

HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

SPRING 1981

Compromise Proposed **DES Legislation Salvaged**

In the first major action since its formation last October, the Women's Health Task Force of CCHCC won a major victory in stopping legislation aimed at repealing the DES Act. The Act was passed to protect and assist persons exposed to DES, a synthetic estrogen given to pregnant women to "prevent miscarriages," but later found to cause cancer and genital abnormalities (Health Care Consumer, Winter 1981). The repeal was sponsored by State Senator Totten, a right-wing legislator from a Chicago suburb, and supported by the Illinois Department of Public Health.

In the past three months, Task Force members have testified before the Illinois Senate Public Health Committee, coordinated a statewide letter-writing campaign, and persuaded the Illinois Public Health Association to join CCHCC in urging the state to maintain the DES Act.

The DES Act requires the Illinois Department of Public Health to sponsor a statewide public education program and special DES cancer-screening on a sliding-fee scale. The Act also included importance clauses which state that insurance companies and other third-party payers can't deny coverage to DES victims under "pre-existing" condition clauses.

The DES Act passed through the Illinois General Assembly almost unanimously in the fall of 1979. However, last March the Illinois Department of Public Health announced a cutback of all funding for the DES Act and plans to push for a legislative repeal.

"Initially we tried to set up discussions with health department officials," explained Debbie Doyle, a Task Force member, "but IDPH has been very uncooperative. First a group of over 20 Task Force members were stood up by a health department official, then they were too busy to meet with us; and when we tried to set up a community meeting with IDPH Director Kempiners, he suggested meeting after the legislative session."

It was not until the Senate Committee hearing, when Task Force members turned out in force with media, that the health department expressed a willingness to compromise and work with the Task Force. The repeal legislation in its original form stated simply: "The DES Act will be repealed." If this had passed, the result would have been no provisions for public education, nor public screening, and no guarantees of health insurance coverage. The compromise legislation retains the guarantees for insurance



MANY RESIDENTS TESTIFY THAT HOSPITALS HARRASSED THEM FOR UNPAID BILLS, BUT NEVER MENTIONED HILL-BURTON.

Hill-Burton Hearing Attracts Over 100

"I was forced to sell my home to pay my hospital bills," explained Mary Evans of Champaign. "No one ever told me about Hill-Burton assistance, but I guess it's too late now." Testifying at a public hearing on February 28th, Ms. Evans was one of 25 Central Illinois residents who criticized implementation of the Hill-Burton program locally.

The public hearing was sponsored by the Ad Hoc Committee investigating local Hill-Burton compliance for the Health Systems Agency (HSA). The Committee was appointed by the local HSA Subarea Board last December after members of CCHCC's Hill-Burton Task Force testified about complaints they had received concerning local Hill-Burton compliance.

Committee members heard three hours of testimony from local consumers who showed frustration, anger, and even tears when relating experiences with local hospitals. Most of the testimony included personal accounts of harrassment by local hospitals for unpaid bills and the hospital's failure to notify patients of their right to apply for Hill-Burton.

Hill-Burton is a federal program which awarded hospitals

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Message from the President

It was four years ago this June that the Champaign County Health Care Consumers was formed. In 1977, we were meeting in each others' homes, and our newsletter was nothing more than a reminder of the next meeting with a few brief announcements. As I reflect back on our growth over the last few years, it is amazing how we've grown in so many different areas.

Broader community participation on the local health planning board was the issue which sparked the formation of the Health Care Consumers. Our success in forcing reforms within the HSA by opposing its federal designation and electing the first real consumer and community representatives to the local HSA Board provided us with credibility as a viable force in the local health care system. After two frustrating years of trying to influence the local health care system through the HSA and the health planning process, we decided to take the initiative. Rather than just reacting to provider plans submitted to the HSA for approval, it became clear that as consumers we needed to define our own agenda. This decision has proved to be a milestone in our history. By joining consumer groups in opposition to two Blue Cross/Blue Shield rate hike requests, CCHCC helped save consumers literally millions of dollars in unnecessary rate increases. In 1979, CCHCC uncovered illegal billing of Medicaid recipients by Mercy Hospital, and forced Mercy to discontinue the practice, repay Medicaid recipients who had mistakenly paid the bills, and notify all future Medicaid recipients of their rights. More recently, CCHCC Task Forces have made local headlines in their work around Hill-Burton and DES (see other articles in this issue).

The first official activity of CCHCC was the sponsoring of a community forum on *Birth Alternatives*. Today, our forums have become a regular series addressing a wide range of issues from "Health Insurance" to "Women and Drugs" to "Nursing Homes." We've also expanded our consumer education activities into a variety of new areas. Last fall, CCHCC published one of the most comprehensive local doctor/dentist directories in the country. The response has been so enthusiastic that a much expanded second edition is already being planned. The newest component to our consumer education program is the development of the Consumer Health Hotline. In its first five months, the Hotline has received and responded to over 300 requests for information and assistance. The Hotline, like most CCHCC projects, is staffed by volunteer advocates who work with local consumers in resolving their complaints.

As our program activities have expanded, so has the participation within the organization. Originally just a handful of concerned citizens, CCHCC members now number more than 1000. At times I'm amazed at how many people are involved in the different aspects of the organization. In fact, at the last Steering Committee meeting, we discussed how to improve internal communications to keep everyone informed of what others are doing.

The success of our fundraising program underscores the growth and stability of CCHCC. Last year, we raised nearly 60% of our budget through our own fundraising events. This year that figure will probably be closer to 80%. The Walk-for-Change generated over \$6000 in pledges compared to just \$4000 last year. The addition of Springfest, a direct-mail membership drive, and sales of the Doctors/Dentists Directory have made this CCHCC's best fundraising year ever.

But not everything is coming up roses. The election of Ronald

2 Reagan poses a serious threat to all health care consumers. The road ahead is a tough one. However, I believe that the development and growth of organizations such as ours is critical if progressive, consumer-oriented health policies are ever to be adopted. The battles we face in the next four years will be tough ones. However, if we continue to build upon foundations we've laid in the past four years, I honestly believe that we have a fighting chance.

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HILL-BURTON UPDATE

There have been several developments in local efforts to improve Hill-Burton

FOURTH ANNIVERSARY

CCHCC President Henrietta De Boer reflects back on CCHCC's first four years

ICARE

CCHCC joins the Illinois Coalition Against Reagan Economics (ICARE).

WALK-FOR-CHANGE

The third annual Walk-for-Change fundraiser raised over \$6000 in pledges

AMBULANCE SERVICE

A local senior citizen organization has begun a campaign to improve ambulance service.

CCHCC Joins ICARE

Reagan's economic policies are so frightening in their potential impact that it has brought together organizations that previously were unwilling to associate with each other. Reagan economic policies, more than any other single factor, have clarified the real enemy.

In Illinois, over 140 community and environmental groups, labor unions, civil rights and women's organizations, statewide associations and social service agencies have joined together to form ICARE—the Illinois Coalition Against Reagan Economics. Although initiated in Chicago, ICARE has begun to gain momentum downstate. On May 5th the first ICARE meeting in Central Illinois was held and over 21 organizations, including the Health Care Consumers, were represented.

One of the major goals of ICARE is to begin reversing public opinion about Reaganomics. As the reality of Reagan's "campaign promises" begins to take shape, more and more people are beginning to have second thoughts about his proposals. ICARE has been sponsoring public hearings with Congresspeople from around the state to demonstrate how widespread the opposition really is. Here in central Illinois, several organizations sent representatives to Lincoln, Illinois to meet with Congressman Madigan over Easter recess. Although he never wavered in his support of the Reagan proposals, Mr. Madigan did agree to hear how his constituents feel at a public hearing in Champaign-Urbana. Although Mr. Madigan promised to attend a hearing in late May or early June, he has refused to finalize any date. The local ICARE chapter has also begun to exchange ideas on how to strengthen the grassroots lobbying potential within each of our organizations. For more information call Mike Doyle at 356-1604.

Walk-for-Change a Strong Step in the Right Direction

Over \$6000 was pledged in support of 16 local community action groups in this year's Walk-for-Change. Eighty-two people walked in the May 2nd community walk-a-thon sponsored by CCHCC and WLRW radio.

This year's 10-kilometer walk was the most successful yet. Walkers averaged \$7.30/km in pledges—compared to an average of \$4.50/km last year. The 16 groups who participated in this year's walk are working on a variety of issues including services for battered women and rape victims, fair housing, the right to choose abortion, a clean environment, safe and affordable energy, accessible and affordable health care, the Equal Rights Amendment, senior citizens' rights, and community access to the broadcast media.

A Woman's Place and the Rape Hotline brought the most walkers again this year. The 21 walkers from A Woman's Fund, Inc., collected \$111/km in pledges, second only to the 12 CCHCC walkers who brought in \$122/km. Money will be split between the participating groups and the coordinating organization, CCHCC.

"Grassroots fundraising is becoming more and more crucial to the continued existence of community action groups," CCHCC staff fundraiser Cynthia Ward said. "Individual organizational fundraising events are time-consuming and often drain already limited organizational resources. The walk is different because one organization, CCHCC, takes full responsibility for organizing the event and all participating groups need to do is encourage their membership to walk."

The idea for the Walk-for-Change originated from the Run-for-Health, an annual fundraiser sponsored by CCHCC and the Frances Nelson Health Center. Similar to the Walk, the Run-for-Health was a 10/km event in which runners sought pledges for every kilometer they ran. Walk-for-Change has expanded the number of participating organizations from two to sixteen and slowed the pace from a run to a walk. Both of these changes were aimed at expanding community participation and support. This year, most walked, some ran, and a few roller-skated.

Weather on the day of the Walk was the finest so far this spring. The event ended with a community gathering at Crystal Lake Park in Urbana. Music was provided by the New Watusi Jazz Band.

The success of this year's Walk was due to walkers who raised more money than ever, sponsors who pledged more than ever,



MARGIE CHECKOWAY (LEFT) CHECKS IN DEBBIE DOYLE AT FIRST CHECK-POINT ON 10/KM WALK-FOR-CHANGE.

WLRW and *The Weekly*, who helped make the publicity better than ever, and CCHCC's staff and volunteers, especially Cynthia Ward, who made certain the event ran smoother than ever.

"Fundraising is the primary goal of the event," Ward said, "but the Walk-for-Change is also a demonstration of support for groups working for social change and a celebration of the work we do to make this community better."

Reagan Health Proposals Criticized

"Consumers, not providers, will be among the worst losers in the current federal health care cutbacks."

So began Daniel Sigelman, staff attorney for Public Citizen Health Research Group, at a CCHCC forum on April 29 in the Urbana Free Library Auditorium.

Sigelman described the current cutbacks in services, planning, and regulatory programs as a "Reagan Hood" approach which takes from the poor to give to the rich. While he would not defend many of the programs cited—including Medicaid, Medicare, HSAs, and PSROs—as fully successful, he described the alternative as "frightening."

He described health care planning as an example. While HSAs have not always contained costs or empowered consumers, he predicted that their proposed abolition and the transfer of health planning to state governments would eliminate "certificate of need" and produce an explosion of hospital expansion that will drive up costs without solving quality or access problems.

"The poor will be the worst losers," he said. Federal actions will not spare the "truly needy," but only produce "an unprecedented attack on the poor that is going to filter down to the states." These actions will reduce eligibility in such programs as Medicaid, he added, an imperfect but available source of care for those who are poorest in our society.

With the elimination of many public vehicles for involvement in health policy, he predicted that consumers in many areas will begin looking to the private sector itself as a focus for health action. In many cases, he continued, this may mean "very direct confrontation with the powers-to-be in local communities."



WALKERS REGISTER FOR THIRD ANNUAL WALK-FOR-CHANGE; 82 WALKERS RAISED OVER \$6000 IN PLEDGES.

Seniors Address Ambulance Issue

The problems in Danville eventually led to the adoption of a comprehensive ambulance ordinance. Danville's ordinance requires strict licensing procedures, a mandate that every call for an ambulance be answered, and a provision which states that the city can set a ceiling on rates.

The success of improving ambulance service in Danville through a city ordinance was enough for SOS to explore the possibilities here. What they found was that Urbana had already passed an ambulance ordinance, but it does not go into effect until the City of Champaign passes a similar ordinance. According to SOS member Willie Wilson, "the Urbana ordinance is a start, but it is not nearly as comprehensive as the law in Danville."

SOS is now working on passage of an ambulance ordinance in Champaign. SOS members have already met with Mayor Severns in Champaign and received her support for the ordinance. Individual meetings are being scheduled with city council members. Efforts to adopt an ordinance in Champaign will be followed by a push to strengthen the Urbana law. "We've also been receiving calls from residents in small towns in the outlying areas who are interested in seeing the adoption of a county-wide law assuring quality ambulance service," explains Mr. Wilson. "The whole issue is snowballing."

SOS was formed last November in response to Governor Thompson's veto of the Utility Users Refund bill, which provided for utility rate relief for senior citizens. SOS joined seniors around the state in a push to override the veto. Since then, SOS members have participated in hearings on the Illinois Power rate-hike hearing and lifeline rates before the Illinois Commerce Commission. Several SOS members also testified at the Hill-Burton hearings last February. For more information about SOS and their work, call their office at 356-1604.

A complaint received by CCHCC's Consumer Health Hotline is developing into a hot community issue for a newly-formed senior citizen organization. The complaint centered around a resident of a local senior citizen housing project who collapsed from a drug overdose. Even though staff members called the local ambulance company immediately, it took almost an hour before the ambulance arrived. The reason? The senior citizen was on Medicaid and it was lunch time. According to housing project staff members, Arrow Ambulance waited for someone to return to the Medicaid office to verify payment before they would answer the call.

Although the resident was reluctant to pursue the complaint, staff members of the housing project were anxious to pursue the issue of local ambulance service. Hotline volunteers put them in touch with Seniors Organizing Seniors (SOS), a newly-formed citizen action group concerned with providing senior citizens a voice in the issues which affect them.

The incident so shocked and outraged SOS members that they decided to research ambulance problems further. They placed posters around town asking citizens to notify SOS about problems with local ambulance service, and several frightening accounts, ranging from slow time of response and poor quality of care to refusal to answer a call and high charges for services.

They soon uncovered a history of ambulance problems in the area. Last year, for example, Arrow Ambulance was forced to leave Danville following several hearings concerning the quality of service being delivered. Articles in the *News Gazette* and *Daily Illini* chronicled that city's problems with Arrow Ambulance, which eventually led the Danville City Council to deny renewal of Arrow's operating license. Among the most severe problems cited by Richard Livengood, Administrator at Danville's Lakeview Hospital, was a lack of qualified ambulance personnel.

Nursing Homes Topic of Community Forum

On May 13 community people attended one of a continuing series of community forums sponsored by CCHCC on health care issues, *Nursing Homes: How Can the Community Get Involved?* The forum brought together people interested in improving nursing homes through community action. Panelists were Charles Foley, Illinois Department of Public Health; Benjamin Vondracek, Administrator, Clark-Lindsey Village; Connie Eaton, R.N.; Ruby Mizell, nursing home resident; and Yvonne Gilliland, family member of a nursing home resident.

Major issues of discussion centered on the difficult financial plight of nursing homes, nursing home residents, the importance of emotional support in maintaining and improving a resident's physical well-being, the emphasis American society places on youth at the expense of valuing the aged, and the need for strong advocates in the residents' behalf.

The stereotype of understaffed nursing homes and despondent residents is an unfortunate reality in many homes around the country. However, at the local level, Charles Foley pointed out that Champaign County homes are generally very good, and much effort is made to provide a positive, supportive environment. The panelists agreed that the state reimbursement system and state funding allocations must be changed in order for the nursing homes to upgrade staff, programs, and rehabilitation care. As it stands now, nursing homes are practically penalized financially for restoring patients to independence in taking care of bodily functions.

Along with a renewed respect for old age, several speakers

urged that the medical field should include geriatrics as a major field of study so that nurses and physicians will focus their efforts on this large age group, which now numbers about 25 million people. Residents in nursing homes are often neglected by physicians who sign orders without ever seeing their patients. One of the panelists presented a telling example: A resident had a stroke on Sunday. Not wanting to bother the doctor on a day of rest, the staff on duty didn't phone the doctor until the next day. The doctor prescribed his routine orders for stroke victims over the phone, and that was the extent of specific care given to the stroke patient.

The point was made that nursing home residents, often without family or friends nearby, need advocates to make sure that their medical, emotional, and social needs are met. Without visitors and outings, depression and mental withdrawal become common. Once the spirit is broken, the resident's physical condition can dramatically decline. Some panelists urged advocates in the community to organize to ensure that lonely people receive visitors and sincere concern from others.

The Committee for Community Involvement in Nursing Homes has been formed to improve the quality of local nursing home life. One project that is well underway is fundraising to secure a bus equipped to hold many wheelchairs, allowing wheelchair bound residents to take trips. Other projects include recruiting volunteers to visit residents and using nursing homes as community resources. Contact Connie Eaton (359-9560) for more information.

Poor Hit Hardest by Reagan

The Reagan Administration has proposed major reductions in funding for health services and health-related programs, most of which hit hardest those who can afford it least. The following is a brief summary of some of the cutbacks being proposed:

Medicaid. Proposed cuts in Medicaid would change the nature of the program from an entitlement to a discretionary aid program. Medicaid, which serves the poor, the disabled, and the elderly, is being given a "cap" or cutback of \$1 billion in federal appropriations. This figure is expected to reach \$2 billion if states refuse to pick up a larger part of the tab. The Administration has not proposed a limit on other health care costs—including such controllable costs as Medicare, veterans health care, federal workers' insurance costs, and tax credits for health expenses. Only Medicaid—which serves the poor—is singled out for a cap.

The Medicaid cap and associated changes do not address the question of cost-effectiveness. They only aim to reduce costs. Because the changes do not seek to increase access or encourage preventive medicine, the costs of health care will continue to rise, while federal expenditures would be frozen. The states would be forced either to appropriate more money for the Medicaid program or to cut back on benefits, eligibility, or reimbursement. Meanwhile, those services which are politically easiest to cut will go first. Because hospital and nursing home lobbies are stronger, they will be able to protect their piece of the pie while cheaper, community-based alternatives to such institutions will lose out when dollars are distributed.

Community and Migrant Health Centers are also threatened under President Reagan. Approximately 1000 of these health centers serve 6 million people living in rural and urban medically underserved areas. The Frances Nelson Health Center in Champaign is one such center. These centers, like Frances Nelson, have been successful in increasing access to health care for millions of Americans. Community health centers are also economical. They reduce the use of expensive hospital emergency rooms, cost 33-60% less than hospital outpatient departments and emergency rooms, and reduce hospitalization rates by 25-66%.

The proposed cuts will mean that millions of people living in medically underserved areas will once again be without a source of health care. An estimated minimum of 450 out of 1000 community and migrant health centers will close. An estimated minimum of 2,180,550 people in medically underserved areas will lose their medical care.

Hill-Burton, badly enforced in the past, is likely to be further undermined by deep cuts. One federal agency which has been aggressive and active in enforcing the law, the Office of Civil Rights, has already "lost" over 60 positions. Its authority under Hill-Burton may be taken away entirely and moved to the slower, more bureaucratic Health Resources Administration. In fact, the Hill-Burton regulations themselves are under attack by Budget Director David Stockman.

Nutrition. The Women, Infants, and Children program, which provides supplemental foods for low-income woman and children, will be cut so that only clients in the lowest economic bracket and only those with "measurable nutrition deficiencies" will receive benefits. Other programs such as school lunches and food stamps are also scheduled for cutbacks. The reduction of these food and nutrition programs to a "survival" level will essentially eliminate health maintenance aspects and severely

5 increase potential health care costs in the future.

It is crucial that average citizens speak out against these and dozens of other short-sighted and lopsided proposals. Congressman Madigan has been a leading proponent of President Reagan's economic plan and has been entrusted by the Reagan Administration to steer the Reagan health program through the House. Send Congressman Madigan a telegram or letter today at:

Representative Edward Madigan

Federal Building Champaign, IL 61820

Springfest a Success: Raffle Nets \$1100

Advertised as an event to "chase away that cabin fever," Springfest 1981 did in fact live up to its billing. More than 150 persons attended Springfest, which included: a "spring-luck" dinner; the "springfest" raffle drawing; and a "spring-swing" featuring the Chambana Stompers and the New Watusi Jazz Band.

The festivities began around 7:00 p.m. with an unbelievable assortment of "favorite dishes" which served as an admission charge. Dinner was followed by CCHCC's volunteer of the year award ceremony. This year's award was presented to Debbie Doyle. Active with the Hill-Burton and Women's Health Task Forces, Ms. Doyle has also played a key leadership role on the fundraising committee over the past year. As any dedicated volunteer, Ms. Doyle accepted her award with an embarrassed "thank you" and quickly returned to the kitchen to wash dishes. Following a brief presentation by staff members on different CCHCC activities, drawings for the Springfest Raffle were held. Ms. Betty Kingery of St. Joseph won first prize—\$400 in cash, and Mr. Anthony Wood of Urbana won second prize, \$100.

The pace of the evening then picked up substantially with music from the Chambana Stompers and the New Watusi Jazz Band. Both bands received an enthusiastic response and inspired a good part of the audience into dancing!!!

In addition to being a fun evening for those who attended, Springfest '81 was a great success as a fundraiser for the Health Care Consumers. The raffle itself made a profit of over \$1100. Special thanks are extended to the dozens of volunteers who made Springfest possible, from the planning to the dish-washing and clean-up. We also would like to acknowledge the work of the fundraising committee, which had the unenviable job of working on two large fundraisers back to back. Next year, Springfest may be changed to Octoberfest in order to avoid conflicts with the Walk-for-Change. If anyone has suggestions—let us know! Call Cynthia Ward at 384-4070.

FITNESS FORUM INFORMATIVE: Physical Fitness—Facts and Fallacies

On March 4, CCHCC held another in its continuing series of community forums. The forum—*Physical Fitness: Facts and Fallacies*—was well received by the 75 people in attendance at the Urbana Public Library. Interesting and informative presentations were made by the three expert panelists from the Department of Physical Education at the University of Illinois: Dr. Jim Misner of the Physical Fitness Research Lab, Dr. Glyn Roberts of the Motor Behavior Research Lab, and Ms. Lynne Strathman, Coordinator of the Adult Fitness Program. Topics of discussion included weight loss, motivation, psychological aspects, specific fitness programs and exercises. For further information on physical fitness in general, or the Adult Fitness Program in particular, call Ms. Strathman at 333-1103.

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money for expansion projects. In return, hospitals were required to provide a reasonable amount of free and low-cost health care to those "unable to pay." Locally, Burnham, Carle, and Mercy each received funds under Hill-Burton. Administrators at all three claim that they have always met with requirements to inform patients about Hill-Burton. However, at the hearing, CCHCC Task Force member Mamie Smith challenged their statements: "In an effort to determine how widespread non-compliance was, we uncovered the names of over 400 persons being sued by local hospitals in recent years...we randomly contacted 10% of those individuals and not one had ever been informed about Hill-Burton." Written testimony presented by Monticello lawyer Ken Baughman also contradicted public statements by local administrators: "...among the 100 or so bankruptcies that I have filed in the Champaign and Decatur areas over the past year, most involved medical bills and harassment by credit bureaus who represent the various hospitals. I would also state that most of these people have no knowledge



A BROAD CROSS-SECTION OF LOCAL RESIDENTS TESTIFIED AT HILL-BURTON HEARING.

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of any benefits under Hill-Burton nor has anyone at the hospitals informed them. I would cite such hospitals as...Mercy and Burnham in Champaign."

Hospital efforts to inform the general public were also criticized. Testimony revealed that local hospitals were approached as early as 1977 by the Land of Lincoln Legal Services office in Champaign about failing to tell patients of Hill-Burton, but rejected offers to work with community residents who wished "to be of assistance." Questioning their priorities, Barrie Borich testified that the same three local hospitals that bought full-page ads in the *News-Gazette* about the HSA elections, only used tiny legal notices to inform people about Hill-Burton.

Questions were raised about the unusually small amounts of Hill-Burton care provided during the years local hospitals selected the so-called "open door" option. Under this plan, hospitals pledged to provide as much free care as is needed without any limits. In theory, this would mean that anyone who needed hospital care but was unable to pay their bill might be eligible for Hill-Burton. However, Rev. Ed. Harris, Chair of the Hill-Burton Task Force, noted that, oddly enough, hospitals gave away less during the "open door" years than at any other time. "At the same time that these hospitals were claiming to meet the needs of all persons unable to pay their hospital bills, each one had hundreds of thousands of dollars in uncollectible account every year. Surely there were some people among these numbers who simply could not afford to pay their bills," explained Harris.

After the hearing ended, most of the Ad Hoc Committee members were overwhelmed by the amount and quality of testimony presented. One committee member observed that "the hospitals are going to have to do some fancy footwork to adequately explain what we heard today." However, local hospital administrators are going to have to provide more than fancy footwork if those at the public hearing have their way. The audience of over 100 residents applauded loudest when one person suggested that "it's time someone sent a collection agency after the hospitals."

played a key role in mediating an agreement between IDPH and the Task Force.

But without the organized opposition coordinated by CCHCC, it seems clear that the repeal would have sailed through without a hitch. Although the DES Act that will remain on the books is a decidedly weaker version than its predecessor, it is still an important victory. "If the law had been repealed, new legislation would have to be reintroduced, passed in both chambers, and signed by the Governor. With the legislation intact, the only barrier is having money appropriated to run the program," according to Doyle. Task Force members also agree that salvaging crucial guarantees concerning insurance coverage is reason enough to feel victorious.

DES—Were You Exposed?

Were you born after 1940? If you were, you and your mother may have been exposed to DES. DES is a synthetic estrogen that was given to millions of pregnant women from 1941 to 1971. Find out if this drug was given to your mother. It could save both of your lives. If you think you may have been exposed to DES, or would like more information about DES, contact the Champaign County Health Care Consumers at 384-4070.

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coverage and changes the original legislation so that the health department is not required to fulfill the program outlined by the Act, yet still has the authority to do so.

Efforts to save the DES Act were enhanced by the active support of the Illinois Public Health Association. Faced with an uphill battle in the legislature, the Women's Health Task Force first targeted the Illinois Public Health Association, which had scheduled its annual conference a week before legislative hearings. Support from the Association would provide the Task Force with credibility statewide, something that CCHCC lacks as a local organization.

"We knew it would be an uphill battle because the Public Health Department is very active in the Association," explained Doyle. "But we did our homework, contacted key people and sought support from wherever we could get it." Although the Department actively campaigned against the resolution CCHCC had introduced, when the final vote came it was a clear victory for the Women's Health Task Force.

Association representatives proved to be active supporters of a letter-writing campaign aimed at members of the Senate Committee and even traveled to Springfield the date of the hearing to register their opposition to the repeal. Task Force members were also very grateful to Representative Helen Satterthwaite, who

Hill-Burton Update ...

State Official Expresses Interest in Monitoring Hill-Burton

On March 9, representatives of CCHCC's Hill-Burton Task Force received a commitment from Mr. Aaden Clump of the Illinois Department of Public Health that he would "actively pursue" an agreement between the federal government and the state of Illinois concerning the monitoring of Hill-Burton facilities. The meeting was arranged after Task Force members met with state representative Timothy Johnson (Health Care Consumer, Winter 1981).

The state, which monitored Hill-Burton facilities from 1975-79, is no longer responsible for monitoring it unless it contracts for such with the federal government. "Faced with cutbacks under Reagan, we believe a more active state monitoring program is essential for future compliance," explained Task Force member Mamie Smith. At the meeting with Mr. Clump, Ms. Smith and other Task Force members expressed concern that Illinois had done nothing to secure a monitoring agreement with the federal government, while other states were already finalizing their agreements. When Mr. Clump explained that the Department was taking a "wait and see" approach, several persons argued that the Department should take a more active role in protecting the rights of Illinois citizens. Mr. Clump finally agreed to "actively pursue" the monitoring agreement. Late last month, Mr. Clump conducted a preliminary visit to area hospitals. He is expected to visit Champaign-Urbana in mid-June to meet with CCHCC representatives and report on his progress in pursuing the monitoring agreement.

HSA Committee Seeks Hospital Records and Data.

Following the February 28 public hearing on Hill-Burton, the Ad Hoc Committee investigating local hospital compliance is moving forward with its investigation. A summary of eleven major issues raised at the public hearing were submitted to local hospital administrators for comment. The administrators' responses had little or no substantive data or information. For example, in response to claims of non-compliance before 1980, Charles Van Vorst of Carle responded, "We are in compliance and have always been in compliance with Hill-Burton regulations." When the Ad Hoc Committee reviewed hospital responses at their April and May meetings, it was clear that only one or two members of the committee were willing to end the investigation without further information and data. In a rather heated discussion at the May meeting, Cunningham Township supervisor Ken Zeigler argued that "without looking at the different records involved in the Hill-Burton program, it is impossible to draw any rational conclusions as to whether a hospital is in compliance or not." A motion by former Champaign City Council member John Lee Johnson, calling for more substantive documentation from local hospitals, was passed unanimously. A subcommittee was established to develop a list of specific questions to be submitted to all three local hospitals.

Federal Investigators Visit Champaign-Urbana.

Representatives from the regional office of the Department of Health and Human Services (HHS) have recently made two visits to Champaign-Urbana. George Hurney, of HHS, attended the public hearing on February 28th and briefly discussed Hill-Burton regulations with task force and ad hoc committee members. Since then, Mr. Hurney indicated that HHS would pursue investigation of complaints against local hospitals.

During the week of May 11-14, Mr. Hurney and Jerome

7 Greene investigated over 20 complaints against local hospitals. In addition, they met with task force members to discuss what is involved in an investigation, and to hear the concerns of community members. The report of their findings will be filed within a month and should include an assessment of Hill-Burton programs. However, at their meeting with task force members, both emphasized that their main goal was to insure that hospitals complied with federal regulations in the future. They explained that limited time and resources confined most of their investigation to the specific complaints filed. When asked about the role of other Hill-Burton investigations into local hospitals, Mr. Hurney stated that he supported the review of records and anybody's right to go in there; "I support the idea that it ought to be done and that it is valid to do."

Administrators Snub Task Force

In an effort to avoid confrontation with local hospitals over the issue of accessibility to medical care, CCHCC's Hill-Burton Task Force sought to meet with administrators of local hospitals. "To date, all our efforts have failed," explained Rev. Ed Harris, Chair of the Hill-Burton Task Force. When the hospital administrators publicly stated they shared the same goals as CCHCC, the Task Force decided it was appropriate to sit down, explain the problems the people were having, and recommend changes that would alleviate some of those problems. According to Task Force member Katy Murphy, "Some people feel that in the past things have been too confrontative with local hospital administrators. We believe our invitation to administrators is an indication of our willingness to work together." Last February, CCHCC wrote hospital administrators that Hill-Burton "is indeed a complex program, one which poses a variety of problems to Hill-Burton assisted facilities such as yours. At the same time, however, it [is] clear that many people suffer unnecessarily when financial barriers discourage them from seeking medical care." Neither Burnham nor Mercy ever replied to the letter, and administrators at all three Hill-Burton facilities refused a second request to meet with them. Instead, all three administrators blasted the Health Care Consumers several weeks later in letters to the HSA Ad Hoc Committee. Mr. Van Vorst of Carle accused CCHCC of conducting an "apparent witch hunt"; Mr. Goshy of Burnham said he is "forced to question the true intent of those involved" and Mr. Aldrich of Mercy accused CCHCC of "position taking, rather than problem solving."

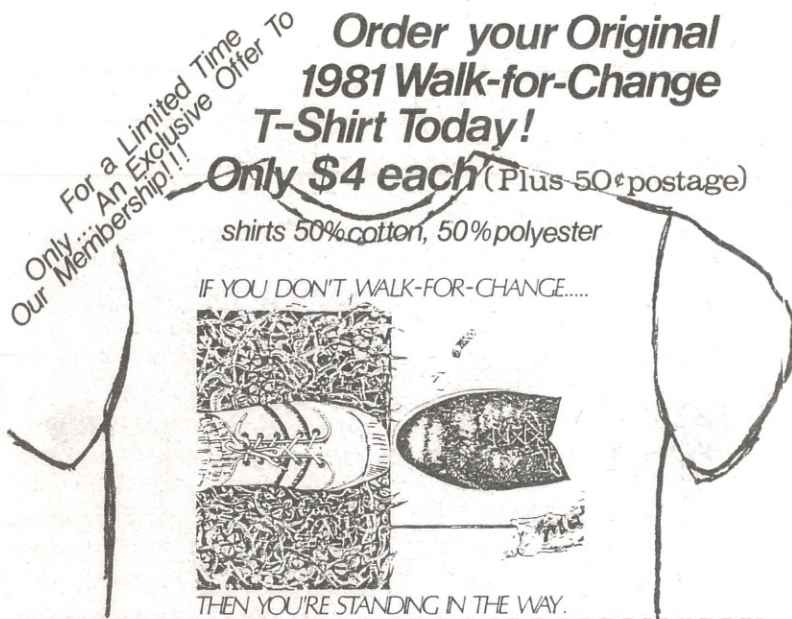
Frustrated by these responses, task force members met to discuss next steps. It was agreed that the issue was too important to be misguided by name calling. Task force members agreed to attempt one last time to open communications with local hospitals. In a final attempt to sit down with adminis-

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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.

trators, Rev. Harris and Rev. Goines of the task force have sent a letter to each administrator explaining "we were disappointed at both the tone and accusations leveled against us. As members of the Hill-Burton Task Force, we can assure you that we have always tried to work with local hospitals on this issue in a cooperative manner. We feel that your letter was unnecessarily inflammatory and only serves to alienate concerned community residents and polarize the issue without constructive results. We would like to meet with you to discuss the issue of accessibility of hospital care in our community. We believe such a discussion will help identify workable solutions in an area of mutual concern."

The next move is up to hospital administrators.



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- ☐ I would like to contribute \$____ to help publish HEALTH CARE CONSUMER.
- ☐ I would like to volunteer.

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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.

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