

# HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

WINTER 1981

## HILL-BURTON HEARING SET FOR FEB. 28th

Last December, following testimony from the Health Care Consumers, the local health planning board voted to establish an ad hoc committee to investigate local hospital compliance with Hill-Burton regulations. As part of this investigation, the committee will hold a public hearing on Saturday, February 28th, at 1 PM in the Illinois Disciples Foundation on the corner of Springfield and Wright, Champaign.

Hill-Burton is a 1946 law which awarded federal tax dollars to hospitals for capital expansion projects. Under this program hospitals throughout the country were given over \$4 billion for construction. Locally Burnham, Carle and Mercy Hospitals received nearly \$3 million in Hill-Burton funds. Rather than repay the government, these hospitals agreed to repay their communities by providing free and low-cost care to persons "unable to pay" their bills. Each hospital is required to inform every patient about Hill-Burton.

Last September, members of the community began meeting to discuss Hill-Burton. Things progressed from a review of the regulations to a study of compliance among local Hill-Burton hospitals. Upon investigation, CCHCC found that local hospitals have a history of lax compliance: notice has not been given consistently when given at all; many people who were eligible for Hill-Burton, but never told, have struggled to pay their bills and have been harassed by collection agencies.

According to Sarah Wilkinson, a member of CCHCC's Hill-Burton Task Force, "Meetings with financial office hospital representatives came and went without constructive results... finally we decided to approach the subarea committee of the Health Systems Agency to

Continued on Page 4



MAMIE SMITH AND BETTY SYKES URGED REP. SATTERTHWAITE TO HELP IMPROVE MONITORING OF HILL-BURTON (see page 4)

## Women's Health Task Force: New Directions For CCHCC

Following a CCHCC forum last Fall in which over two hundred persons packed the Champaign Public Library to discuss community birthing alternatives, several dozen women began meeting to share ideas about health matters of common concern. The response to these meetings was so enthusiastic that a decision was made to form a Women's Health Task Force within CCHCC.

In recent months, committees have been formed with the Task Force to research a variety of issues ranging from midwives to DES to cervical caps. DES, a cancer causing drug given to millions of pregnant women, was selected as the first issue to be addressed.

Research by the Task Force uncovered a 1979 Illinois law which required the Illinois

Continued on Page 6



## Complaint Ratios For Health Insurance Companies Released

2

For the first time, the Illinois Department of Insurance has released the consumer complaint ratios for accident and health insurers operating in the State of Illinois. Although the Department makes no attempt to interpret the data, the vast differences between individual companies does provide consumers with at least some basis for comparing the satisfaction level of persons covered by different insurance companies.

The data released covers only 1979 and divides accident and health insurance into two separate categories: individual and group policies. The complaint ratios are expressed as the total number of complaints for each 10,000 individual policies or certificates in force. Only companies with 10 or more complaints in 1979 were included in the data.

Insurance companies with the five highest complaint ratios for group policies were:

<u>Company</u>	<u># of complaints per 10,000 policies</u>
Rockford Blue Cross/Blue Shield	10.83
Chicago Blue Cross/Blue Shield	6.59
Guarantee Trust Life Ins. Co.	6.42
Bankers Life Company	4.38
Golden Rule Life Ins. Co.	3.83

The lowest ratio published for group policies was Metropolitan Life which had a ratio of .51, however, the listing did not include companies with 10 or less complaints in the year.

The highest complaint ratios for individual accident and health insurance policies were:

<u>Company</u>	<u># of complaints per 10,000 policies</u>
Modern Life and Accident Ins. Co.	39.76
National Home Life Assurance Co.	26.65
Golden Rule Life Ins. Co.	26.22
American Family Mutual Ins. Co.	15.29
Lumbermens Mutual Casualty Co.	15.15

The lowest ratio published for individual policies was National Casualty Company which had a 1.41 complaint ratio. Again this listing does not include companies with 10 or less complaints in 1979.

The Illinois Department of Insurance defines a complaint as being written correspondence which primarily expresses a grievance against an insurance company. For a complete listing of the complaint ratios

## IN THIS ISSUE

### Hill-Burton News .....p5

CCHCC has recommended several changes to local hospitals.

### Women & Drugs.....p6

A recent CCHCC forum on this topic attracted nearly 100 persons.

### Hazardous Wastes.....p7

An upcoming hearing will address hazardous hospital waste disposal.

### DES Ruling .....p8

A US Supreme Court decision may change the course of corporate liability.

...and much more

## REAGAN KILLS Right-To-Know Rules On Chemical Labeling

The attack on workers' health is under way. The Reagan administration moved last week to kill proposed Occupational Safety and Health Administration (OSHA) Right-to-Know regulations that would give workers information on the identity and health dangers of workplace chemicals. The AFL-CIO Health and Safety Department, which is working for the reinstatement of the rules, has called the labeling rules their # 1 priority.

OSHA had worked for almost five years to draft the labeling regulations, but it took Reagan less than a week to kill them. On February 4, the Chemical Manufacturers Association wrote the White House asking for the rules to be killed. The administration complied on February 10. Issued on January 16, in the last week of the Carter term, the regulations would require companies to label all workplace chemicals and inform workers of their health dangers. The regulations were part of a larger Right-to-Know campaign. The first part allows workers access to their company medical and exposure records which went into effect in August of 1980.

For more information on this issue, contact Mike Newman of the Institute of Labor and Industrial Relations at 333-0980.

## INSURANCE COMPLAINTS--cont.

you can write to the Department of Insurance, 213 E. Monroe, Springfield, IL 62727 or contact the Health Care Consumers.



## Local DES Program Established

Between 1941 and 1971, millions of pregnant women were given the drug, Diethylstilbestrol, DES. Since then, numerous studies have shown that DES has several harmful side effects, including increased risk of cancer and pregnancy complications.

DES is a synthetic estrogen, given to pregnant women to aid in preventing miscarriage. In 1953, studies revealed that DES was completely ineffective in preventing miscarriage. Unfortunately, DES was still prescribed for this purpose until 1971, when it was found to cause a very rare form of cancer in the daughters of women given this drug. Since then, numerous other side effects have been found in the users and their children.

DES mothers are reported to have a higher incidence of breast, cervical and vaginal cancers. DES daughters have a higher incidence of cancer, genital abnormalities, infertility problems and adenosis, an abnormal cell growth in the vaginal area reported in at least half of DES daughters. DES sons may also develop genital abnormalities, genital cysts and deformed sperm cells. Little is known about the impact of DES on the next generation of DES children. However, studies to date show the rate of neonatal deaths, stillbirths and miscarriages are from one and a half to four times higher in women who were exposed to DES in utero than those who were not.

Because of the serious implications associated with the use of DES, it's important that those exposed be informed of the risks they face. In 1979, legislation was enacted in Illinois to establish public screening centers and initiate a public information campaign about DES. To date, there are no public screening programs and information about DES is not readily available to the public.

Because of this, the Champaign County Health Care Consumers has established a DES referral service for residents of Champaign County. The service was developed by the Women's Health Task Force of CCHCC in cooperation with the Women's Information and Resource Exchange (WIRE). The service includes two components: First, Public Education aimed at increasing awareness of DES and its risks; and second, an Information and Referral Service for persons who suspect they may have been exposed. This information program includes slide shows and group discussions on DES with community and women's organizations.

For persons who suspect that they may have been exposed to DES, the information and referral service is available through

3

CCHCC and WIRE. Both organizations have the current list of physicians who do DES screening as well as a list of the many brand names under which DES was sold. For more information call the Health Care Consumers at 384-4070 or WIRE at 344-7323.

## PHYSICAL FITNESS: Facts and Fallacies

Millions of Americans are turning to exercise to improve personal fitness. But how healthful is it?

CCHCC will sponsor a community forum on "Physical Fitness: Facts and Fallacies" on Wednesday, March 4, at 7 PM in the Urbana Free Library, corner of Race and Elm. Admission is free and refreshments will be served.

The forum will feature three speakers: Jim Misner of the Physical Fitness Research Laboratory at the University of Illinois, who will speak about the facts and fallacies of physical fitness; Glyn Roberts of the Motor Research Laboratory at the University, who will discuss reasons for exercise and how to motivate oneself to participate in physical fitness activities; and Lynne Strathman, Coordinator of the local Adult Fitness Program, who will discuss what her program involves and how the public can participate in it. The program is open to all citizens in our area.

This forum will have something for everyone touched by or concerned with the current exercise movement in America.

### 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



involve then in the assessment of local compliance. With the endorsement of the Champaign County Board, we went before the HSA and left with an agreement that an investigative committee would be established. Their first move has been to call this hearing, to hear from community residents."

The Health Care Consumers are arranging transportation for the hearing. If you need a ride, call CCHCC at 384-4070.

## Gaps In H-B Monitoring Found; Local Legislator Sets Meeting

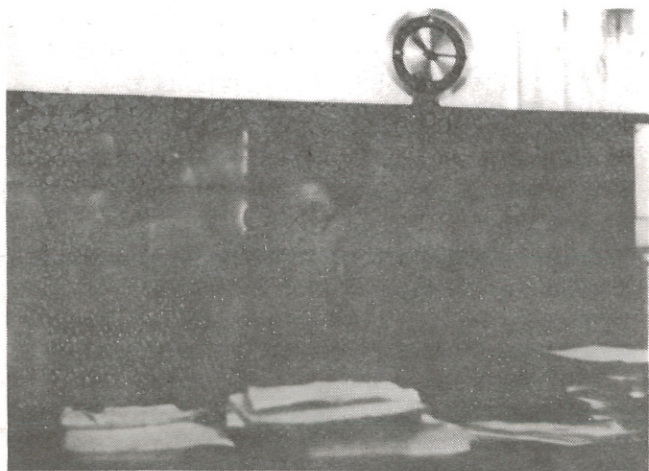
Hill-Burton, the federal program assuring free or low cost health care to eligible low income consumers in return for federal aid for hospital construction, is now under close scrutiny by local consumers concerned about past failures to comply with regulations. When the CCHCC Hill-Burton Task Force began uncovering local violations of the Hill-Burton law, consumers found themselves asking new questions: Who is legally responsible for monitoring Hill-Burton? What efforts have been made to assure hospitals are in compliance? What sanctions have or can be imposed against hospitals which do not comply? Unfortunately, the answer to these questions revealed a long record of broken promises, especially by government agencies, particularly the Illinois Department of Public Health, responsible for enforcing Hill-Burton requirements in Illinois.

The problem of government monitoring is as old as Hill-Burton itself. Although the law required hospitals who received Hill-Burton funds to provide a "reasonable amount" of free and low cost care, the regulations specifying what a "reasonable amount" was, were not published until 1972, 26 years after the

law was passed. Under these regulations, state agencies were assigned to and reimbursed for monitoring the compliance of facilities in their state. Despite this mandate, the Illinois Department of Public Health failed to do anything about monitoring compliance until 1975. By this time the 20 year free care obligations had already expired for 8% of the facilities in Illinois and 74% had only a portion of the 20 years left. For example, in Champaign-Urbana, the first hospital to receive Hill-Burton was Mercy Hospital in 1963. By the time Mercy filed its first annual compliance report with the state in 1975, 12 of its 20 years of free care under this grant had already expired.

Further research by the Task Force found that even after monitoring began in 1975, it was lax at best. The Illinois Department of Public Health ignored repeated indications hospitals in Illinois were not providing the care required under the law. In one instance, a Bloomington-Normal Hospital gave away no Hill-Burton assistance one year. Instead of investigating why no care was provided, the Department accepted the hospital's response that no one requested any assistance. On another occasion, a Department memo concerning a complaint filed against Carle Hospital by a local resident who was being sued for an unpaid bill, revealed that it was the Department's policy "that it was up to the patient to apply for benefits". Ironically, this memo was dated March 13, 1979, more than a year after HEW ruled, "that this 'only on request' policy, and its results, represent violation by such facilities of their assurances and obligations". Further, although the Department had the power to impose a variety of sanctions against hospitals not in compliance, a Department representative told CCHCC that he "could not recall any instance where these sanctions were used." With a state agency unwilling to enforce the law, it is no wonder so many hospitals ignored Hill-Burton requirements over the years.

In an effort to seek support for improved governmental monitoring, CCHCC members met with State Representatives Helen Satterthwaite and Tim Johnson. Although neither representative was very familiar with Hill-Burton or the responsibilities of the Department of Public Health, both expressed concern over the allegations of "lax monitoring" presented by CCHCC. Representative Satterthwaite assured those in attendance that she was interested in pursuing the issue, "particularly if it means that services (mandated by law) are not being provided in the community." When asked



Rep. Satterthwaite Offered Her Assistance to Local Consumers



about legislative hearings to investigate the lack of monitoring by the Department of Public Health, Rep. Satterthwaite said she would look into the possibility of hearings. Rep. Johnson sympathized with the frustration of average citizens who seek to make government bureaucracies responsive to community needs. He commended the efforts of CCHCC, stating "it's the efforts of citizens such as yourselves that will ultimately bring about the pressure on government" to meet community needs. In an effort to speed up that process, Rep. Johnson arranged a meeting on March 9 with members of CCHCC and a representative of the Department of Public Health.



HILL-BURTON TASK FORCE MEMBERS DISCUSS  
RECOMMENDATIONS TO HOSPITALS

## CCHCC Recommends Changes In Hospital Policies

Last November, when the Health Care Consumers approached the local health planning board about investigating Hill-Burton compliance, local hospital administrators called the investigation unnecessary. According to the administrators, local hospitals are "committed" to serving everyone in the community regardless of their ability to pay. Mr. Aldrich, President of Mercy Hospital was quoted as saying that Mercy Hospital has "chosen not to cut off the care at our level of obligation because of Mercy's policy to provide care to the community."

Taking the administrators at their word, CCHCC's Hill-Burton Task Force has asked the three local Hill-Burton hospitals to implement nine recommendations aimed at improving accessibility to their facilities. In a letter to the President of each institution, the Task Force noted their recent statements and invited the administrators to join the Health Care Consumers in a cooperative effort to accomplish a goal each of us is committed

to: accessible medical care for all members of the community regardless of ability to pay.

Although some of the nine recommendations deal with Hill-Burton, some address the broader issue of accessible medical care. According to Task Force member, Katy Murphy, "Hill-Burton is just one program, and although drastic improvements are needed locally, it would be unrealistic to assume that this program is the ultimate solution. In fact, the free care obligations of local hospitals begin to expire in 1983." Murphy explained that 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 people were having and recommend changes that would alleviate some of these problems. "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. Now it's up to them to demonstrate how committed they are to accessible health care for all residents."

- Some of the recommendations that CCHCC wishes to discuss with local hospitals are:
- o a greatly expanded community education program to inform local residents of the availability of Hill-Burton;
  - o a staff education program aimed at informing the appropriate hospital personnel about Hill-Burton so they can pass on accurate information to patients;
  - o reimbursement to consumers who, because of the failure of the institution to inform them about Hill-Burton, paid all or part of a bill that should have been covered under Hill-Burton;
  - o public disclosure of physicians who accept Medicaid patients on a regular basis, as well as arrangements that have been made to ensure access of Medicaid patients to physicians in all specialties and subspecialties available at the hospital;
  - o adoption of an open door policy that would provide free care beyond the established level of obligation for each Hill-Burton hospital.

Task Force members hope to sit down with each of the administrators to discuss how these recommendations can be implemented in their facility.

## WASTE DISPOSAL from page 7

a public hearing on this issue on Wednesday, February 25 at 9:00 a.m. in the Jury Assembly Room, 2nd floor, Court House Annex, Bennett and Elm Streets in Urbana. Following the hearing, the Illinois Pollution Control Board will rule on the two year variance requested by the hospitals.



## WOMEN & DRUGS Forum Attracts 100

In conjunction with DES Awareness Week, organized by the Women's Health Task Force, CCHCC held a community forum on Women and Drugs, which attracted nearly 100 local residents. Panelists included Marie Eckvall of the Federal Drug Administration (FDA); Maria Montanaro of the DES Action Committee; and Kathy Loutrel, a local physician. A fourth speaker, Donna Callahan, from the Council on Alcoholism, was forced to cancel at the last minute.

Marie Eckvall spoke of the need for controlling the marketing of drugs, particularly tranquilizers in our "overmedicated society." She informed community residents



about the FDA's monitoring process and attempts to educate medical providers about drugs. When questioned about FDA decisions on banning drugs, she explained that the FDA must weigh risks against benefits since no drug is completely safe. Consumers in the audience also questioned Ms. Eckvall about American drugs sold overseas which are banned in the US and also about the representation of FDA decision-making bodies and other regulatory issues.

Maria Montanaro, a member of CCHCC's Women's Health Task Force, presented a slide show on the history of DES and its harmful side effects. DES is a synthetic estrogen, given to millions of pregnant women to aid in preventing miscarriages. Although studies done as early as 1953, revealed that DES was ineffective in preventing miscarriages, it was prescribed for this purpose until 1971. In 1971, several studies linked DES to cancer in the children of mothers who took also been associated with DES mothers. Ms. Montanaro urged anyone who suspects that they may have been exposed to DES to check

if their mother was given any medication during pregnancy. If so, Montanaro urged consumers to check medical records to verify the name of the drug. DES was distributed under 200 different brand names.

Kathy Loutrel, M.D. at Carle Clinic in Mahomet, pointed out the prevalence of drugs in our society - from aspirin to valium and food dyes to cigarettes - and expressed concern about the amount of confidence we place in drugs to cure all our ailments. She also warned of the temptation of the "power of the prescription pad" to which so many doctors succumb. Consumers at the forum, however, challenged Dr. Loutrel's belief that doctors have the right to determine how much patients should know about their condition and the treatment they are receiving. Others questioned the suggestion that women get prescribed twice as many drugs as men because women are "more open about their problems and more willing to reach out for help."

## WOMEN'S HEALTH from page 1

Department of Public Health to establish public DES screening and education programs. Because of the lack of local implementation to date, the Task Force decided to fill the gap locally and established a DES referral program in cooperation with the Women's Information and Resource Exchange (WIRE) (See DES PROGRAM ESTABLISHED in this issue). To maximize public exposure, the Task Force encouraged the Mayors of Champaign and Urbana to proclaim the week of February 1-7 DES Awareness Week. Task Force members appeared on five different radio and TV talk shows, secured a cover story on DES in The Weekly and held a press conference announcing the referral program.

Having provided residents of Champaign County with a needed service, the Task Force is now taking a closer look at the 1979 legislation: why it has not been implemented and what can be done.

Several members of the Task Force are currently developing other issues including the lack of any practicing midwives in Champaign County. They have formed a Midwifery Action Committee, the next meeting of which is scheduled for Monday, March 9 at 7:30 PM at CCHCC's office. For more information on this and other activities of the Women's Health Task Force, contact Barrie Borich at the CCHCC office: 384-4070. All those interested in women's health issues are encouraged to participate.



## Consumers Seek Input; Health District Backs Down

In early December CCHCC received several phone calls from employees of the C-U Public Health District, warning that the District administration was planning on adopting a fee schedule for the services provided at the District. The employees described a staff meeting at which they were informed that the fee schedule would be sneaked through at the Board of Health meeting scheduled for the following week.

Concerned about the impact on the community, especially the low income and elderly who rely heavily on the District's services (most of which are provided at no charge), CCHCC immediately contacted two of the three members of the Board of Health. When contacted, Gary Adams, board chairperson said he was unaware of any proposed change. Mr. Adams assured CCHCC that a public hearing would be held before any final decision was made. Ken Zeigler, another member of the Board, also stated that he had heard nothing about the proposal. He further stated that he was opposed to any plan to charge fees for the services provided by the District. By the time the Board of Health met the following week, the issue had reached the local media.

At the meeting, District Administrator Gale Fella said the District was only considering plans to study the possibility of implementing fees," and reprimanded staff members for making these plans public. "It upsets me that someone took it upon themselves to contact the media and Health Care Consumers," Fella said. "It undermines what we are looking at." As a result, Mr. Fella said the District had shelved its plans to study the use of fees for revenue.

However, District staff members who called CCHCC refuted Fella's claim that the District was only studying the issue of fees. "The administration came into the staff meeting with specific plans including a timetable for the implementation of fees," said one staff member. "Why would they shelve plans to 'study' the issue just because the public knew they were going to study it?"

Whatever the reason, the issue seems to be dead for now. CCHCC will continue to monitor the situation and will keep local residents informed of any new developments.

## Hospitals Focus of Hearing On Hazardous Waste Disposal

Are hospitals dumping hazardous wastes in our community? Why do they want to waive state regulations aimed to safeguard the quality of the air we breathe? How is our health being affected by their dumping in our community? These are only a few of the important questions to be raised in an upcoming public hearing on this topic.

Illinois hospitals, including Mercy, Burnham, Carle and Cole, are seeking a two year waiver of state regulations governing hazardous hospital waste disposal. The Illinois Pollution Control Board ruled that after January 1, 1981, hospitals would be prohibited from depositing any hazardous hospital wastes in any landfill pursuant to Section 21 of the State of Illinois Environmental Act.

The ruling demands that contaminated, infectious waste generated in connection with patient care be burned in certified incinerators which render it innocuous or sterilized by heat or chemicals. Hospitals contend that such compliance is too costly and would result in higher hospital costs since they would have to purchase these special incinerators. The petition of Mercy Hospital, et al vs. EPA, states that compliance would impose an unreasonable hardship on the hospitals, that they would "be forced to store hazardous wastes... and such storage activity could result in environmental problems..."

The Illinois Hospital Association contends that although the legislation is designed to protect the public from exposure to infectious waste, there never has been a confirmed case of illness due to present landfill disposal methods. While that contention is difficult to confirm or deny, the EPA maintains that the potential for infection is real, especially after bags used for infectious hospital waste were found floating in the Peoria River in 1979.

All concerned citizens are urged to attend

Continued on Page 5

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.



by Laura Nachowitz

## 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.

A recent U.S. Supreme Court decision has a far reaching implication for women's health care. Until recently, a woman could not successfully sue pharmaceutical companies if she could not identify the specific manufacturer who caused her injury. With the Joyce Bichler case on DES, however, all that was changed. And now with the Sindell case in California, another decision in favor of women's health rights has been gained.

Judith Sindell developed a malignant bladder tumor and currently suffers from adenosis as a result of her mother's ingestion of the drug DES during pregnancy. She is one of thousands of DES daughters in the U.S. Like many others, she sued several companies that produced the drug. Most of the cases brought by DES daughters are still pending. The precedent-setting Bichler case in New York, brought by the law firm of Julien, Schlesinger, and Finz, paved the way for all DES cases in the country.

Using a new theory (which the United States Supreme Court left undisturbed), a DES daughter can recover from many defendants without proving which one of them caused her injuries. Each manufacturer can now be held liable for its own proportion of the drug that is sold. The company will be exonerated if it can show that it did not make DES during the period the plaintiff's mother took the drug.

If the new theory—joint enterprise liability—is adopted by other courts, it could change the course of women's health care and product liability law in general. The theory virtually guarantees individuals the right to sue a group of manufacturers, and eases the impossible burden of proof borne by a victim. As a result, pharmaceutical companies and other large corporations will be pressed into greater social responsibility. Being forced to pay damages according to their share of the market presents the potential for drug injury victims to finally seek redress for their suffering from an entire industry. ■

—National Women's Health Network News,

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