

CHAMPAIGN COUNTY HEALTH CARE CONSUMERS

NEWSLETTER:

813 N LINCOLN, URBANA, ILLINOIS 61801

FEBRUARY, 1979

HSA CONSUMERS SLASH UNNECESSARY EXPANSION

Consumer advocates on the Champaign-Ford SAC of the East Central Illinois HSA played a major role in reviewing and improving Mercy Hospital's \$14 million dollar expansion proposal. The final recommendation by the SAC was to approve the program but only with the condition that a number of aspects of the proposal be eliminated or greatly reduced. The Project Review Committee of the SAC had recommended similar cutbacks although not as extensive as those approved by the full SAC.

The proposal was the first hospital expansion project to go before the SAC. One alternative considered by both the Project Review Committee and the SAC was denial of the total proposal. SAC member Tom O'Rourke, who advocated rejecting the proposal, stated, "As the proposal now stands, it is excessive. We should reject this project and encourage Mercy to come back with a more reasonable and responsible proposal." O'Rourke was joined by a number of other board members who agreed. Consumer member Helen Smith declared, "I was elected to this board to represent consumers, particularly low-income residents. Hospital bills are already too high and this project will increase them even more. We can't afford it and I can't support this proposal."

Other members of the SAC, however, were less convinced of the need to totally reject the proposal. Instead they supported substantial reductions in the scope and size of the proposal. Those who favored this approach cited the need for some improvement of Mercy's facilities and wanted to eliminate only the fat from the project.

The proposal now goes before the regional governing board of the ECIHSA and then to the Illinois Health Facilities Planning Board (IHFPB), which may be a stumbling block to local consumers' efforts. According to some, the IHFPB may not recognize a recommendation of approval with conditions. As a result, the state board may ignore the conditions that consumers spent so many hours developing and approve the total project. If this happens and a responsible decision by consumers to limit unnecessary hospital expansion is rejected, the message to consumers will be clear: COMPLETE DISAPPROVAL IS THE ONLY WAY TO STOP UNNECESSARY HOSPITAL EXPANSION.

NEIGHBORHOOD RESIDENTS ASK MERCY TO BE MORE RESPONSIVE

When Mercy Hospital first proposed plans for its \$14 million expansion, neighborhood residents were upset to learn that it included closing Romine Street - a main thoroughfare in the neighborhood. When given the opportunity to speak out at the HSA public hearing, residents presented petitions containing around 300 names of residents opposed to closing the street. In response to residents demands, Mercy Hospital quickly announced that it would hold another public hearing in the neighborhood. At that hearing, Mercy officials were reminded that the hospital isn't always responsive to the residents' needs. Helen Smith, a consumer member of the HSA regional board and neighborhood resident, criticized the treatment of Public Aid patients in the emergency room. Others spoke of the need for an Affirmative Action Program at the hospital, the appointment of a neighborhood resident to Mercy's Board of Directors, and an alternative route for traffic if Romine were closed. Mercy officials at the hearing expressed a desire to pursue concerns raised by their neighbors.

CCHCC MOVES INTO NEW OFFICES

The Champaign County Health Care Consumers has finally found a new home at 813 N. Lincoln, Urbana. Staff members moved in early last month and are busy developing CCHCC programs. The staff include Karen Chinn, Mike Doyle, Linda Holmes and Susan Sullivan. Having completed the search for an office, we are now looking for someone to help with a logo. If you are interested or know someone who might be, give us a call at 384-4070.

AFT Will Organize Health Prof

The AFT is launching a major organizing campaign aimed at nurses and health professionals throughout the country, AFT president Albert Shanker announced at a press conference November 29. To lead the campaign and to provide effective bargaining representation, a new division has been established within the AFT structure. The new division will be called the Federation of Nurses and Health Professionals (FNHP), AFT, AFL-CIO.

Directed at the nation's estimated 4.2 million non-supervisory health professionals in hospitals and related health care facilities, the health care campaign marks the first major AFT organizing drive outside the education field. This expansion was approved by the AFT convention-passed resolution brought before delegates to the 61st annual convention in Boston.

Shanker stressed that the new health care division will aid both teachers and health care professionals. "The health care industry has an abominable record on wages and working conditions," Shanker said. "Nurses in particular are in a situation comparable to teachers 20 years ago.

"We hope that within a few years the new division will mean that the AFT will have a total organization of well over a million. The resources of the people and the influence of that organization will be able to improve benefits for both the educators and the health care professionals."

Members of the new division will pay the same national per capita dues to the AFT that teachers pay. FNHP locals will have the same autonomy afforded to teacher locals, and, on a state basis, they will work within the existing state federation structure.

David Schnabel, former director of organizing for the American Nurses Association (ANA), will lead the formation and development of the new Federation of Nurses and Health Professionals. Schnabel will be assisted by Karen O'Rourke and Jerry Richardson, both former field representatives with the ANA, and Eileen McManus.

"Health care professionals need affiliation with the AFL-CIO," said Schnabel, "in order to deal effectively with hospital and health care management."

Currently, the country's approximately 750,000 non-supervisory registered nurses are employed with inadequate compensation and a lack of job security. These professionals have no standard work week, and most are forced to work on an hourly, rather than salary, basis. Unlike teachers, they have no tenure, and seniority is not taken into account regarding layoffs. Furthermore, on any day that a hospital has a low patient census, nurses face temporary layoffs.

"The FNHP will promote collective bargaining for registered nurses and other health care employees. It will also seek to improve the standards for RNs and other health employees by advancing economic status, evaluating basic education programs, encouraging and promoting continuing education and securing working conditions essential to the best performance of services and the most effective delivery of health care," said Schnabel.

O'Rourke emphasized the natural affinity between educators and health professionals. "The affinity exists not only in relation to where teachers were 20 years ago, but also in relation to professional control of working conditions and product. After all, we are both concerned with product: teachers with education and nurses with the quality of health care."

American Teacher, December '78/January '79

Review starts new era in health planning

To the Editor:

On Tuesday evening of this past week a project review committee of the East Central Illinois Health Systems Agency (ECIHA) voted unanimously to give only conditional approval to the controversial and long-debated proposal by Mercy Hospital to begin a \$22 million renovation and expansion project. As interested observers of the review process, we would like to bring to public attention two important points about the review of the Mercy project and what the committee's vote means for the future of health planning in the East Central Illinois region.

First, it was evident from the committee's final vote on this project that we are witnessing only the beginning of a new era in health planning. The Mercy project underwent

Mailbag

a careful review by a project review committee which was clearly impressed by public concern and its own mandate to contain the already high costs of delivering health and medical care whenever and wherever possible, without sacrificing the quality of that care. Unlike other project reviews, which too often have been little more than a rubber-stamping process, this project review was not only rigorous but far more objective. This was in large part the result of the initiative taken by a vocal but responsible consumer coalition sitting on the committee.

The second point we would like to make here relates to the important role and critical performance of the consumer-members of the project review committee. Protestations about the competencies and appropriateness of lay consumer-members to be included in the health planning process notwithstanding, consumer-members on the committee performed in key roles and with remarkable skill. Indeed, they were better prepared than some of the provider-members also sitting on the committee, clearly indicating that they had done their homework on the issues. And perhaps most importantly, appearing undaunted and un intimidated, the consumer-members were instrumental in raising the difficult but nevertheless appropriate and responsible questions which need-

ed to be asked about the economic feasibility and cost-impact of the Mercy project—questions which often involved highly complex issues about financing and other technical considerations of the project. In short, they demonstrated a sophisticated awareness of the problems and issues, and that consumer participation in the health planning process is not only plausible but also highly desirable.

The conditional approval that the review committee has attached to the Mercy project, with recommendations that the project be reduced in overall size and scope in order to lower the already high costs of this project, indicates the continuing concern and frustration about the increasingly high and often unquestioned costs of hos-

pital care. Such is important because if not only syn impact of public While members and provider-co view these dev disconcerting, w the hard questio asked of provid reviews can only lic accountability, and care—outcomes of project review providers and should be working

JOHN P.

Member, Steer

Cha

Health C

Director, Cha

Health C

Urbana

Professionals

ardson explained that the time is
e for organizing the health care
y. The 1974 health care amend-
o the National Labor Relations Act
non-profit, private hospitals under
law. These institutions account for
ent of the private institutions in the
, which, as a whole, employ 75
of those in the industry.

e 1974, an estimated 10 percent of
ustry has been organized, primarily
ortheast, the West coast and indus-
nters of the Midwest. The subjects
d under the 1974 NLRA amend-
include wages, hours and other
and conditions of employment.

dition to organizing and representa-
e new division will address areas of
n to health care employees, includ-
alth care research, legislation, con-
education and the assessment of
manpower resources.

ourke and Richardson said that
he press conference, the health care
n has been receiving requests from
the nation for information. "We are
ting target areas at this point in
O'Rourke said, "as well as work-
publications for the dissemination
ormation."

American Medical Association Sued Over Political Spending

The American Medical Association (AMA) and its affiliates have been sued in U.S. District Court by Common Cause for violating the political contribution limits of the Federal Election Campaign Act.

The lawsuit deals with 45 cases in which the political action committees of the AMA and its state affiliates combined to make contributions totaling more than the \$5,000 legal limit to candidates who ran in the 1976 Congressional primary or general election races.

According to Common Cause, the Federal Elections Campaign Act treats the political committee of a national organization and the committees of its state affiliates as one political entity for purposes of the \$5,000 contribution limit. Known as the "anti-proliferation" amendment, this

provision was designed to prevent any organization and its affiliates from evading the \$5,000 contribution limit by having numerous political committees each contribute \$5,000 to a candidate.

Political contributions of the AMA and its affiliates to Congressional candidates, said to total more than \$1.8 million in 1976 alone, have had a great impact on the success or failure of health care legislation in Congress. For example, Common Cause estimates that approximately \$85,000 was contributed by the AMA's political action arm between 1976 and mid-1978 to the 19 members of the House Interstate and Foreign Commerce Committee who voted to kill President Carter's hospital cost containment proposal, which NRTA and AARP supported.

AARP News Bulletin, Decmber '78

Law Violated By Medical Board

Another victory has been scored for the public's right to know, as as provided in the Illinois Open Meetings Act.

Cook County State's Attorney Bernard Carey recently ruled that the law was violated when leaders of the Illinois State Medical Society met privately with the state board that disciplines doctors and has authority to suspend or revoke physicians' licenses. At the meeting representatives of the medical society reportedly complained that board actions against doctors were too harsh.

The board of seven doctors is an agency of the Illinois Department of Registration and Education. Even before the state's attorney ruled, the department's director, Joan Anderson, ordered the members not to do it again. Carey decided against prosecution for the violation which occurred last July, but he said he will file charges on any future violations.

It is disappointing that leaders of the state medical society were involved in this incident. The people want more discipline of licensed health care professionals, and they want harsh action when medical ethics and laws are violated. The medical society has professed publicly that it supports those demands. In our judgment, the state board should do more — more quickly — to protect Illinoisans against unscrupulous people who have licenses to practice medicine or other healing arts.

CHAMPAIGN COUNTY HEALTH CARE CONSUMERS
813 N. Lincoln
Urbana, Illinois 61801

I want to join CCHCC and
receive the CCHCC NEWSLETTER:

☐ \$1-10 membership dues, depending
on your ability to pay. Please
pay as much as you can.

My Check for \$ _____ is enclosed.

Name _____

Address _____

City _____ Tel. No. _____

NATIONAL CONSUMER LEADER QUESTIONS VETO OF NURSE TRAINING PROGRAMS

Mark Kleiman, Executive Director of the National Consumer Coalition for Health, blasted the "use of health dollars for hospital expansion at the expense of other programs". Kleiman was referring to President Carter's recent veto of federal funds for nurse training programs as a means of reducing federal health expenditures after Carter's lid on hospital costs failed to receive Congressional approval. Kleiman was in C-U to officially open CCHCC's new offices and congratulate the organization on its work. Kleiman stressed the need for consumers to work with nurses and other health workers to redefine the priorities of federal health expenditures.

HEALTH CONSUMER RESOURCE CENTER TO BE ESTABLISHED

Consumers throughout the country have been organizing around health issues, and they are increasing in numbers and capacities. Some addressed problems in nursing homes, others have addressed barriers facing Public Aid recipients, others have increased consumer participation and yet others have improved health and safety in the workplace. To keep abreast of these developments and facilitate the exchange of information, CCHCC will establish a Health Consumer Resource Center. The Center will gather information from health consumer groups around the country as well as conduct investigations and publish studies of local health problems and issues. If you have any suggestions or would like to help, please contact Susan Sullivan at 384-4070.

GEMINI HOUSE/
CHAMPAIGN COUNTY
HEALTH CARE CONSUMERS
813 N. Lincoln
Urbana, IL 61801

Non-Profit Organization
U.S. POSTAGE
PAID
Permit No. 459
Champaign, Illinois

*Health care is too
important a matter of
public concern to be
left solely to those
who provide it.*

Champaign County Health Care Consumers
Presents a Community Forum

R_x FOR THE CONSUMER

PANELISTS:

Marguerite Robinson, Food and Drug Administration, Chicago

William Siler, pharmacist; author, Death By Prescription

Mary Ellen Shanese, Health Educator, McKinley Health Center

How Helpful? How Safe? Generic vs. Name Brand Effective Alternatives Current Laws

TUESDAY, MARCH 13

7:30 p.m.

Champaign Public Library
& Information Center
505 S. Randolph
admission is free - refreshments will be served!