropped my little bombs of cancer news on them: “I have cancer.” “My cancer has metastasized.” “I need to repeat treatment again.”

They either asked aloud or with a silent, quizzical look of wonderment the same question I now had for Nora: How do you *deal* with that? Sitting on this park bench, agape at Nora’s situation, I realized that the inability to conceive of someone else’s monumental distress is a luxury. There exists a thin threshold where concern for someone’s well-being suddenly transforms into gawking. I caught myself at that threshold with Nora and decided that instead of asking how? why? what? I would do the best thing that anyone who knows someone with cancer can do: I simply listened.

“My mom and I were always really close, though we got a lot closer during our big cancer winter. We drove each other to chemo, spacing it so one would feel decent enough to do it for the other.

I wanted everything to be reciprocal like that, but I think she mostly took care of me because I was sicker. We lived under each other's feet that whole six months in a very small one-bedroom apartment. Occasionally, it would become a bit much, but we'd just snap at each other and get it over with. We're very similar, despite the fact that she's very religious and I'm not at all. We agreed that it sucks that we both had to have cancer, but I'm glad that we had it at the same time. We'd joke about it, asking if we could get two-for-one discounts.

"The financial implications of dealing with cancer are huge. As a student in Britain, I was treated like a regular citizen and got their national health insurance. If I had stayed in Britain, I would have been fine. A month before I came home, my mom had to drop me or my sister off her health insurance plan because her employer didn't want to carry two additional people. My sister has asthma, so my mom thought, 'Nora's healthy. Let's drop her.' When I was diagnosed, I had no insurance, no job, and about seven thousand dollars left over from my college fund.

"I footed the bill to see a doctor at Sloan Kettering; she seems to be the top lymphoma expert in the world. I got her consultation but couldn't afford to get treatment at Sloan because I didn't have any insurance. She set out a very aggressive chemo regimen. Some think of Hodgkin's lymphoma as the pussycat of cancer, a couple whaps of chemo and you're done. Non-Hodgkin's is a lot nastier because it moves faster and is harder to kill. Mine is somewhere between the two; it's a nastier, more ambitious version of Hodgkin's. Since my cancer is a weird variant, the doctor couldn't give me numbers on what my chances were.

"My original plan was pretty neat. I was going to apply for Medicaid and get treatment from my mom's oncologist, right in our town, but I didn't qualify for Medicaid because I had over two thousand dollars in savings. They instead

"**The idea** that there are 'good cancers to have' is a disgusting thought."

—Brian Lobel, 23

referred me to a state plan for people who are slightly less horribly poor, for people who have more than two thousand dollars in savings but earn less than seven hundred fifty dollars per month. The state insurance plan said, 'We pay for chemo, but we only cover certain drugs and yours are not on our list.' This is one week before I had to start chemo, and the doctor at Sloan had said I must start by X date; otherwise, the cancer may move so fast that my chances of surviving were going to decrease. It's like, I'm not calling to have my toenail removed, guys. This is kind of life or death. The state plan told me to apply for emergency Medicaid. By this time, I fit their criteria because in the three weeks since I originally applied, I spent more than five thousand dollars on hospital bills. Medicaid said they'd speed process me so I could start in a month or two. I needed to be halfway through chemo in two months.

"I just thought, Wow, I'm going to die because I have no money? I mean, I went to a succession of really, really good schools. I viewed myself, and people always told me, that I was a very promising person. And at the end of the day, the state didn't give a crap because I didn't have any income. They were kind of like, 'You can die, whatever.' That's when I really felt the 'Why me?'—not because of the cancer but because of the healthcare system. People aren't judging me as a person; they are only judging my financial situation.

"I couldn't wait for Medicaid to kick in, so instead of going to a private oncologist, I went up to a state hospital forty-five minutes away. I asked for a loan or financial aid. They were like, Fuck it, we'll just start treating you, sooner or later the money will come together. They didn't care. They were so used to people being in this financial situation. They said, 'We'll work out a payment plan. If it turns out you owe us thirty thousand dollars, then you can pay us over time.' In the end, the state hospital sent my bills to the state insurance plan that originally said it didn't cover any of my chemo drugs. The state insurance plan paid the hospital without even blinking. All that time,

I could have just gone to my mom's private doctor in our town, and instead I had to drive forty-five minutes to get to treatment at a state facility. They had, quote, just gotten it wrong.

"How do you deal with health insurance when the people who are administering it have no clue how it really works? The people on the phone at the state insurance office only have a high school education, and a lot of them hardly speak English. It is hard because these are very complex things they have to describe. I got so much wrong information, 'We don't cover this. Yes, we do. Maybe we don't.' When they tell you a doctor isn't in their plan, they are often working off information that is more than two years old. It's like, Get it right, God damn it, or find someone who knows what they're talking about because I can't sit on my ass and go, Well, maybe I'll get chemo or maybe I won't. To have to deal with that when you're very ill, even if you're completely healthy, it could drive you mental.

"At the end of chemo, my doctors didn't want to give me both the CAT and the PET scans because it was on the state's bill instead of private insurance. I thought, If I croak because they won't give me both scans, aren't they kind of wasting the money they've already invested in me? When I complained to my mom's oncologist, he said, 'Well, you're getting clean needles, aren't you?

There are places in the world where you wouldn't even get clean needles. You should be grateful.' After he left the room, I turned to the nurse and said, 'I can't believe he said this to me,' to which she replied, 'Well, it's *our* tax dollars.' I was like, Holy shit, do I have less of a right to live than people who are making ninety grand a year? *I am* begging, give me six months of life and *I will* have a job where I could pay for this myself.

"**I don't** make it common knowledge that I'm on disability, but I worked and this is my money coming back to me so I don't think I'm taking advantage of the system."

—Mary Ann Harvard, 24

“My doctors were very condescending to me. I don’t know if it was because I was young or because I was a girl, or because they were burnt out and needed vacations, or a combination of all those things. I thought, Wait until I take over the world. They’ll be the first ones up against the wall!”

Nora leaned forward into my tape recorder and spoke loudly and slowly: “Get jobs with benefits, everyone! Don’t fuck around with not having insurance!” It was clear that Nora and I had both staggered through the wretched abyss of health-insurance hell. We were not members of that mythic tribe of young adults who are so often scapegoated by policy makers. According to the urban legend, a sizable chunk of our generation chooses to forgo insurance, cracks our heads open rock climbing, and allegedly makes the whole system go belly up. No, we were real creatures, typical twentysomethings, who got dropped from insurance while switching from college to the work world or from one job to another.

I had left my job three weeks prior to my own cancer diagnosis, and when I tried to make an appointment for a second opinion, I discovered that my employer had forgotten to submit my COBRA papers. I had cancer and no insurance. On the phone for weeks with my HMO, COBRA, and hospital administrators, I stretched the truth and fabricated enough red ink to reinstate my insurance and receive a second opinion from a prominent university teaching hospital. I successfully scheduled surgery and radiation treatment with top-notch doctors using fudged health insurance. Riddled with anxiety, I hoped that my house of cards would not come crashing down until I either obtained legitimate insurance or made it through treatment.

I needed a long list of questions answered about how to obtain legitimate, affordable insurance with my newly existing condition. Although the university hospital’s facilities looked like a country club, with a reflecting pool in the lobby beside a grand piano, its

social worker was useless. My own limited knowledge of applying for disability, which I had learned from a flyer, was greater than hers.

I dove into a long process of hard, desperate phone calling and found Nicola, a law student who took me on as a school project. We were the same age, and it put me at ease to talk about these overwhelming administrative issues with someone who was approachable and did not scoff at my naiveté. She completed my paperwork when the side effects of my meds made my head spin too hard to concentrate, and spoke for me at my Social Security interview. She made the mysterious and intimidating healthcare system approachable and surmountable. She helped me organize my medical records and legal documents and appealed for an eighteen-month extension of my COBRA benefits and won. Nicola also discovered that the State of California owed me money for disability that I had not known I was entitled to. I cried the day that she brought me a \$9,000 check, which without her help would have sat in the state's coffers instead of in my bank account. The money paid for my rent and groceries for an entire year.

I wanted to reach back into Nora's last nine months and hand her the gift of my health-law goddess. Although the system had ultimately provided her with chemotherapy, I knew that Nora would face a nerve-wracking challenge of finding insurance while she lived with a preexisting condition, received follow-up tests for years to come, and forged a new career path paved with temp jobs and bouts of unemployment. As I relayed my lengthy list of health insurance and financial resources to Nora, I realized that through years of hard work in trying to manage my own care, I had accumulated a wealth of knowledge. Transmitting this information to Nora helped me understand why I got so feisty when people assumed that as a cancer patient, my disease must have taught me about how precious and fulfilling life can be. I knew how precious life was before I got sick. What I had learned as a cancer patient was far more practical

and lifesaving and much less glamorous: I learned how to navigate the labyrinth of health care in the United States.

The sun had set, and Nora and I left our park bench to roam the quaint storefronts of Old Town. Pausing in front of the Gap, I confessed that although I had loathed the girlie sport of clothes shopping for most of my life, I had become a closeted fashionista since my diagnosis. I was surprised to hear Nora agree.

“Yes, I also got really into clothes shopping during treatment. It felt like the most hopeful activity. Certainly, advertisers want you to shop all of the time with this level of intensity, but the only time I was that into it was when I was really fucked with cancer. I didn’t have to buy anything. I loved just picturing myself in these new clothes. They made me think about what I’d be doing in the future, like going out and getting a job. It was so great imagining myself in a scenario other than chemo, where the only clothes I need are sweat-pants, a sweatshirt, and a do-rag.

“I started losing my hair two days before Christmas. I wore this funky, straight black, shag kind of wig. Very Chrissy Hind. It lessened the blow of losing my hair because I just felt so fabulous wearing it, and I still wear it out, even though my hair has grown back. I’ve never been very girlie, but I became so much more so during treatment. I’d go into chemo with all of this Goth makeup on because it’s the only kind I know how to do: black eye shadow, lipstick, nails. It helped me feel so much better.

“Treatment was depressing, but the most depressing part of cancer was being stuck on Long Island for nine months. Things never change there. After college, you feel like you’ve changed, your interests are different, and then you come back to this place where the last you remember you were seventeen, and there is no movie theater in town, there’s nowhere that you can hang out. You just drink. It was uncool.

“I ended up working in the video store that I worked in before college. Because of chemo, I could only work one weekend every

three weeks, but I needed to get out of the house and earn a little bit of money. People I'd run into at the video store who knew I went to undergrad and grad school in Europe would say, 'I didn't expect you'd be working in retail.' After a while, I started telling people about my cancer. I almost felt like less of a leper telling them that I have cancer than being like, 'Yeah, I'm stuck here on Long Island after graduate school for no reason at all.'

"It's weird deciding if I should tell people or not, but I needed to say it out loud, especially in the beginning, in order to believe it myself. When my coworkers and I were drunk in a bar comparing scars, I showed them my collar bone and was like, 'I have cancer. That is what this scar is from and I'm back on chemo in two weeks.' I was drunk enough it was funny to me but it was not funny to anyone else. There was a long silence, and people didn't know where to look. I was like, 'Hey, it's okay. I'm good with it. You should be, too.' Some people really had trouble talking to me afterwards; they'd look at me a little differently, with a strange shift of curiosity and sympathy, trying to see if my hair looked different, like I'd become a science experiment.

"I felt really alone at times. I met a lot of old women with cancer in the waiting rooms. They were nice, a little in awe of my age, and they all kind of babied me—even the nurses, too, because I was the youngest person they had ever treated. I really wish that there were people my age that I could relate to. Instead, my support group was *Buffy the Vampire Slayer* DVDs.

"I felt so depressed that I had spent so much time planning for my future and I wasn't even sure it was going to happen. I felt ill for so long that it just seemed like I was never going to be healthy again.

"**I was so** nervous the first time I disclosed my cancer to a stranger. I took a coworker to lunch and I'm sure she thought I was going to ask her out. When I told her, she started crying hysterically. I was like, 'I can't tell anyone this news ever again.'"

—Matthew Zachary, 32

I went through really bleak phases, but I didn't see a point in talking about it because I just thought it would bring other people down. I hated knowing that I made my friends uncomfortable, and I hated seeing them uncomfortable and listening to them denying that they were. I know it's contradictory, but even when people were saying, 'You'll probably be fine,' I'd feel kind of angry, like they weren't taking my cancer seriously, even though I also often didn't take it seriously in front of them either. I definitely thought about dying, and I still think about it all the time. Once cancer and the possibility of death are in your life, you see it everywhere. I manage to be mostly flippant about death. I tend to have a pretty morbid sense of humor, and I'm a worst-case-scenario person anyway. I've tried to talk to friends about dying, but they think I'm being over-dramatic, or it freaks them out too much to talk about it. I guess it's very different to think about yourself dying than it is for others to think about you dying. It must be so much harder to be the one left behind than to be the one who is leaving.

"I used to look at old people and think, Oh what a bummer to be that old and decrepit. Now I'm like, God, I hope I get that old. To be eighty and have the bus kneel for me, that would be so cool. I feel kind of confused and ripped off that I had to think about dying this early. During chemo, I felt like my life stopped before I'd just begun. At our age, death is what happens if you OD, or you drink and drive, or do something stupid that you could have prevented. It doesn't happen to you because of forces you can't control. I don't know. I'm sure that when I'm fifty, I'll be just as disoriented and horrified if my cancer comes

"I like the idea of an afterlife and I'm a sucker for near-death experience books. I really want to believe in these ideas but deep down I'm just too rational to think they're true."

—Jill Woods, 38

back. I suppose that's the arrogance of youth, to think you have to accept death at a certain age, but you never get to that stage, do you? Time will tell, I suppose.

“One of the things I was most proud of this entire time was that I did not waiver in my thinking that there is no afterlife. This belief stood the test of extreme freaked-outness. My mom relied very strongly on religion to get her through her treatment, and just about everyone I met who was getting chemo was very religious or going that way, it seemed, from the stress of the situation. My official line on it, before and now, is that you just can't know what, if anything, happens after we die, so you might as well spend your intellectual energy on things that you can know and can determine, things that you care about and can do something about. I think when you're done, you're done, and that's not necessarily a bad thing. I felt strength in that I didn't relapse into the religious faith that my mom pushed on me—thinking, This is happening for a reason, or, God will swoop in at the last minute to save your ass. I felt stronger that I continued to be able to not believe in religion, even though it could have been a comfort. When I went into remission, I had a couple of people say to me, ‘Oh, God spared you.’ I told them I think it's just that Satan hasn't got my corner office ready yet.

“It's been two months since I finished my treatments. I've moved from New York, and I'm working a temp job in D.C. I figure it is the best place to find a job in public policy. I no longer have any health insurance. I'm ineligible for Medicaid now because even though I only have eight hundred dollars in the bank, I have a job that's

“I get a twinge of jealousy seeing my friends in the Peace Corps, backpacking through Europe, being nannies, and not worrying about health insurance. I'd like to be that innocent again.”

—Dana Merk, 24

going to pay me about thirty thousand dollars a year. Unfortunately, it doesn't have health insurance yet. I looked into purchasing private health insurance, but the premium was five times the normal rate, about fifteen hundred to two thousand a month. So I'm just going to pay the hundred and twenty dollars for my doctor visits out of pocket and basically hope my cancer doesn't come back. I still have to get blood work and scans done, and I don't know how I'm going to pay for that. Family loan time, big time. Honestly, it's such a grand scale—even if I eat nothing but ramen noodles for a month, I'll never be able to pay for it.”

As Nora painted her financial reality, I thought about how young people have good reason to be cynical when we hear cancer described as an opportunity that makes us realize we should live for our dreams. For many of us, cancer is not necessarily an open door on the future, but rather an extremely large financial question mark upon which our big dreams hinge.

Nora and I had been sitting in my car in the crescent of her high-rise driveway for a half-hour. It felt like the end of a date, when you don't know what is supposed to happen next. We gave each other a hug and felt the awkwardness of parting after diving so quickly into our personal subterranean lives. She confessed that most of what she had told me, she had never talked about with anyone before. She thanked me deeply and sincerely. I watched as she walked through the lobby and disappeared into an elevator.

Two months later, I met up with a woman who had volunteered to transcribe Nora's interview; we'd also met on Craigslist. As she handed me the ninety-page transcript, I asked what struck her the most about listening to our recorded conversation. She said that Nora seemed nice and all, but it got really boring listening to someone talk about health insurance. I couldn't agree with her more. Talking about health insurance sucks. I smiled at her and said, “Welcome to our world, honey.”

RESOURCES

Health Insurance and Financial Guidance

If obtaining stable health insurance were easy or affordable, there would not be more than 15 million uninsured young adults in the United States. They make up the fastest-growing population of uninsured Americans. Fight for your insurance and financial needs as if your life depended on it . . . because it does.

Quick Tips

- Read carefully. Insurance decisions may be the most important choices you make during your cancer care. Understand benefits, limitations, and qualifications and how different forms of financial relief impact one another before you apply for any healthcare plans, government aid, or other types of financial aid.
- Read the American Cancer Society's document "Health Insurance and Financial Assistance for the Cancer Patient" to learn the definitions of key health-insurance terminology. Download it from www.cancer.org or call 800-ACS-2345 (800-227-2345) for a free hard copy.
- Find an advocate or recruit a responsible friend or family member to help with paperwork and phone calls. Forewarn them of the persistence they will need to resolve these issues.
- Try to seek help from a social worker, either where you are receiving care or where you wish to receive care. If he or she is not helpful, then call a cancer or nonprofit healthcare organization that has a large department dedicated to insurance and financial advocacy, such as those listed on page 26.

- Be prepared for busy signals and lengthy waits or plan to leave a message when you call organizations that offer health-insurance guidance to cancer patients.

Get Guidance

The following organizations will provide health-insurance information and financial counseling:

Patient Advocate Foundation, www.patientadvocate.org, 800-532-5274. This foundation offers over-the-phone case-management services, educational materials, and live online chat options to assist you with insurance, employment, and debt-crisis issues.

American Cancer Society, www.cancer.org, 800-ACS-2345 (800-227-2345). Ask for a referral to a local ACS patient navigator, a social worker, or an over-the-phone health insurance information specialist. These counselors are available in many, but not all, states.

Leukemia and Lymphoma Society, www.lls.org, 800-955-4572. The information specialists in this society can help you understand basic insurance issues and can provide excellent resources and referrals.

CancerCare Assist, www.cancercare.org, 800-813-HOPE (4673). This organization's licensed social workers can help you understand what insurance and financial avenues may be available to you.

Call Uncle Sam

Social Security Disability and Medicaid, www.govbenefits.gov, 800-FED-INFO (800-333-4636). Medicaid and Social Security Disability are federal programs that are administered differently from state to state. Contact your state, county, town hall, and local health department to cover all of the bases. Applying for government and other benefits can be a lengthy and challenging process. Begin as soon

as possible, and for greater success try to enlist the help of a legal advocate.

Lean on a Legal Advocate

The Cancer Legal Resource Center, www.disabilityrightslegalcenter.org, 866-999-DRLC (3752). This center offers national telephone assistance if you have questions about health insurance, financial assistance, consumer rights, and other legal issues pertaining to cancer, or if you need a referral to free legal assistance in your area.

Do a Web search for your state legal aid society or a legal clinic at a local law school to find one-on-one legal help with insurance and financial options.

Insurance and Money Matter Must-Reads

The American Cancer Society's booklet "In Treatment: Financial Guidance for Cancer Survivors and Their Families" is an essential guide that answers your financial and insurance questions. Download it at www.cancer.org or call 800-ACS-2345 (800-227-2345) for a free hard copy.

CancerCareAssist's fact sheet "Financial Help for People with Cancer" includes an excellent list of financial aid opportunities. You can download it from www.cancercare.org or call 800-813-HOPE (4673).

Georgetown University Health Policy Institute's state-by-state "Guide for Getting and Keeping Health Insurance" can be downloaded from www.healthinsuranceinfo.net.

Kaiser Family Foundation's "A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan" is available at www.kff.org.

Extra Dough

CancerCare Financial Assistance, www.cancercare.org, 800-813-HOPE (4673). This organization offers funds for transit, home care, child care, and other needs. Its application process is quick and easy.

The Leukemia and Lymphoma Society, www.lls.org, 800-955-4572. This society provides up to \$500 per year in patient financial aid to needy patients for transportation and specific drugs and procedures. It has a simple application process.

Net Wish, www.netwish.org. This organization will give you up to \$500 in financial assistance from a mystery donor following an easy application process.

Road to Recovery, American Cancer Society, www.cancer.org, 800-ACS-2345 (800-227-2345). This program provides transportation to and from your medical treatments.

Patient Assistance, www.patientassistance.com, provides updated, easy-to-access information on more than 1,000 prescription drug assistance programs. Tools include online enrollment applications, automatic refill reminders, and discount programs for those who are ineligible for assistance programs.

Airfare assistance for cancer-related travel can be obtained from Air Compassion America, Corporate Angel Network, and Med Jet Assist. For more information, do a Web search for each organization.

Joe's House, www.joeshouse.org, 877-563-7468, is a national hospitality guide that lists discounted or free lodging for cancer-related travel.

Shed your shame and use your “cancer card” to ask for financial assistance, financial forgiveness, and scholarships. I have heard great success stories about everything from a doctor who forgave a \$10,000 medical bill to patients’ having their fees waived for yoga classes and gym memberships.