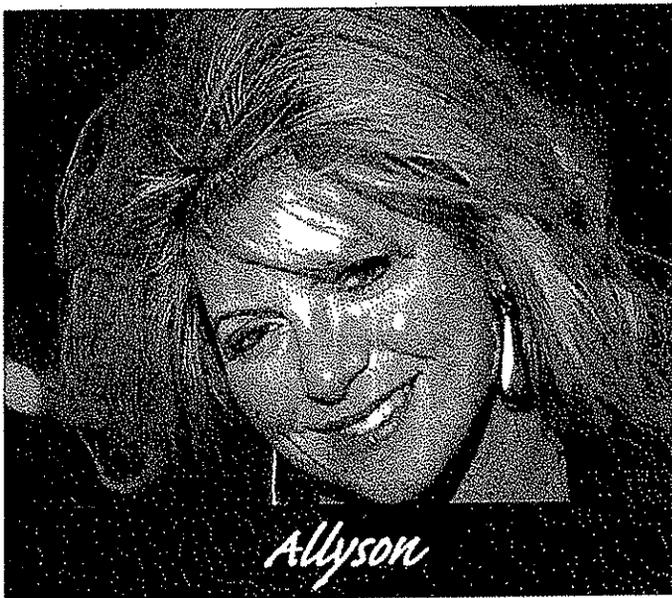


People should be compensated when it is not their fault



Perhaps I was uninformed, perhaps naïve, perhaps optimistic, but when I entered the hospital in September of 2000, I assumed that I should and could expect a sterile environment.

I had a few fears concerning the surgery -- fears of scarring, fears of pain, fears of uncertain aesthetic results, but never was I afraid that I would be infected with a life-threatening, life-altering infection. That was an unwelcome surprise.

After years of struggling with back pain and numerous inconveniences associated with having an extremely large chest, I finally decided to have the breast reduction I had been thinking about for some time. I have no way of knowing how or exactly when I was infected; I only know that it didn't have to happen. All illness is unfortunate and many could be considered tragic; however, the most regrettable are those illnesses that could be easily prevented. The fact that I was infected was not the end of the story. The ramifications of the infection and the toll it took was the real story.

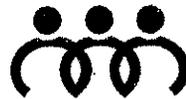
After the surgery, I repeatedly complained about burning, oozing, fever and pain. Unfortunately, the infection was not diagnosed and treated swiftly, and the infection became more and more invasive. There was tremendous pain, significant loss of tissue at the surgical site, repeated debridements without anesthetic, subsequent hospital debridements and three separate hospital stays after the initial surgery. At one point, we were delicately told that there was nothing more that could be done and I might have just 48 hours to live. This information had the expected, crushing effect on my loved ones, but luckily, that prediction was not correct. Even after the initial medical crisis, contracting the infection had prolonged conse-

quences. I had to endure more than two months of twice-daily IV treatment, many months of home healthcare nurse visits, two to three times a day, countless doctor appointments, twice-weekly monitoring of blood levels. Finally, after months and months of this, I began to get better - at least physically.

Once I was "cured", the real ramifications began to unfold. As an independent consultant, I only get paid when I work, so lack of income became a problem. In addition to regular living expenses, enormous medical bills had been added to my plate. ConnectiCare had wrongly denied payment and unfortunately, I was too ill to fight them for payment on what was a very legitimate claim.

With all that had happened and continued to happen, a downward spiral was unavoidable. Financial pressures were mounting, I was petrified of losing my home and all that I had worked for, I was tired of being sick, I was tired of being home-bound, the infection had altered my physical appearance dramatically, and I was facing additional surgeries. It should surprise no one that depression set in. The depression took hold after I had "recovered" and it lasted for a year and a half. I was unable to work, uncomfortable socializing, uncomfortable in my own skin. I needed time and help to get my life back. With that help and the support of family and friends, I managed to get better. I am better, but not the same person I was - I am forever changed.

Amid a plethora of negative and lasting repercussions from the infection, there has been at least one positive by-product. I am now an activist working towards influencing legislation as related to hospital acquired infections. I am invested in doing what I can to change things so that others do not have to experience anything remotely similar to what I suffered through. We must take steps now to ensure that people do not leave the hospital sicker than when they were admitted. A sanitary hospital or medical environment is NOT an unreasonable expectation! We, as a population, deserve that and should insist on nothing less.



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