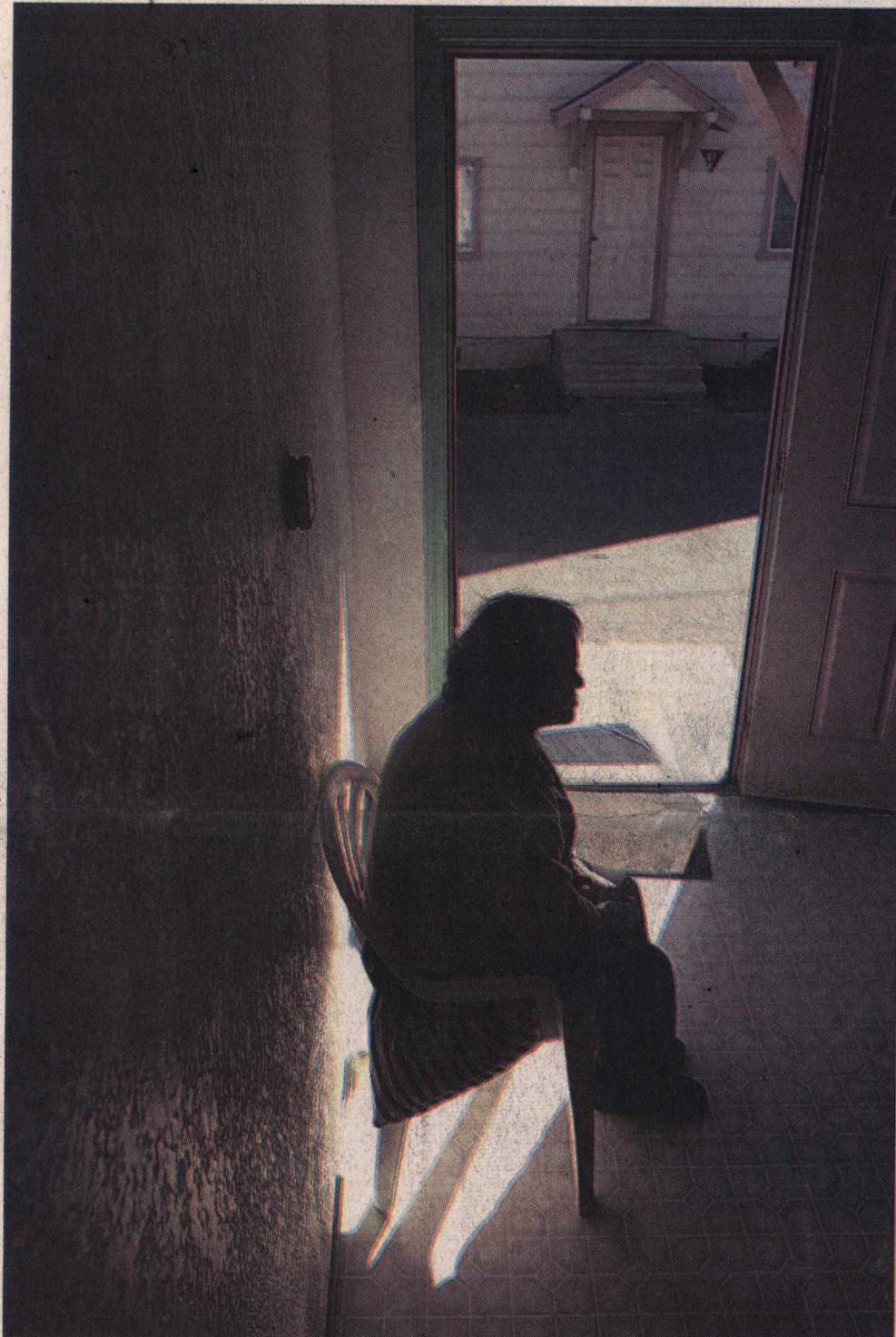


# A TOWN WITHOUT ONCOLOGISTS

Watsonville's low-income cancer patients have difficulty getting to and from chemotherapy treatments



Shmuel Thaler/Sentinel

Cancer patient Emilia Vasquez warms herself in her small Watsonville home. Not having an oncologist in town has been a hardship.

## Sunday

The high cost of living coupled with growing numbers of uninsured and MediCal patients have created a physician shortage in Watsonville. The effects have rippled through the South County community and may one day spread north to Santa Cruz.

## Today

The closure of an oncology clinic at Watsonville Community Hospital has created a crisis for the working poor who have cancer.

## Tuesday

Large numbers of MediCal patients and a physician shortage force obstetricians to work long hours and affects the way busy anesthesiologists provide pain relief for women in labor.

EDITOR'S NOTE: This is the second segment of a three-part series.

By PEGGY TOWNSEND

Sentinel staff writer

Emilia Vasquez rests in a white plastic chair and stretches her feet into the triangle of sun that falls through the front door.

"It is cold here," she says in Spanish. "And, I am much colder since I have been sick."

At 62, Vasquez has stage III breast cancer, arthritis and diabetes.

Her health is as fragile as eggshells.

Before she got sick, Vasquez sold tamales on the streets of Watsonville and worked as a nanny. Once, she packed squid in a frozen food plant.

She never had much money but now, she says, she has nothing.

"My friends let me live here," she says and gestures at the tiny room that is bare of everything except a kitchen table and five mismatched chairs.

She is lucky to have this, she says.

She also considers herself lucky that her oncologist, Dr. Tal Pomeroy, is treating her cancer with state-of-the-art drugs that have slashed her relapse rate by 50 percent. And that twice a month he digs into his own pocket and gives her \$50 so that she can buy tortillas and soap and get her laundry done.

But getting to her appointments is not easy.

Sometimes Vasquez gets a friend to give her a ride to Pomeroy's office, located 15 miles from her home.

Other times, she walks the seven blocks to the bus stop for the half-hour ride.

"It is very difficult," she says. "I cannot walk far because my feet are numb from the chemotherapy."

"It would be better if they had a clinic here. It would be easier," she says.

Six months ago, there was an oncology clinic at Watsonville Community Hospital, where two days a week Dr. Pomeroy and his partner, Dr. Jennifer Choate, would see 30 to 40 patients and supervise chemotherapy treatments for 20 to 30 people.



## PHYSICIAN FLIGHT

## Cancer

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But the hospital decided to close the clinic in a round of cost-cutting moves.

It was a decision that rippled through the community, which has no practicing oncologists.

"The closing," says Rama Khalsa, director of the county Health Services Agency, "precipitated a pretty huge crisis."

## Cuts begin

In 1998, when Community Health Systems of Tennessee bought Watsonville Community Hospital, the future looked bright.

The rising wave of dot-com money was seeping over the hill from Silicon Valley, bringing with it new Spanish-style homes that pushed up against strawberry fields and even a Starbucks coffee house.

But when the dot-com tide receded, the rosy picture went with it.

By 2006, the unemployment rate in Watsonville was at 15.3 percent while the median price of a home was \$730,000.

This left Watsonville's lone hospital with a rising tide of uninsured and MediCal patients, high labor costs and an exodus of better-insured patients north to Santa Cruz.

All this ate into the hospital's profit margin, which was at 6 percent last year, so hospital administrators began looking at the services they provided.

"Our first responsibility was to protect our core services," says outgoing hospital CEO Kaylor Shemberger. "We looked at everything on its own to make sure it contributed."

First to go was the home health care program, which served 100 home-bound patients and cost the hospital \$1 million a year out of its \$100 million budget.

"There were other providers out there for home health care," Shemberger says.

Then the hospital looked at its outpatient oncology clinic.

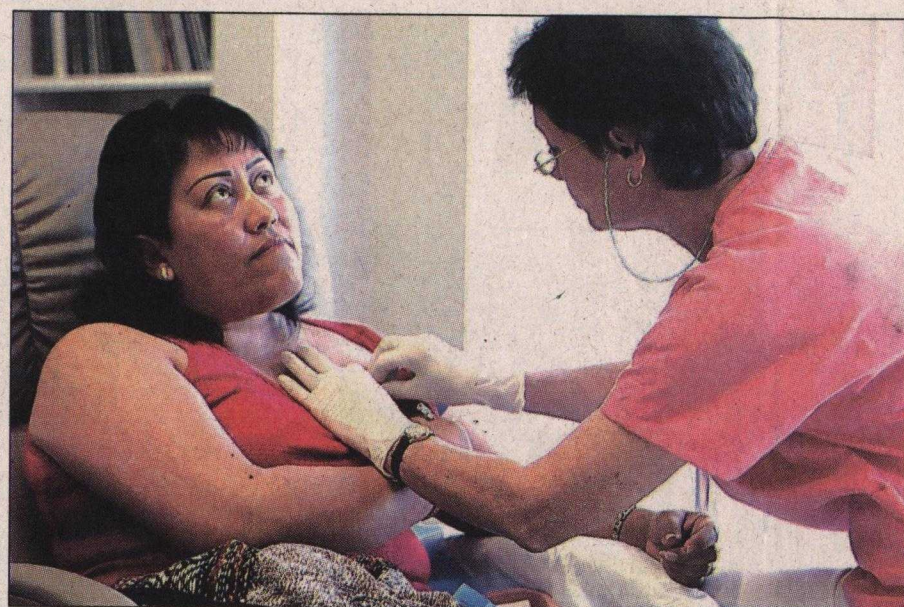
"It was a real convenience for people, but we had to cut expenses and we decided, yes we could do

*'We are seeing an increase in patients. More people are knocking on our door for assistance. It is difficult and a struggle for us.'*

ARCADIO VIVEROS, SALUD PARA LA GENTE

Clementina Parra receives treatment for breast cancer at the Soquel office of Dr. Tal Pomeroy. Getting rides to the clinic from her home in Watsonville is difficult, she says.

Shmuel Thaler/  
Sentinel



that and therefore help save core services," Shemberger says.

## Too far to go

Oncologist Tal Pomeroy has a shock of white hair and a high-speed way of talking.

He liked working at Watsonville Community Hospital, he says as he sits in his Soquel office with its embroidered wall hanging of the Virgin of Guadalupe.

He and his partner, Dr. Choate, began seeing patients in the mostly agricultural town about 10 years ago. The hospital paid the two doctors a stipend of about \$150,000 a year to supervise its oncology services and to staff the clinic two days a week.

In the beginning, Choate says, there was profit for the hospital in chemotherapy. But then, chemotherapy drugs got more expensive and reimbursements didn't keep up.

Last year, Pomeroy says, Shemberger told him the clinic would be closed.

"I think people can get better care here," Pomeroy says of his

office with the sunny atrium where chemo patients sit in comfortable, beige lounge chairs. He points to his bicultural staff and the clinical trials he runs in his office that provide cutting-edge treatments.

But while the transition was easy for some, others — especially the low-income in Watsonville — had problems.

Clementina Parra, a shy 43-year-old single mom with breast cancer, had to ask her niece for a ride from their small, wood-frame home in the middle of Watsonville's industrial district to Soquel 25 minutes away.

Her niece would drop Parra off at Pomeroy's office at 9 a.m. on her way to Cabrillo College.

"I would stay there until she got out of college, about 2 p.m.," says Parra, who worked in a cannery before she became ill. "I would just sit and wait. It would have been better to have chemotherapy in Watsonville."

When the clinic was at Watsonville Hospital, it was easier for her clients to find rides, says Chila Correa, who runs the Entre Nosotros Program, a cancer

support program in Watsonville. Many of her clients don't have cars.

"And, even if they did have a car, they couldn't drive it because the family needs the car to go to work," says the energetic grandmother who spends her days as a kind of lifeline to Latinas with cancer in Watsonville.

It forces some women to have to ride the bus to their appointments, even though they may be exhausted and nauseous from treatment, says Correa.

And while there is a van that will transport patients for \$6, even that is too much for someone like Vasquez.

Rosa Lena Gradilla, a 55-year-old former preschool teacher, says the clinic's move to Soquel made it even harder to scrape by.

Sitting in her brown stucco house with its threadbare yard studded with cactus, the gray-haired Gradilla says it was easier to find people to give her a ride to her treatments for colon cancer when the clinic was in Watsonville.

Living on \$750 a month in

Social Security, the single mother of a teenage boy says she could not afford a taxi to Soquel and was too sick to ride the bus.

So she would drive.

"... You have to put gas in that car and that eliminates something else I need," says Gradilla, who wears a blue apron over a pink flowered dress.

"It is problems, problems, problems."

## More oncologists

When the Watsonville Hospital clinic closed, the nonprofit Dominican Hospital in Santa Cruz tried to take up the slack, even though, says CEO Sister Julie Hyer, they were given no warning of the closure.

Scrambling to add staff and extra hours, the hospital has been treating patients on weekends and in their inpatient oncology unit, Hyer says.

"The service lines they closed in Watsonville, those particular service lines do not make a profit," says Hyer. "You can close your oncology unit but people still get cancer and so it comes back to our public trust and obligation to provide these services."

Like Watsonville Hospital, she says, Dominican has services that do not make a profit. But the hospital balances it with services that do.

"So we have two hospitals in a community and some hospitals choose to go only with the profitable services, so the burden is not equally distributed," Hyer says. "And that becomes much more of a problem for the hospital that chooses to serve the community."

Watsonville Hospital's own physician survey says there is a need for three oncologists in the South County area, and Khalsa says "There is a kind of desperate need to get oncologists back."

One solution, proposed in a recent report, recommended the county look at opening an oncology clinic at the county's Emeline Avenue facility since local government has the ability to buy medicine at a reduced rate.

Oncologist Choate said their practice is also looking into opening a small office in

## Cancer deaths

Percentage of deaths from cancer per zip code

**APTOS** (95003): 26 percent.

**CAPITOLA** (95010): 17 percent.

**FREEDOM** (95019): 37 percent.

**FELTON** (95018): 29 percent.

**SANTA CRUZ** (95060): 22 percent.

**SANTA CRUZ** (95065): 23 percent.

**SANTA CRUZ** (95062): 19 percent.

**SCOTTS VALLEY** (95066): 24 percent.

**SOQUEL** (95073): 32 percent.

**WATSONVILLE** (95076): 18 percent.

Source: California Department of Health Services, 2003

Watsonville — "a little space in another doctor's office for hardship cases," she says.

But right now, there are no oncology services in a town with more than 46,000 people, 75 percent of whom are Latino.

It reflects a trend that is occurring across the country — and not just for oncology services.

A National Healthcare Quality report last year said that while the quality and access to health care increased for whites, it dropped for Latinos.

Arcadio Viveros, executive director of Salud Para La Gente's safety-net programs, is not optimistic.

"Fifty percent of our patients do not have access to health insurance," he says from his office with a window on Watsonville's small airport.

Employers are cutting back on insurance benefits. The number of working poor is rising. Many doctors are not accepting new patients, especially those without private insurance, he says.

"We are seeing an increase in patients. More people are knocking on our door for assistance."

"It is difficult and a struggle for us," he says.

He pulls out a sheet of paper that lists the number of patient visits. They climbed from 78,000 to 104,000 in one year's time.

"I see these numbers," says Viveros, "and I think, 'Oh God, how are we going to make it?'"

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