

Act 1 | **The Car Crash in the Living Room** {audio episode}

Carla Tardif, CEO of Family Reach, is proud of the main wall of her office. 12 feet high, it's covered with images and memorabilia from the journey that brought her here, an office she hasn't worked out of in months because of the pandemic.

She's tall, with long blonde hair and deep blue eyes, and she's enthusiastically taking me on a tour of the wall, and it's very impressive. Running in a marathon with dear friends. Beautiful and poignant moments with her family. Arm-in-arm with actor and Boston native John Krasinski during a record-breaking Family Reach fundraiser a year before.

Smiling alongside of then-Vice President Joe Biden at an event in 2014 to launch the Cancer Moon Shot, a program to rid the world of cancer by 2030. Of course she was there, because cancer is her mission.

Family Reach is a financial lifeline for families fighting cancer. Based in Boston, they work with patients and healthcare professionals at hundreds of top hospitals and cancer centers across America, trying to help families before cancer obliterates their finances.

It was founded in 1995 by two families who had lost their children to cancer, who were astonished by the financial devastation that pediatric cancers wreaked on patients and their families. Since then, Family Reach has granted over \$14 million to thousands of families across America, helping them pay for critical medical and non-medical cancer-related expenses.

Carla came to Family Reach in 2008, quickly transforming it from a small family-run organization into a nationally recognized non-profit, one of the few focused specifically on the financial ruin of a cancer diagnosis.

She's here partly because of a promise she made to her friend, Pat Kelly, a dear friend who passed away from brain cancer and asked Carla to help solve the financial crisis of cancer care.

He looms large in her journey; his college football jersey hangs in the center of the wall, his life and legacy always before her. That might be a tall order for some, but she leans

into the challenge with grace and confidence. She's got John Krasinski on speed dial, she quips, and she may only be half-kidding.

Her explanation of the wall complete, she sits behind her desk and prepares for the last bit of b-roll and stills I'll need to compliment the interview we'd just completed.

In those 45 minutes, she'd shocked me with the raw numerical devastation of cancer. 40% of Americans will be diagnosed with cancer at least once in their lifetimes. Nearly 1/3 of families are unable to meet their basic needs because their child is in cancer treatment. Cancer patients are nearly three times more likely to declare bankruptcy than those without cancer, and those who do endure bankruptcy have a 79% greater risk of early mortality.

She quotes these statistics with the ease of someone who has lived under their shadow for well over a decade. They are both target and barometer of the battle she fights at Family Reach. Reduce any of them significantly and it'll be a job well done, no doubt.

But it was who has not been mentioned that became the center of gravity for our conversation. For all of their focus on the financial crisis of cancer in America, Family Reach and virtually every other voice in their ecosystem overlook the role that banks and credit unions can and should play in a cancer patient's care and recovery. Carla acknowledges this vacuum without hedge or hesitation.

Working with financial institutions, though, has been an uphill climb for her.

By the end of our conversation, she was excited about credit unions could do to serve members with cancer, and how we could step in when banks couldn't or wouldn't. As I packed up my gear and bade her farewell, she told me "Be sure to tell Dr. Zafar I said hi."

I'd follow through on that commitment 3 days and 800 miles later in Durham, North Carolina, as I escort Yousuf Zafar MD to the small hotel suite I'd converted into a socially-distanced interview room. He'd been recommended by Carla as someone we needed to talk to for *Side Effects*, and for good reason. As Associate Professor at the Duke University School of Medicine, he is one of the leading researchers in the world about the financial burden of cancer care, and a member of Family Reach's board of directors.

I'm excited to meet him, both personally and professionally, because of the sheer breadth and depth of his expertise and experience.

He's been published in over 100 peer-reviewed medical journals, including the New England Journal of Medicine, and covered by WSJ and NPR. And, if that wasn't enough, he's an acclaimed photojournalist whose travel photography has hung in museums.

But none of these honors make him strut or brag. Instead, he is quiet confidence and competence, precise with his terms and phrasing, quick to laugh at my stupid jokes, courteous and humble about a subject about which he is, arguably, one of the world's leading experts.

He reinforces many of the points that Carla Tardif made a few days earlier about the financial devastation that cancer causes in seen and unseen ways

You know, when our country faces a natural disaster like a hurricane, you see all kinds of resources come into play in that hurricane-ravaged part of our country, from emergency services to FEMA to the government to financial institutions. That hurricane is very visible. In many ways, cancer is like a silent, invisible hurricane. I think part of the reason that is, in many cases, patients might be afraid to bring up the topic of cancer with their financial institutions. There might be an insinuation there that they may not be able to work, and their income may drop, and they may not be able to keep their financial commitments. So, as with a natural disaster, I think financial institution approached patients with open arms, that it's ok if you communicate your chronic illness, your change in health status with us, we can work together on a solution. I think that openness might be a place for financial institutions to start.

What I found particularly interesting was his perspective on this crisis from the standpoint of a clinician and healthcare researcher.

It's easy to identify a patient who is experiencing physical toxicity; they may look tired, they may be experiencing hair loss. You can pick them out of a crowd sometimes. That is not the case with financial toxicity. It's oftentimes because the discussion is difficult to have. Patients are uncomfortable bringing it up with me as a clinician. They might not think it's my job, they might not think I have the answers, or they might just be

embarrassed to bring it up with me or their financial institution as well. Because of that, in many cases, they end up experiencing financial toxicity alone, and that can be really scary.

It's really easy to pass the buck when it comes to talking about the price of healthcare. We do that really well. It's very easy to point a finger and blame the pharmaceutical industry, or blame the insurance industry, or blame health systems, blame physicians when it comes to how expensive healthcare is. This problem will not be solved by blame alone. We really have to work together in a more collaborative sense when it comes to impacting cost of care for our patients.

And he knows, better than most anyone, about the impact of awareness and acknowledgement of a patient's financial struggles:

I think the most important and first step is awareness, for the financial industry to understand is that, for patients with cancer, from the day they're diagnosed to 30 days out, the vast majority of those patients hit their out of pocket maximums, which means they're facing thousands of dollars in medical debt. If that diagnosis happens in December and that diagnosis continues into next year, then that out of pocket doubles when the limit resets. I think that's an important awareness for the financial industry to have; that even if a patient is insured, they could be thousands of dollars in medical debt.

Beyond awareness, the next step is reaching out. More often than not, the greatest satisfaction that a patient gets from the insurance company or maybe their financial institutions is an acknowledgement of what they're going through. It's a really small step that makes a huge difference in the life of a patient. It starts a conversation.

I think those two are critical first steps that the financial industry could take in tackling this omnipresent problem.

More compelling still was how other countries regard the cancer experience in America, which wasn't a question I'd originally intended to ask, but glad that I did

I've talked to people all around the world about this concept of financial toxicity. In the vast majority of cases, people from other countries are aghast that someone could go

bankrupt because of a cancer diagnosis. We know that patients with a cancer diagnosis are at significantly higher risk of filing for personal bankruptcy.

That's not to say that, in other countries, patients don't experience some form of financial toxicity. It can happen because there are other countries where patients still have out of pocket expenses. But the experience of financial toxicity here in the United States is unique. It is an artifact of our healthcare system, of our healthcare delivery system, and our healthcare pricing system, and our health insurance system.

Is there a place for credit unions in all of this? Absolutely.

I am delighted to think about the role that the financial industry may play in this problem. To be honest, this is not a question that I'd thought of until very recently.

Carla Tardif sees the transformative power that credit unions can and must wield on behalf of their members. So does Dr. Zafar.

Time will tell whether we see it, too.