

# HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

SUMMER 1980

## HSA Reverses Decision On Low-Income Representation

On June 5, the Champaign-Ford Subarea Committee of the East Central Illinois HSA voted to designate three seats for low-income consumers, reversing a decision just one month before not to designate such seats. This action required fully five months of organizing and lobbying by a coalition of community leaders and organizations.

The issue of low-income representation goes back to 1977 when a study found that the HSA subarea committee was not "broadly representative" of the community as required by law, and excluded representation of minorities, rural residents as well as low and moderate income consumers. Since then CCHCC and other community groups have fought for broad representation of the area population. However, following last year's election, in which four local hospitals and the county medical society spent massive sums to elect a slate of 11 candidates including 9 consumers and 2 providers, it was found that there were no consumers on the subarea board with an income below the median income (approximately \$15,000/yr). This left over 50 percent of Champaign County without representation even though the law requires that consumers be "broadly representative". Last February the provider-packed board voted not to seat a low-income consumer who was nominated to fill an opening on the board. That vote undermined the providers' usual argument that they "could not find low-income consumers interested in serving on the board." It also convinced CCHCC of the need for specific seats for low and moderate income consumers.

In late February CCHCC presented four HSA election reforms, including the designation of low and moderate income seats. In its proposal, CCHCC noted an earlier board decision to designate seats for rural resi-

dents when rural subareas were underrepresented, and urged the board to approve similar guarantees for low and moderate income consumers.

After several months of committee meetings aimed at developing new election procedures, the issue of representation finally reached the full board in May. At that meeting the board voted to oppose the designation of nine out of 18 seats for low and moderate income consumers. Then it voted down a compromise proposal of 4 seats and finally tabled a motion for just 2 low and moderate income consumer seats out of 18.

The only person to testify against the designation of seats was Ronald Aldrich, President of Mercy Hospital and spokesman for the county medical society and four local hospitals. To no one's surprise, the provider packed board complied with Aldrich's call for defeat of the proposal and

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An update on the new Illinois Nursing Home Reform Act of 1979.

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## SURGERY: Second Opinions Can Save Money And Lives

The saying "two heads are better than one" is the idea behind a growing movement to get patients to obtain a second medical opinion before undergoing ELECTIVE surgery. Since 85 percent of all surgery is elective rather than emergency, there is usually time to evaluate whether to have it done or to seek alternative treatment.

A recent federal government report indicated that each year there are 2 million unnecessary surgeries performed at a cost of \$3,000,000,000. More than 10,000 people die each year because of these unnecessary procedures. Studies in New York and Michigan show that in 31 percent of the cases recommended for surgery, the necessity of surgery was not confirmed by the second opinion. Second opinions will not only help improve the quality of health care but help control escalating medical costs by reducing unnecessary surgery.

In an attempt to save money and lives, the Health Care Financing Administration has begun a nationwide campaign to encourage people to get a second opinion before undergoing surgery. This program is available to everyone. The second opinion campaign features a toll-free hotline through which patients can get the names of doctors in their area who will give second opinions. In many cases the government or an insurance company will pay for all or part of the second opinion.

### How to Find a Specialist to Give You a Second Opinion:

1. Ask your doctor. Don't hesitate to ask; most physicians will encourage you to seek the second opinion.
2. Call the government's TOLL-FREE number (800) 638-6833 to find out how to locate a specialist near you.
3. If you're covered by Medicare call your local Social Security Office. The number listed for Champaign County is 398-5377.
4. If you're eligible for Medicaid you can call your local Medicaid office. The number in Champaign County is 352-7981.

Please Remember: The final decision regarding non-emergency surgery is up to you. After all, it's YOUR BODY. Copies of the pamphlet on second opinions published by the Health Care Financing Authority are available from the Champaign County Health Care Consumers, 813 N. Lincoln, Urbana, Illinois, 61801 (217-384-4070) or from Surgery, HEW, Washington, D.C., 20201.



## ATTACK ON OSHA

In 1970, the Occupational Safety and Health Act (OSHA) became law. At last the Congress had established the right of American working men and women to be protected from safety and health hazards at the workplace. Since its enactment, OSHA has been under constant attack in Congress, with businesses and corporate interests repeatedly trying to destroy OSHA's authority and effectiveness. Recently, a new and serious attack on OSHA in the United States Senate was defeated.

At issue was Senate Bill 2153, the so-called "OSHA Improvement Act of 1980", introduced by Sen. Richard Schweiker of Pennsylvania. If passed, S. 2153 would have exempted over 90% of the nation's workplaces from OSHA safety inspections, forced OSHA to take the company's word about conditions in the shop, and reduce fines.

However, the Big Business campaign to gut OSHA backfired as workers across the country angrily demanded that Congress protect their rights to safe and healthy jobs.

The labor movement won Round #1 in the fight over OSHA as S. 2153 failed to make it out of the Senate Labor and Human Welfare Committee. But the fight is far from over. Schweiker and his corporate buddies are now busy laying plans to attack OSHA in the U.S. House of Representatives. The fight will now focus on the Labor-HEW appropriations bill that provides the funds OSHA needs to operate. In addition to attacking the OSHA budget, business lobbyists are likely to tack onto the appropriations bill various amendments restricting OSHA's power to make inspections.



## Low - Income from page 1

ignored letters of support from over 15 community groups and public officials.

Disappointed by the Board's decision, consumer advocates began to work to reverse the decision. Led by Vern Barkstall of the Urban League, consumers called a meeting that included local ministers, social service organizations, legal service attorneys, senior citizen and consumer groups, and concerned citizens. Those in attendance determined to contact board members who might change their vote, and resolved to attend the HSA meeting to speak in favor of designated seats.

Several local ministers also approached local hospital administrators questioning their role in opposing low-income seats. These ministers were concerned about the incompatibility of charitable institutions committed to serving the community being opposed to the representation of poor and middle income consumers. Seeking to minimize the obvious inconsistencies between their stated aims and their actions, hospital administrators reversed their position and stated that they were not opposed to the principles involved but were uncomfortable with the proposed methodology.

Whatever their reasons, the administrators got the message. When the board reconvened in June, no representatives of local hospitals or the medical society were anywhere to be found. Without any stated public opposition from local hospitals, consumer advocates in attendance convinced the Board of the need to designate seats.

Leading the opposition to low income seats was Paul Wilson, Social Work Professor at the University of Illinois and a traditional opponent to the idea that low-income consumers can well represent their own interests. Wilson and several physicians on the board were countered by a number of black community leaders including Ken Stratton, Vern Barkstall and Evelyn Underwood, as well as legal services attorney Paul George and other consumer advocates. In the end, the board approved a compromise proposal temporarily setting aside 3 seats for consumers with an annual income below \$10,000 per year in the upcoming September election.

The compromise means that while some seats have been temporarily set aside for this year, the real issues of a "broadly representative" board remains unresolved. The action by local groups is a step forward, but the major work for consumers and low-income advocates lies ahead.

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## Health Care Becomes Legal Services Priority

In November 1979, the Land of Lincoln Legal Assistance Foundation conducted a survey of its clients and social service agencies in Champaign County and found that "Health Care for the poor" was chosen by clients as the most important of 31 potential priority areas. Social service agencies chose it second only to housing.

In response to the survey and the growing demand for more information on programs to assist the poor with medical expenses, Land of Lincoln recently sponsored a workshop on Medical Assistance, featuring lawyers George Bell and Paul George.

Paul George began the workshop with a discussion of the Hill-Burton program. George explained that free or low cost services are available at 3 community hospitals (Burnham, Carle and Mercy) for individuals unable to pay their hospital bills. In reviewing new regulations affecting Hill-Burton, it was noted that hospitals are obligated to inform patients of their rights to apply for Hill-Burton but often fail to do so. The hospitals are obliged, Paul George explained, to offer this aid in return for money granted to them by the federal government.

George Bell then outlined the various medical assistance options available at the township, state and federal levels. Much of the discussion centered on the programs available at the state level through the Illinois Department of Public Aid (IDPA). Different levels of financial need are considered in programs designed to assist those unable to pay their medical bill.

Information concerning general medical assistance programs can be obtained from any of the following organizations:

Illinois Department of Public Aid	
405 S. State, Champaign	352-7981
Land of Lincoln Legal Asst. Foundation	
610½ Park Ave., Champaign	356-1351

HEALTH CARE CONSUMER is the quarterly newsletter of the Champaign County Health Care Consumers, 813 North Lincoln, Urbana, Illinois 61801, (217) 384-4070. It is produced as a voluntary effort of community residents to help consumers stay abreast of health consumer problems and emerging solutions. Comments and contributions are invited and should be directed to the above address. HEALTH CARE CONSUMER is supported through tax-deductible donations from readers and local community residents.



## Blue Cross/Blue Shield Rate Increase Defeated

The Champaign County Health Care Consumers was among a coalition of community, labor and senior citizen groups that recently joined together as intervenors to defeat a proposed rate increase by Blue Cross/Blue Shield. This action was instrumental in preventing unnecessary increases in insurance rates for about 350,000 Illinois policy holders.

Led by the Association of Health Care Consumers, the consumer coalition successfully demonstrated that there was no justification for the proposed Blue Cross 22% rate increase. Consumers argued that Blue Cross had failed to comply with past orders of the Illinois Department of Insurance, had made no serious efforts to hold down health care costs, and that the board of directors was unrepresentative of the subscriber public.

Barry Checkoway, testifying on behalf of the intervenors, presented evidence showing that local Blue Cross boards of directors are dominated and controlled by doctors and other providers who themselves are the recipients of reimbursement expenditures. "We cannot expect cost containment in insurance rates as long as reimbursement levels and rate policies are set by those who will personally gain from rate increases. Since Blue Cross and Blue Shield play a pivotal role in the cost of health care, consumers should play a central role in the governance of these boards", he argued.

Thomas O'Rourke, testifying on behalf of the Union of Professional Employees, demonstrated that in the proposed rate increase, Blue Cross and Blue Shield has used faulty actuarial methodology, misrepresented their financial reserves which currently are in excess of \$138 million, and failed to initiate any meaningful cost containment measures.

## Consumers Win Seat On Blue Cross Board

Consumer efforts to change the governance procedures of the world's largest insurance company have resulted in the election of a local consumer to the company's board of directors.

As reported elsewhere in this issue, local consumers recently challenged the traditional provider domination of Blue Cross/Blue Shield boards. In testimony before the Illinois Department of Insurance, local consumers called for consumer representatives

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who represent recognized consumer groups, open and participatory selection methods, and consumer representatives who have a consumer orientation.

In part as a result of these actions, CCHCC Thomas O'Rourke has been elected to the Corporate Assembly of Blue Cross/Blue Shield. O'Rourke's election marks the first time a representative of a recognized consumer organization has been placed on the Blue Cross/Blue Shield Corporate Assembly. The Corporate Assembly is a group of 80 members that elect a 40 person Board of Directors.

Later issues of HEALTH CARE CONSUMER will report on further developments as consumers continue to fight for additional reforms within the Blue Cross/Blue Shield system.

### DENTISTS INCLUDED

## Doctors Directory To Be Published

In late August CCHCC will publish the first Doctors-Dentists Directory - A Consumer Guide to Health Care in Champaign County. The Doctors-Dentists Directory will provide a single, readable booklet available to consumers containing detailed information useful in choosing a doctor and/or dentist suited to individual needs and preferences. While the Doctors-Dentists Directory will not recommend any given doctor or dentist, it will provide much more information to make a decision than has been available in the past. Knowing how to choose a doctor or dentist, how to interact with them and knowing about their background, policies and costs will allow consumers in our county to utilize the health care system more efficiently and effectively.

The Directory will also provide information on a number of significant issues which will allow consumers to use the health care system more wisely. It will include needed information on such topics as generic drugs, patient rights, what to do if you have an insurance problem, why and how to get a second opinion concerning surgery, and much much more.

The Directory will be available in many stores in our area. Cost will be \$3.00, which reflects just the cost of the Directory. All work was done by CCHCC and other concerned citizen volunteers. Current advance orders are now over 300 copies. Last year, a similar Directory in Lansing, Michigan, sold over 7,000 copies. We think this will be one of the most significant publications of this type in the county. We hope you will order your copy by calling us at 384-4070.



## Walk-a-Thon Raises \$4,000

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On Saturday, May 3rd approximately 90 local residents participated in the CCHCC Walk for Change, raising over \$4000 for local consumer activities. The participants raised the money by receiving pledges for each kilometer of the 10 km walk-a-thon they managed to complete.

According to Nancy Beskin, coordinator of this year's event, the large increase in money raised was the direct result of adopting the walk-a-thon format over last year's Run For Health, in which participants ran the 10km course. The statistics support her claims: this year's walkers were worth an average of \$4.53/km compared to last year's \$2.90/km. As an extra incentive, WALK FOR CHANGE T-shirts were given away to those who had collected over \$5.00/km in pledges. Fifty walkers qualified for a free T-shirt.

Another major change was aimed at broadening community participation. Unlike the Run For Health which was cosponsored by the Health Care Consumers and the Frances Nelson Health Center, the WALK FOR CHANGE included over 15 community organizations working for

social change in the areas of health, housing, energy, and communication and addressing issues affecting senior citizens, minorities and women. Each walker could check which organization they wished to support. The organization to recruit the most walkers was A Woman's Place, a local shelter for battered women. The 22 walkers who pledged their funds to A Woman's Place raised \$113.70/km, a close second to the 18 Health Care Consumer walkers who were worth over \$132.89/km.

The changes in the format of the Walk have changed its character on another level: the wide range of participating groups, and the easier pace of the walk attracted a larger variety of walkers. People old and young, speedy and slow, on foot and roller skates, and in wheelchairs made their way along the 10km route soaking up the sun and enjoying the conversation. One walker, who had participated in the Run For Health last year, commented on the slower, more sociable pace of the Walk for Change, "Last year I had fun racing against others; this year I had an even better time getting to know them".

The good company and conversation continued back at Crystal Lake Park where the walkers gathered afterward to rest their feet and listen to the music of the Peppermill String Band and Screams at an outdoor concert co-sponsored with WPGU radio. Between the sun, the music, and the refreshments, the walkers quickly forgot about their aching feet.

In short, this year's Walk for Change was an important and enjoyable community event. CCHCC is proud to have succeeded in bringing together a large number of groups in the community to raise money, and to reaffirm their support for each other. We wish to thank everyone involved, particularly the many volunteers who put in many hours of hard work planning and implementing the 1980 WALK FOR CHANGE.

## YOUR TURN-Bill Siler

Bill Siler, a long-time CCHCC member, is a local pharmacist and author of the best-selling Death by Prescription. This column will be a regular feature in the future, and is open to anyone wanting to communicate with local consumers.

In March, 1973, Sylvia Porter devoted an entire column to the American Hospital Association's "Patient's Bill of Rights". Her conclusion: "There's some painful pioneering going on here in the area of health care that is of potentially revolutionary importance to you, the consumer." Two years later, Porter took another look and advised her readers that hospital boards from coast to coast were dawdling instead of implementing reforms even though "the handwriting is clearly on their hospital's walls." Initially, the unexpected distribution of the AHA's "Patient's Bill of Rights" shocked most health care professionals and caused some to wonder if changes that should have been instituted in the 1940s might, at long last, be in the offing. However, seven years later, health care providers know that this was simply another false alarm -- clearly it continues to be business as

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## Changing Your Address?

If you have moved or are planning on moving and would like to continue receiving the HEALTH CARE CONSUMER, please fill out the coupon on page 8 and mail it in with your old address label to: CCHCC, 813 N. Lincoln, Urbana, Illinois, 61801. Or, call 384-4070. If you are leaving the community and no longer wish to receive the HEALTH CARE CONSUMER please let us know, it will help us save postage and printing costs. Thank you.



## Forums Spark Community Interest

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Over three hundred residents recently attended two CCHCC sponsored forums addressing issues relating to nutrition and the plight of public hospitals.

"The Great Nutrition Debate", which attracted over two hundred consumers, featured a panel of nutrition experts who discussed the relationship between health and diet and the consumer's role in determining a healthy diet. Willard Visek, Professor of Nutrition and Metabolism, discussed regional and cultural differences in cancer incidence due to diet. John Erdman, Professor of Food Science, presented findings on the potential effect of various food additives such as preservatives, and flavor and color enhancers on our health. John Quinn, proprietor of Strawberry Fields health food store, discussed the advantages of natural foods and a vegetarian diet. Mary Francis Picciano, Professor of Nutrition, led a discussion on Infant Nutrition, emphasizing the advantages of human breast milk. Because of the great interest expressed by the audience, the CCHCC plans to sponsor future forums focusing on Nutrition in the coming year.

A second community forum "The Plight of Public Hospitals" presented case studies of closings and attempted closings of public hospitals throughout the country. Since public hospitals are a major source of health care for poor people, thousands are left without adequate access to needed medical care as institutions close. To worsen the problem, public hospital closings also force many residents to lose their jobs. Joe Liposki, Legal Services of East Missouri, presented the tragic case of the

## CCHCC Forums on Cable TV

A series of five health related programs, including several CCHCC forums, have been videotaped and will be shown on local cable TV. (Ch. 24) at 7:30 PM on consecutive Thursdays. All programs were produced with the assistance of Community Video 24.

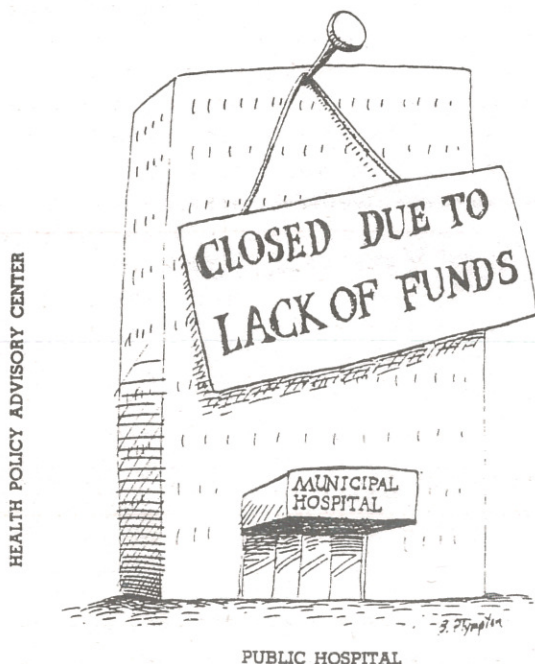
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| July 31   | Nursing Homes and the Law (RSVP)                  |
| August 7  | The Plight of Public Hospitals (CCHCC)            |
| August 14 | The Politics of Health Care I & II (CCHCC)        |
| August 21 | Medical Assistance for the Poor (Land of Lincoln) |
| August 28 | The Great Nutrition Debate I & II (CCHCC)         |

Please check local Cablevision listings for any schedule changes. If you have any comments or suggestions please call 384-4070 or write:

Community Video 24  
c/o CCHCC  
813 N. Lincoln  
Urbana, IL 61801

closing of Homer Phillips in St. Louis. Susan Catania, State Representative, 22nd District, talked of her attempts to aid public hospitals through HB 2793 and more specifically of the famous case of Cook County Hospital in Chicago. Eugene Cowcert, the administrator of a small public hospital in Edwardsville, Illinois, spoke of the challenge of gaining community and state support and of maintaining high quality medical care with limited funds.

The issue of racism has also been involved with the closing and relocation of public hospitals. A recent study published by the Health Law Project plainly stated that "a direct relationship was found between the minority population in the area around the hospital and the proportion of hospitals closing or relocating from that area". The study, "Urban Hospital Closing in the Face of Racial Change", is available from CCHCC for the cost of reproduction and postage. Both CCHCC forums were videotaped and can be seen on local cable TV.





# New Law Protects Nursing Home Residents

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There are over 1000 people in Champaign County who live in nursing homes. The Champaign County Nursing Home has 275 residents and it is the only publicly owned and operated nursing home in the county. There are 10 other nursing homes which are operated by private corporations.

The General Assembly of the state of Illinois passed the Nursing Home Care Reform Act of 1979 which took effect March 1, 1980. The new law calls for sweeping changes in the operation of the nursing home industry in the state. For example, more training is required for nurses aides, a better nurse-patient ratio is required, and the rights of nursing home residents are outlined in much greater detail. These are just a few of the changes created by the law.

Many of the changes proposed in the law are being bitterly opposed by the nursing home industry. Their complaints about the new law generally focus on the increase in financial costs of operating a nursing home required to meet the new regulations.

Illinois is one of the first states in the country to take a strong stand on the proper care and treatment of nursing home residents. In order for the new law to be truly effective, it will take the diligent effort of public agencies entrusted to enforce the law, of the nursing home industry and of the private citizen who is concerned about people living in nursing homes.

For more information about the new law and how to get involved in improving the quality of life of nursing home residents, please contact Gary Brown, Director of the Retired Seniors Volunteer Program at 384-1187.

## Your Turn from page 5

usual in the health care industry.

At about the same time Porter's article was appearing in newspapers across the United States, Dr. Thomas Szasz in an interview in the Humanist, seconded Porter's observation of hospital indifference. Szasz told consumers that they could expect little relief from either the increasingly burdensome costs of health care or the inadequate sort of care to which the typical consumer has access. Szasz was not just concerned with the cost or quality, but with individual self-determination or freedom.

Predictably, as the medical establishment resists any changes, the pressure for needed reforms continue to build. Illinois State Senator Don Moore, whose legislative advisory

Committee on Public Aid had just completed an eighteen month study of Medicaid, noted that "providers of medical care" had "stolen" \$100 million a year--"an accurate, educated estimate probably on the conservative side," --from the Illinois Medicaid program. The unforgiving Morre is quoted as saying, "They're stealing money out of the state treasury and when you steal money from the state treasury, you should go to jail."

Former insurance commissioner of Pennsylvania Herbert Denenberg is quoted in a 1974 Porter column: "...when the public can't afford the care it needs, it is tragic to throw away \$25 billion a year because of wasteful practices of the health care system." At the time the 1974 figures had not yet been compiled so this estimate was probably based on 1973 data when American consumers spent only \$80 billion for health care. In 1980, consumers may very well spend \$250 billion for health care, and there are some people who suspect that half of this is "stolen", "wasted", used to lighten the darkness of eternity or erect and expand temples of Medicine and Science. Whatever these vast sums go for, health care is using up more than 10 percent of the nation's GNP. There are, among the developed nations, countries which provide free health care for their citizens for 5 percent of their GNP--roughly the amount the American delivery system is said to waste. With such vast amounts of money at stake, is it so surprising that our health care industry arrogantly thumbs its nose at consumers? It is, after all, the only game in town...

### CONTRIBUTIONS ARE TAX DEDUCTIBLE

The Champaign County Health Care Consumers is funded largely through tax-deductible contributions of members and other local community residents. It is a non-profit, tax-exempt organization working on behalf of the public interest. Its work is not used for any commercial purpose. CCHCC relies upon contributions to further its programs for consumers. The HEALTH CARE CONSUMER is one of many consumer education activities supported by local contributions. Contributions are tax-deductible and may be sent to:

CHAMPAIGN COUNTY HEALTH CARE CONSUMERS  
813 North Lincoln  
Urbana, Illinois 61801



# CHAMPAIGN COUNTY HEALTH CARE CONSUMERS

## who we are...

We are a group of active citizens who believe in the practice of participatory democracy. We are community-based and include representatives of women and minority groups, religious bodies and local elected officials, labor unions and progressive provider organizations. We believe that health care is too important a matter of public concern to be left solely to those who provide it, and that major improvements will come only with the real involvement of consumers.

## what we do...

We focus on consumer participation, education, and action. Our public forums educate the general public on consumer health issues. Our leadership training workshops provide consumer leaders with knowledge and skills to carry out their responsibilities. Our newsletter helps keep consumers abreast of health care problems and emerging solutions. We work for responsible health planning and administration in accordance with federal regulations. We form Consumer Task Forces to address community health problems, currently emphasizing the problems facing low-income, minority and disabled consumers.

## New Staff Members Join Health Care Consumers

Two new staff members will join the Health Care Consumers this summer. They are Sarah Wilkinson, an Urbana resident and a recent graduate of the University of Illinois and Cynthia Ward, a native of Providence, Rhode Island who will be relocating in Champaign County in mid-August. Sarah and Cynthia bring a wide range of skills and experiences to their positions with CCHCC, where they will be working to improve the accessibility of health services to low and moderate income consumers. We welcome both.

## COALITION OFFERS PLANNING WORKSHOPS

The Consumer Coalition for Health will sponsor two national training programs for health activists, and has scheduled them for September 27-29 in Washington, D.C. and October 10-12 in Sacramento, California.

These conferences are not introductions to health planning, but are issue-oriented leadership training for those already active in health issues at the local level. If you wish to attend, you must apply in advance. There is no charge for attending the conference and low-priced accommodations are available. For more information contact:

CCH  
1751 N Street, NW  
Washington, D.C. 20036  
(202) 638-5828

## Join CCHCC Today!

- ☐ I would like to become a member of CCHCC. Enclosed is \$\_\_\_\_. Dues are \$1-10, depending on your ability to pay.
- ☐ I would like to contribute \$\_\_\_\_ to help publish HEALTH CARE CONSUMER.
- ☐ I would like to volunteer.

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