

July 15, 2018



A conversation of necessity

About 12 years ago, I had a colonoscopy. While that topic may not ever make it to the top ten list of platform issues candidates running for public office mention during public discourse, I've decided to try it out in my campaign. Long ago, before the procedure I had heard a story about how men rarely talk about such things. Surgeries, medications, tests, diseases are something to be included with religion and politics that one is not supposed to bring up in casual conversation. In that same story one of those interviewed told how he was elated with the results and would tell anyone who would listen. So, twelve years ago, I tried it too. After my procedure, I too was elated. Telling in your face stories to anyone who would listen in elevators, parties, family reunions - anyone.

I work as a documentary film maker and in the past 15 years or so I've interviewed individuals and families in how they cope with social services, autism, heart disease, cancer and the like. The documentary films have made their way online as part of training packages that include stories about how single moms and dads, wife and husband, and children move through the often confusing array of issues with an autistic child or how social service providers can make a world of difference in a child's and families life if the service starts early or the cost of procedures, dealing with a school system or the cost of cancer treatment, and on and on.

On my way to film a couple who were struggling with the emotional and financial depression in providing services and support for their child, one of the experts helping to produce the film - a clinical psychologist and I chatted about the days filming. Our routine was to talk about the day's work, our expectations and how best to handle challenges that crop up along the way. There was no "set piece" in our daily routine playbook that gave each of us an opportunity to chat about each other, so I made one up...telling him about my experience and results. He hesitated, pained at what he just heard. Said hesitantly and shyly that he had been delaying the procedure, putting it off due to conflicting vacation and work schedules, and didn't feel the need to have the procedure done. I persisted telling him that we are at an age where something like this is important to do. Here we are, I said, looking to parents to tell us the deep dark raw emotions of family breakup and financial ruin in the care of their daughter, and you and I can't talk about this? Men need to talk to men about these things. So we did. Didn't take long. About 10 minutes or so. I explained the fasting, the sedation and recovery. Our conversation ended, we went on with our day capturing, what I believe to be, some of the finest interviews ever recorded. Perhaps it was our sharing of our own fears, trepidation of words rarely spoken that gave us permission to dig deeper with those we interviewed.

About two weeks later, I received a call from my friend. He had a colonoscopy. They found a golf ball size cancerous tumor attached to the colon wall. Doctor said that if he had come in a month or two later, the tumor would have been too large to remove easily necessitating more surgery and more complications. He survived the operation. Cancer free to this day. He credits me and that conversation we had with saving his life.

The American College of Gastroenterology says that the most common reason patients cite for not getting a colonoscopy is that “their doctor did not discuss it with them.” The next most common reason is “fear or avoidance of the preparation, which involves taking a laxative that causes temporary diarrhea for several hours. In addition, many people are simply unaware that they need colon cancer screening.”

Patients without health insurance pay about \$3700 for a colonoscopy. Those with health insurance may have deductibles. Patients with health insurance pay deductibles based on their plan. Deductibles range from zero to more than \$1,000. “If you are on Medicare, the coinsurance and deductible are waived for anesthesia services furnished in conjunction with and in support of a screening colonoscopy. There's no coinsurance, copayment, or Medicare Part B deductible. This means that there's no out-of-pocket cost to you for the screening colonoscopy itself,” so says the Medicare web site. I am responsible for 20 percent of the Medicare-approved amount for the doctor's visit. In my case it was \$45.

As a candidate running for office, affordable health care is one of my main issues. I talk about universal health care using stories like this one in the hopes of breaking down those barriers. My procedure took place on Tuesday of this week. The results came back clear. I'm elated. But for now, its important that men and women talk about these issues. That briefest of briefest conversation saved my friends life. Perhaps it will do the same for someone you may know or you.

Paul Roselli is a candidate for RI Senate district 23 which comprises Burrillville, Glocester and Slatersville in North Smithfield, RI.

Web site - www.paulroselli.com • Facebook - <https://www.facebook.com/PaulRoselli4Senate23RI> • Twitter - @Paul4Senate23RI • (401) 447-1560 • roselli4Senate23@gmail.com