HEALTH CARE CONSUMER

NEWSLETTER of the Champaign County Health Care Consumers

Winter 1983

CCHCC 5th Year Celebration: Studs and Success

Still drawing praise, the CCHCC Fifth Year Celebration Dinner, held December 7 at the Towne Hall in Champaign, proved to be an enormous success. From the pre-dinner cocktail party to the awards ceremony late in the program, the mood for the evening remained warm and festive as over 200 people were present to congratulate CCHCC on its accomplishments, enjoy a delicious meal, and hear uplifting, timely speeches by guest speakers Dr. Quentin Young and Studs Terkel.

High spirits became infectious early on at the cocktail party, where many guests talked with Young and Terkel. During dinner, the good feelings continued as the kitchen crew produced an impressive bill of fare, featuring roast beef and stuffed eggplant. The meal—along with the quick-footed waiters and waitresses—received a hearty round of applause when the tables were finally cleared. And audience enthusiasm was at its peak, when the program moved on to feature the guests of honor.

Quentin Young, a Chicago physician who is founder and president of the Health and Medicine Policy Research Group and a clinical professor at Chicago's U of I medical school, received the "Provider of the Year" award from CCHCC. Young is noted for his efforts to end inferior quality health care for low-income consumers. Although his remarks during the dinner itself were kept very brief, he elaborated more fully upon his criticisms of the national health care system during a press conference held in conjunction with Terkel earlier in the evening. Commenting upon the increasing corporate take-over of the health care industry, he asserted "What is needed is a reconcilia-

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Medicare—Current Coverage & Possible Cuts

On January 31, 1983, President Reagan officially released his budget proposals for the 1984 fiscal year. If the President has his way, next year's budget will total $848.5 billion with a $189 billion deficit and will include a freeze on doctor payments and hospital reimbursement under Medicare, as well as a permanent reform of the hospital reimbursement system. These proposals are sure to be debated in Congress for at least the next several months, however, before any decisions are made.

While the 1984 budget has yet to be finalized, the budget for fiscal year 1983 has already gone into effect. As a result, the Medicare situation is destined to become worse for the aged and the disabled health consumer. The Reagan Administration won Congressional approval for a cut of $2.7 billion in Medicare outlays for fiscal year 1983, from the projected $58.2 billion to $55.8 billion. In addition, Reagan has proposed cuts of $4 billion in 1984 and $5.3 billion in 1985.

Providers Accepting Assigment Drops

What this will mean for the consumer is higher premiums and higher deductibles. For hospitals and physicians, it will result in lower reimbursement rates, which, in turn, will cause more and more doctors to refuse to accept Medicare assignment as payment in full for their services.

In Champaign County, the rate at which doctors accept Medicare assignment is much lower than the national average of roughly 50%. In 1981 when CCHCC compiled the *Dr's Directory for Champaign County,* only 26% of the physicians indicated that they accepted Medicare assignment. Of Christie Clinic's 55 physicians, none indicated that they accepted assignment. Since that time, Carle Clinic, where roughly half the area's physicians practice, has changed Clinic policy and is accepting no Medicare assignment.

Because it can have such a devastating effect on the amount of the medical bill which the aged or disabled

continued on page 3

Health Advocate Reports....

Nursing Home Residents — Know Your Rights

More so than most other health care consumers, nursing home residents are dependent upon a system of health care that they have limited means to change. Fear of retaliation from staff has kept more than one Health Hotline complainant from pursuing charges against a nursing home. Sensitive to the vulnerability of nursing home residents, the Regional Department of Public Health (located at 2125 S. First St., C.-333-6914) will investigate complaints lodged against a nursing home, even if filed anonymously.

Residents of Nursing Homes licensed by the Illinois Department of Public health have certain legal rights that are protected by federal, state and local law. Some basic medical rights include the right to:

1. **RETAIN** your own personal doctor (at your expense or under your insurance coverage).
2. **KNOW** in detail what your medical condition is, what the side effects and risks of each treatment are.
3. **PARTICIPATE** in planning your care and treatment and inspect and copy your medical records.
4. **CHOOSE** alternative forms of treatment or refuse medical treatment.
5. **REFUSE** to be used as a subject for teaching or research purposes.
6. **BE FREE OF** physical restraints, except as ordered by a doctor and noted in your records.

For a complete listing of the rights of Nursing Home Residents, and more information or assistance on how to make a complaint, call or write CCHCC.

Arrow — The Problems Persist

Spurred by many complaints from their members, the issue of Arrow Ambulance Company was brought to the attention of the community by Seniors Organizing Seniors (SOS) a local seniors group, last year. SOS members waged a long campaign to get the Champaign City Council to pass an ambulance ordinance. If passed, the ordinance would have forced Arrow: to establish a grievance procedure; to keep an accurate record of each call they received and make this information available to the City if required; and to have the city approve all of their rate increases. After several months of organizing, the City Council refused to take any action. Although the Council has temporarily defeated the ordinance, the problems with Arrow remain.

One might even speculate that with the decrease in publicity, the problems have gotten even worse. Certainly, in the last few months, CCHCC has received more Hotline complaints about Arrow than in any previous period. Complaints range from long waiting times for emergency calls to questionable billing practices. If you've had any problems with Arrow, please contact the Health Hotline. Although we are not planning at this time to pick up SOS's campaign for an ambulance ordinance, we would like to continue to document the problem. The Hotline number is 352-6533.

Medical Records — So You Think They're Yours . . .

Well, they should be—unfortunately that's not always the case. In Illinois, consumers do have access to their hospital records guaranteed by law. Hospitals must allow patients to examine their hospital records (including, but not limited to, the history, bedside notes, charts, pictures and plates) free of charge. Hospitals may charge patients for copying their records. However, patients' direct access to physicians' records is limited. Patients are only guaranteed direct access to mental health records by state law. Although some physicians do allow their patient to view and copy their general medical records, this access is not guaranteed by state law. Although the law permits a patient's physician or lawyer access to the records—unlike hospital records, a patient's direct access to physicians' records is not guaranteed.

(Please note: The Dr's Directory for 1982-1983 incorrectly states that patients do have direct access to their physicians' records. CCHCC regrets the error.)

CCHCC Welcomes New Staff

On January third two new staff joined the ranks of the Health Care Consumers; bringing our total staff size up to three. Obviously a much needed addition, CCHCC's new staff come with experience and enthusiasm for the work that is ahead.

As a former Health Hotline Volunteer and CCHCC Board Member, Pam Fox joins the staff with a good over-all view of the workings of the Health Care Consumers. In her days as a CCHCC Board member, Pam worked on the 1981 Walk-For-Change fundraiser and chaired CCHCC's 5th year celebration dinner committee. Inspired by these experiences, Pam applied and was selected for CCHCC's staff fundraiser position. As fundraiser, her responsibilities will include organizing CCHCC's future fundraising activities and pursuing foundation funding.

Like many activists in the health field, CCHCC's new staff organizer first pursued a direct approach to impacting health policy. However, after a year in medical school, Bob Gern decided it wasn't the place for him and began investigating other opportunities to affect change within the health care field. As CCHCC's staff organizer, Bob will be working primarily with CCHCC's Medicare Task Force.

CCHCC extends a warm welcome to Pam and Bob and hopes their tenure with CCHCC will continue to be as progressively rewarding for us all as it has been in the last month.

HEALTH CARE CONSUMER is the quarterly newsletter of the Champaign County Health Care Consumers, 124 N. Neil, Champaign, Illinois 61820, (217) 352-6533. 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.

MEDICARE CUTS Cont.

consumer must end up paying, it is important to know which doctors do and which don't accept Medicare assignment for their services. However, obtaining this information from the local Medicare carrier (the private insurance agent through which all Medicare claims are filed) has proven to be nearly impossible. Only two groups in the country have been successful in securing this data for their areas—one in 1978 and the other in 1980. A law passed in Florida last year was the most hopeful sign to date in this regard. The Florida law states that all physicians, osteopaths, and chiropractors must reveal publicly whether they accept Medicare assignment.

Recent Price Increases

As a result of the Reagan Administration's last round of cuts in social service programs, Medicare beneficiaries will be paying more in premiums and deductibles. For hospital insurance (Medicare Part A), the following price changes went into effect as of January 1, 1983:

The deductible for the first 60 days of hospital care is now $304. This is up from $260 in 1982 and $204 in 1981.

From the 61st through the 90th day of hospital care, the cost to the beneficiary is now $76 per day. This is up from $65 per day in 1982.

For hospital stays beyond 90 days (part of the lifetime reserve of 60 days), the deductible has gone up from $130 per day to $152 per day.

For stays of more than 20 days at Medicare-certified skilled nursing facilities, the deductible has increased from $32.50 per day to $38 per day. There is still no deductible for the first 20 days at such a facility.

For the supplementary medical insurance (Part B) portion of Medicare, the deductible of $75 per year will remain the same (although the Reagan Administration increased it from $60 per year in 1981). However, there were relatively modest increases in the monthly premiums for Part B:

A projected monthly premium of $13.70 beginning July 1, 1983 rather than the $13.10 projected under prior law.

A projected monthly premium of $15.30 beginning July 1, 1984 rather than the $14 projected under prior law.

Recent Policy Changes

The changes in Medicare laws proposed by the Reagan Administration and adopted by Congress for the 1983 fiscal year can be divided into the categories of beneficiary coverage and provider reimbursement. The following are policy changes which will effect beneficiary coverage:

Effective January 1, 1983, all 2.6 million Federal employees have to pay the hospital insurance (Medicare Part A) portion of the Social Security tax for the first time.

Whereas formerly, employers often provided a health insurance benefits package to supplement Medicare coverage for their Medicare employees, employers are now required to offer elderly employees (age 65 to 69) the same health benefits package offered to younger workers, making Medicare the secondary payor to these plans. The older worker has the option of choosing either the employer benefit plan or Medicare. Employers with less than 20 employees are exempt. This provision became effective January 1, 1983 and affects 370,000 older workers and their dependents.

For the first time, Medicare beneficiaries can take advantage of prepaid plan options such as Health Maintenance organizations (HMO's) and other competitive medical plans. However, there will be several restrictions and this will not go into effect for at least one more year.

Effective November 1, 1983, Medicare Part A will cover hospice care for terminally ill beneficiaries with a life expectancy of 6 months or less. Benefits include nursing care, therapies, medical social service, homemaker-home health aide services, short-term inpatient care, outpatient drugs for pain relief, and respite care. Co-payments of 5% will be imposed on respite care, and copayments of the lesser of 5% or $5 per perscription will be required for covered outpatient drugs.

Formerly, the law required a 3-day prior hospital stay before a beneficiary could become eligible for Medicare reimbursement for skilled nursing facility care. Now this requirement has been eliminated but there are certain limitations on eligibility and the scope of services for persons covered without a prior hospital stay.

Medicare (and Medicaid) can no longer pay for certain perscription drugs which the Food and Drug Administration finds less-than-effective. This provision, which became effective October 1, 1982, does not remove these drugs from the market.

Elimination of Medicare's subsidy for private hospital rooms unless medically necessary.

Medicare Task Force Update

CCHCC's Medicare Task Force has launched a campaign to address the growing financial burden medical costs place on senior citizens. With hospital and medical costs continuing to escalate and further cuts being made in the federal budget for Medicare, seniors on a fixed income are hit doubly hard.

According to new staffer, Bob Gern, many people are not aware of the recent price and policy changes which went into effect as of January 1. "These changes not only mean higher premiums and deductibles for those on Medicare, but also lower reimbursements for health providers. This, in turn, will cause more and more doctors to refuse Medicare on assignment," he explained.

In the next few months, the Medicare Task Force will be meeting with senior citizens throughout Champaign County to address this issue. Initially, meetings will be held at senior citizen apartment complexes such as Round Barn Manor, Skelton Place, etc. However, the Task Force intends to contact all senior organizations in the county during this campaign.

The Task Force has recently completed a brochure explaining Medicare assignment. If you are concerned about Medicare and rising medical bills and/or would like a copy of our brochure, write or call CCHCC at 124 N. Neil, rm. 211, Champaign, IL 61820 (217) 352-6533.

Review of Health Insurance

The Blues

Illinois Blue Cross/Blue Shield, the state's largest health care insurer, has recently undergone a change in its legal status which may adversely affect 300,000 of its policyholders. On December 20, 1982 the Board of Directors of Illinois Blue Cross/Blue Shield voted to become a mutual insurance company. Mutualization means that Blue Cross/Blue Shield will be owned by its policyholders and free of certain state regulations regarding cost containment.

Before this change, the Blues were the state's only tax-exempt health insurer and, in return, were required to have some rates approved by the Illinois Department of Insurance, serve poor-risk populations, and meet certain cost containment requirements not applicable to other insurance companies. Now, none of these laws apply except that the Blues will remain tax-exempt. Although not required under the new law, the Blues decided to retain their non-profit status. They will be regulated by the Illinois Insurance Code which allows companies to set premiums competitively, rather than by the Illinois Department of Insurance.

This will allow the Blues to increase premiums for nearly 300,000 of its policyholders whenever it chooses. Premiums for its other 3 million subscribers (in large employer groups) have been established in negotiations between employers and Blue Cross with review permitted by the state department.

According to Illinois Blue Cross' Senior Vice President, Theodore E. Desch, the change will be imperceptible for about 87% of the company's subscribers. However, the 13% that will be affected include 275,000 senior citizens with Medicare supplements, direct-pay subscribers below age 65, and small-group subscribers with fewer than 22 members. Premiums and deductibles undoubtedly will increase for these groups of people since the state's cost-containment requirements no longer apply. Frank Giarrizzo, President of the Association of Health Care Consumers in Chicago expressed "concern that chronically ill subscribers and senior citizens with Medicare supplement policies will be priced out of the market more than ever before."

The change in status also frees the Blues to enter into life insurance and accident insurance in addition to its historic role in health insurance. In the last decade, health insurance has been a losing venture while life and accident insurance have been quite profitable for insurance companies. Mutualization also allows the Blues to accumulate large cash reserves which will most likely be used to fund the more profitable life insurance business, rather than work for improved benefits or lower premiums for the policyholders. Further, due-process rights under the old law, and the right to public hearings such as those held last July throughout the state to question large rate hikes, have also ended.

The Price

A recent federal report confirmed that health care costs continue to escalate, with health insurance costs leading the way. Over-all, health care costs rose 11% in 1982, as measured by the Consumer Price Index. Although this is reduced somewhat from the 1981 rate of 12.5%, it is the third highest annual rate since the Federal Government began reporting on health care costs in 1935. As in other recent years, inflation in health care far exceeded the Consumer Price Index figure for all items; it was nearly triple the overall inflation rate of 3.9%.

In certain medical services and commodities, 1982 showed a slowing in inflation rates. Some of these included: hospital room rates (1981-17%; 1982-13.3%), physicians' fees (1981-11.3%; 1982-7.5%), dentists' fees (1981-10.2%; 1982-5.9%), and non-prescription medicines (1981-11.9%; 1982-8.9%). These slight decreases led Labor Department economists to speculate that certain providers were evidently trying to keep their prices down because they knew patients could no longer afford them. One might say this is a case of too little, too late.

Topping the inflation rates for health care costs in 1982 was the health insurance industry with a 15.9% rate. Considering that one third of all out-of-pocket expenditures are for health insurance, this single inflationary figure has had a significant impact on the American consumer. Due to the manner in which the inflation rate for health insurance is calculated, 1982's figure of 15.9% reflects not only increases in premium costs but also the extent to which policyholders seem to be making more use of available benefits. Despite the influence of this factor, the increase in the price of health insurance premiums are staggering. As reported in the 1982 Fall issue of *Health Care Consumer*, last July Illinois Blue Cross/Blue Shield was granted rate increases that averaged 48%, with rates for categories increasing as much as 131%.

A number of reasons have been given by health insurers for the rapidly rising costs within their industry. Several representatives were quoted in an article that appeared in the January 24th issue of the New York Times:

"J. Martin Dickler, Health Insurance Association of America, said premiums were rising, in part because consumers were making more use of medical services. 'Doctors prescribe more services, hospitals demand more diagnostic tests and there have been many improvements in medical technology.'

"Neil D. Swan, a spokesperson for the association, which represents 340 commercial health insurance companies, linked the increases in premiums to recent cutbacks in Medicare and Medicaid. As the Federal Government tries to restrain spending for these programs, he said, 'hospitals have to increase their charges to other patients, mainly patients who have private health insurance.'

"Charlotte E. Crenson, a spokesperson for the Blue Cross/Blue Shield Association, said premiums had been increased both to 'catch up' with rising costs and to anticipate further increases in the cost of medical care."

The Quality

As the price of health care and health insurance soar, it becomes all the more important for consumers to make careful decisions about the services they purchase. Unfortunately, consumers all too often do not have access to the information they need to make informed choices.

For the last three years, however, the Illinois Department of Insurance has made public valuable information for the purchasers of health insurance. The Department publishes an annual report of the number and ratio of complaints filed by consumers against health & accident and life insurance companies. In September, the Acting Director of the Department of Insurance, James W. Schacht, warned consumers not to make decisions on insurance policies based solely on information reported in the complaint ratios. He advised that other factors be considered, including "comparisons of price; seeking advice from agents known and trusted; being skeptical of boasts of lower premiums, higher benefits, and more liberal dividends . . . than other policies." However, the vast difference between the complaint ratios of individual companies does provide consumers with a basis for comparing the satisfaction level of consumers covered by different insurance companies.

The data on health and accident insurance companies is divided by individual policies and group policies. The complaint ratios are expressed as the total number of complaints for each 10,000 policies or certificates in force. Only companies with 10 or more complaints in 1982 were included in the data.

Insurance companies with the five highest complaint ratios for individual accident and health insurance were:

Companies	# of complaints per 10,000 policies
Tara Life Insurance Company of America	209.46
Modern Life & Accident Insurance Co.	103.66
Massachusetts Indemnity & Life Insurance Co.	74.31
Intercontinental Life Insurance Company	61.35
National Old Line Insurance Co.	49.23

For a complete listing of the complaint ratios, you can contact the Ill. Dept. of Insurance, 320 West Washington Street, Springfield, IL 62767 (217) 782-7446 or the Health Care Consumers.

Midwifery Update

"Nurse Midwives provide a good service, but I don't want one in my practice. And if there really was a demand for them in this community, there would be one." This was the most frequent response members of the Midwifery Task Force received when they surveyed local physicians' sentiments about nurse midwives. At a recent meeting of the Midwifery Task Force, members strongly favored challenging the local medical establishment on this last point. The consensus of the group was that the need and demand for midwifery services in this community is clear—and they have decided to make this point clear to local health care providers.

Loretta Morales, Chair of the Midwifery Task Force states, "I'm concerned about the options available for childbirth in this town . . . or should I say, lack of options. The hospitals have made a big point about their birthing rooms and their birthing chairs—but those don't change the basic fact that doctors have been trained to see birth as an illness. I've had one child and expect another, and I know it's not an illness. I think women should have the right to choose who will deliver their child. It's an issue of choice and women in this community don't have the option of midwives. In other communities, midwives are accepted as a positive addition to the birthing experience and their use is on the increase across the country. They provide an alternative for consumers, keep delivery costs down, and in some cases generate revenue for physicians. I just want to see these opportunities available locally."

The Midwifery Task Force will be meeting March 3rd. All CCHCC members are invited to attend. For more information call the CCHCC office at 352-6533.

Hill-Burton Update

The Department of Health and Human Services (HHS) is expected to propose changes in federal Hill-Burton regulations in the near future. In preparation, HHS is proposing to conduct two studies:

1. an evaluation of the impact and effectiveness of the current uncompensated care regulations; and
2. an evaluation of the inflation adjustment and the administrative costs to Hill-Burton facilities.

Hill-Burton advocates around the country are concerned that HHS will use these studies to justify weakening the present regulations. CCHCC and other health advocacy groups have criticized the studies for two major faults. First, the evaluations rely too heavily on questionnaires to be sent to the facilities without verifying the response. Second, the questionnaires are slanted towards the problems facilities might incur, and ignore the primary purpose of the program—the benefits it provides for the poor. CCHCC has endorsed a proposal requiring on-site evaluations of 200 facilities rather than HHS's proposal of questionnaire evaluations for 2,000 facilities. Last year, the Washington Post and the New York Times reported that major revisions in the Hill-Burton program were being considered by HHS (Health Care Consumer, Winter 1982). The proposals were temporarily shelved after an outcry from numerous consumer advocates. Considering recent developments at HHS, it looks like we may have to prepare for another battle to save the Hill-Burton program.

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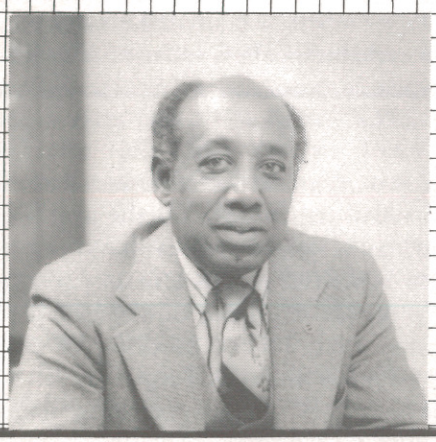
"Our experience with CCHCC showed us that they do listen to your problems and will take action. Any donations will help them do their job more efficiently and protect the people who don't know their rights. For example, we didn't know anything about the Hill-Burton act to help us with our medical bills until CCHCC steered us in the right direction. Our bills were paid and it cost us nothing. Without CCHCC, our bill would still be at the credit bureau."

— CRYSTAL AND GARY PERKINS,
CCHCC Members

"The activist record of the Champaign County Health Care Consumers is phenomenal. I can't think of another group in the area that has accomplished so much in so short a time.

The "H.C." (health care) in our title might be misleading. Health issues are just the starting point for the larger program of the group, which is community organizing of the most positive sort, directed to consumer control over the range of institutions that determine quality of life in our community."

— JENNIFER PUTMAN,
County Board Member



"CCHCC is a creative, dynamic, and positive force in the care of our community's health and its consumers."

— VERN BARKSTALL,
Director of the Urban League
of Champaign County

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— REV. ED
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OO PEOPLE JOINED THE EALTH CARE CONSUMERS ?

ve built a solid reputation engthening local consumer t in all aspects of the health ivery, policy planning, and re costs continue to rise care delivery becomes in- CHCC addresses community lly offering consumer "in- bers.

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fits of conventional health he costs and benefits of an e Consumers. Our annual gular memberships, $8 for ng members. In addition to , our members receive their publications. The enclosed nd provides more details on u are currently a CCHCC ship today. And if you've he past—but have not—we d this year.

best organization dealing with health care in town. nformative; caring; cooperative—I just love it."

—BETTY SYKES,
CCHCC Member

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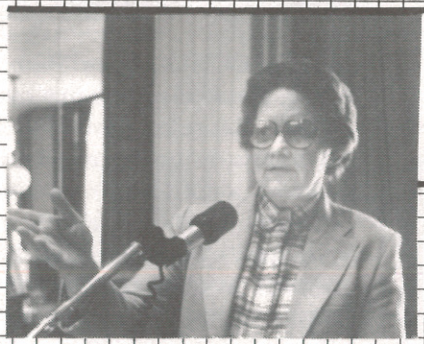
niversalist Church

"Starting with getting poor and minorities elected to the Champaign-Ford County HSA Board, CCHCC has grown dramatically over the past five years, making it one of the top community-based organizations in Champaign County. With high unemployment and high medical costs, more and more people will fall through the cracks of our health system, but CCHCC has been involved consistently in trying to bridge those gaps in the health care field."

—JAMES CULP,
CCHCC Member



"CCHCC has done an excellent job of alerting local consumers to available health benefits and in monitoring legislation with impact on health care."

—HELEN SATTERTHWAITE,
State Representative

"CCHCC is not just a good idea; it is a good idea that has worked. It has proved itself through years of caring, competent, and productive service to health care consumers throughout Champaign County. I am impressed by what the staff, the Board of Directors, and the volunteers have accomplished, and I am glad to support their work."

—GEORGE BELL,
Land of Lincoln Legal Assistance

CCHCC Board Retreat & Election Results

The complaints focused almost exclusively on the physical surroundings: it was too cold; it was too muddy; and the outdoor latrines . . . well, were outdoor latrines. But the praise for CCHCC's first weekend Board Retreat covered all aspects of the event. "I can safely say for all those who attended, it was a much more rewarding weekend than we ever imagined it would be. We had time to get to know one another, to learn important organizing, recruitment and fundraising skills, and to begin the process of long-range planning for CCHCC," summarized CCHCC Board Member, Debbie Doyle.

In the past, CCHCC has sponsored what were called Board Retreats. These were held in an afternoon or evening and attempted to acquaint new Board members with the organization as well as set the year's priorities for CCHCC. Although rewarding in some ways, the past retreats were also frustrating—having too much to do in too little time.

It was for this reason, that a weekend-long Retreat was selected. It has been said that work expands to fill available time—and this held true: there was still a sense of too much to do in too little time. However, the sense of accomplishment and achievement was much greater than in years before. CCHCC Director, Cynthia Ward commented, "The retreat was a great way for CCHCC to begin the year! During the weekend, the Board Members, both old and new, developed exciting perspectives on the organization. And a strong sense of closeness and purpose resulted."

The CCHCC Board Retreat followed the election of At-large Board members in November, and the election of Task Force Representatives to the Board in December and January. At the Retreat, Board Officers were elected. Debbie Doyle, a CCHCC member for four years, was elected Chairperson; and another long-time member, Mamie Smith, Vice-Chairperson. Louise White retained her position as Secretary, and CCHCC's newly elected Treasurer is Mike Doyle. The rest of the members of the 1983 CCHCC Board are: Loraine Cowart, James Culp, Carol Hollowell, Susan McGrath, Madeline Mockabee, Loretta Morales, Ray Murphy, Diane Sauer, Jeanne Steele, and Sabine Vorkoeper.

AHA Tells Hospitals: "Dump the Poor– Segregate Minorities"

The American Hospital Association is aiding its member hospitals in a program to deny millions of poor people access to needed medical services. The AHA's Director of Ambulatory Care Programs, Linda Burns, has written a paper entitled "Hospital Industry Responses to Shortfalls in Funding for Low-Income Care." In it she counsels hospitals on how to deny care by discouraging "particular categories of customers" from using hospital services.

Coining the cynical term "demarketing," Burns states, "Selective demarketing occurs when you wish to reduce demand from certain segments of the market . . . relatively unprofitable in themselves, *or in terms of their impact on other valued segments of the market.*" (Emphasis added.)

This green light for racial and economic discrimination points out that "because sellers may not be free to refuse sales outright, whether as a matter of law or of public opinion, so they search for other means to discourage demand for unwanted customer." Burns' helpful suggestions include:

Segregated waiting rooms for paying and non-paying patients, with few seats, poor lighting, few signs, and no food or drinks in waiting rooms for the poor.

Segregate treatment areas, with less staff and equipment in areas for non-paying patients.

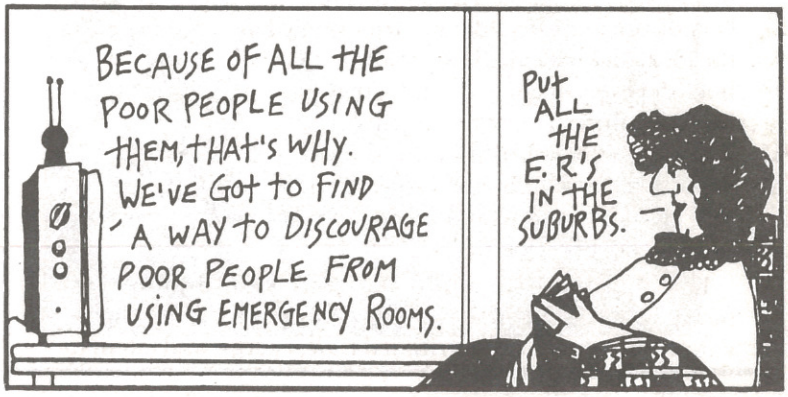
Burns also suggests allowing lengthy waiting times, demanding cash deposits, providing no parking, and having *unlisted phone numbers for hospital emergency departments.*

Burns also suggests hospitals try moving their ambulatory care programs into "satellites" away from the hospital's main buildings, and that "services disproportionately used by Medicaid and non-paying patients should be eliminated." Finally, Burns suggests that hospitals reorganize their corporate structure so that the actual hospital would not be liable for the horrible things she proposes be done in outpatient and emergency departments.

"No doubt," Burns cautions, "some hospitals will be criticized for abandoning the poor."

No doubt.

Reprinted in full from the June/July 1982 Consumer Health Action Network Newsletter



Physicians Speak Out on Nuclear War

Nuclear war is a clear threat to public health. No matter what variations or uncertainties can be attributed to the use of nuclear weapons, it will certainly produce a catastrophic loss of life and health. Recognizing their particular responsibility to prevent nuclear war, some health professionals are at the front of the growing disarmament movement.

Physicians for Social Responsibility (PSR) is an organization of physicians, scientists, and concerned citizens who are alarmed by an international climate that increasingly presents nuclear war as "survivable" or "winnable." In 1961 PSR warned of the medical hazards of atmospheric nuclear testing, contributing significantly to the political momentum behind the Partial Test Ban Treaty. Perceiving an increasing threat of nuclear war in the last few years, PSR has renewed its commitment to educate the profession and the public about the medical hazards of nuclear war.

PSR has collectively decided to adopt some fundamental educational principles to guide its programs. First, nuclear war is an unacceptable threat to humanity. Second, there is no effective medical response to nuclear war. Third, there can be no expectation of significant short or long term survival following nuclear war. Fourth, civil defense programs cannot reduce the impact of nuclear war, and their implementation may provoke nuclear confrontation. Fifth, the nuclear arms race is attended by unacceptable societal costs. Sixth, no single country has now or will have a "significant destructive advantage" of nuclear weapons. And seventh, the development of new first-strike weapons threatens stability and increases the likelihood of nuclear war.

The local chapter of PSR is one of the sponsors of a March symposium entitled, "The Medical Consequences of Nuclear War." The program will address local health care providers and concerned citizens interested in the regional impact of nuclear war. Since descriptions of full-scale nuclear war tend to be numbing, the program will also focus on smaller scenarios, such as an accidental nuclear detonation. It is important to consider these lesser catastrophes, since they may impose a high price for maintaining

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5th Year Celebration cont.

tion. Doctors and patients are not enemies. But when you have intrusions of big corporate interests and you have huge institutional, impersonal arrangements, then you have the kind of breakup I think is happening to the American health system."

Chicago author and radio personality Studs Terkel highlighted the evening with his humorous and often touching commentary upon the present political climate. The dangers of the Reagan administration were referred to frequently enough during his speech, yet Terkel balanced his negative predictions with positive ones concerning future social change. He commended CCHCC and members of the audience for the strides they had made on both the local and national level, adding "As I talk to you now, it is a fact people often don't think they have allies elsewhere—but something is stirring in this country." Having established a wonderful rapport with his listeners, Terkel continued to delight the crowd with a closing question-and-answer session, and ultimately received a standing ovation for his efforts.

Last, but certainly not least, the CCHCC awards ceremony rounded out the evening by recognizing the many volunteers who have contributed time, energy, and talent to the organization. Those honored include: Loretta Morales, Volunteer of the Year Award; Jean Steele, Health Hotline Advocate Award; Nancy Mickenbecker and Sabine Vorkoepev, Women's Health Task Force Award; Louise White and Mamie Smith, Medicare Task Force Award; Mike Doyle, Special Appreciation Award, as outgoing director of CCHCC; and Cynthia Ward, "Welcome" Award, as new CCHCC director.

The Dinner Committee, composed primarily of Board members, spent a great deal of time planning the event, and many additional volunteers came to the rescue the day of the dinner to help cook, serve, and clean up. From the smiles on people's faces, it's clear that all the effort was worthwhile—and in terms of tangible rewards, the dinner netted the organization over $2,000.00!

State Strengthens Program to Monitor Doctors

The medical regulatory system in Illinois has added some bite to its bark after new legislation passed in 1982. Actually, considering how ineffective the system has been in the past, it might be more accurate to say that it has added some bark to its whimper.

The Illinois Department of Registration and Education is responsible for licensing and regulating 29 professions including the medical profession. Until now, it has had one of the poorest records in the nation in detecting and disciplining incompetent or unethical doctors. As reported in the spring issue of *Health Care Consumer,* Illinois has one of the lowest state budgets for medical investigations. Despite their low budget the Illinois Department of Registration and education was ignoring valuable information regarding malpractice suits filed by individual consumers; the revocation of staff privileges for a physician by a hospital; disbarment by the Medicaid program; and other means through which the activities of health care practitioners are monitored and regulated. Previously, Illinois law actually barred hospitals from disclosing the grounds for revoking a physician's privileges.

Under the new law, hospitals, malpractice insurance companies, medical societies, courts, and state agencies must report to the Illinois Department of Registration and Education actions taken against medical doctors. The department has added four investigators to its staff to deal only with complaints against medical doctors. A doctor will be given 60 days to respond when a complaint is generated. Then, the Department of Registration and Education has 60 days to decide whether to open a formal investigation. As before, the Department may "revoke, suspend, place on probationary status, or take any other disciplinary action as the Department may deem proper with regard to the license" of a medical practitioner.

The hope now is that the state medical regulatory system will actually call to account the several hundred doctors accused of miscounduct and unethical practice every year. The new law, which took effect January 1, 1983 is a step in the right direction toward public accountability of our medical profession.

Any consumer complaints should be addressed to Roger Purnell, Illinois Department of Registration and Education, Medical Investigations, 320 West Washington, Springfield, IL 62786. The phone number is (217) 785-0828.

Focus - On CCHCC Member

A fervent believer in coalitions, Mamie Smith has spent a great part of her life working on various projects and causes, all with one simple, often understated, goal in mind: to "see that people can live in the world better." Her convictions, to a great extent, are the product of a challenging past.

Born in 1913 in rural Alabama, Mamie was raised one among seven children of farmers. They were a hardworking family, with strong ties to their local church. At the age of 25 she married and moved to Mississippi with her husband, a New Orleans riverfront worker. They relocated in the mid-1940s to Danville, Illinois, and although they separated in 1958, Mamie remained there until 1962, raising three daughters and working in a local hospital. Throughout her adulthood, Mamie had come to identify a powerful connection between basic Biblical principles and social change. During her years in Danville she became more active concerning social issues. "I just enjoyed helping people, getting them what they need," she explains.

After a nine-month trial living experience in Los Angeles, where she worked at a Hunts canning factory, Mamie returned to Illinois in November of 1962, this time in Champaign-Urbana. She's lived at a driving pace ever since. Her jobs in town have included working in food service departments at the university, driving cabs, and outside work. Mamie has tended to divide her time between church activities and diverse community action projects, which include the demonstrations against Robeson's employment discrimination policies in the mid-1960s and the start-up of north Champaign's Douglas Center.

Approaching age 70, Mamie has, understandably, turned her attention to issues affecting senior citizens. Much of her time is spent working with the local organization Seniors Organizing Seniors (SOS), an affiliate of the Illinois Public Action Council, and the Medicare Task Force of CCHCC. Social Security cuts and skyrocketing prescription drug costs are two of her urgent concerns. Mamie believes that community organizations like SOS and CCHCC have the potential to make a significant impact upon government policies due to "strength in numbers" and persistent, aggressive tactics. She emphasizes the value of constant vigilance and action, noting as an example the Reagan Administration's cautious handling of Social Security due to organized senior's protests across the country. According to Mamie, nothing but continuous struggle will succeed in combatting the enormous setbacks in Medicare funding, social security, education and social programs created by the President: "It really puzzles me how the world got into this shape . . . hard-working people are now standing in the unemployment line and some people have money stacked up they can't even use. It just shows we have to keep it up, we can't slack off."

Mamie has committed herself to talking to seniors whenever possible about the current need for social action, encouraging them to take part in local efforts. She invites her fellow church members and patrons of the Senior Citizen Center to attend public hearings, and to give SOS and CCHCC a try. Referring to her own deep community involvement, she chuckles, "I'm out all the time, so my friends have a hard time calling me. People tell me I was at home more when I was working!" Besides the obvious social gains, she believes there are other benefits in activism: the easing of loneliness; positive affects upon health, due to daily exercise and mental alertness; and the development of new skills, such as public speaking and negotiating.

Mamie Smith receives award at the CCHCC Fifth Year Celebration Dinner for her work with the Medicare Task Force. Mamie was recently elected vice chair of the CCHCC board.

From the South to Central Illinois, Mamie has seen quite a bit in her 69+ years. Her steady faith in the power of people is refreshing and inspiring. "We're fighting for older people, but as you fight for them, you're also fighting for the young. We're all in this together . . . I'm proud that everyone in this town *can* work together. You know that saying, 'together we stand, divided we fall'? Well, we just need to keep fighting, keep pushing." And she'll make sure that we do.

Volunteers Needed.....

Since CCHCC began in 1977, most of the work accomplished by the organization has been done through volunteer efforts. In addition to our task forces, CCHCC has a number of other projects that are dependent upon volunteer input. A sample of our volunteer projects are listed below. If you're interested in one of these or would like to discuss other ways you can work with CCHCC, call us at 352-6533.

- Set your fingers dialing for CCHCC. To wind up CCHCC's annual membership drive, we'll be making phone calls to the membership in the coming weeks. Every volunteer hour on the phone averages a $20 return for CCHCC. Make your time count and meet some other CCHCC members—volunteer for CCHCC's membership phone bank.
- Become a volunteer Advocate with our Consumer Health Hotline. Help consumers resolve complaints and become better informed about patient rights and health care programs. Advocates can work their own hours and from their own home. After an initial 2 day training session there are monthly meetings to keep advocates informed of health issues and successful advocacy skills. Our next training session begins in March.
- Work on CCHCC's upcoming annual spring fundraiser —the Walk-For-Change. While the walk-a-thon is sponsored by the Health Care Consumers, it also benefits many other change-oriented community organizations. We will need help with planning, publicity, recruiting walkers, and arranging entertainment.
- Enjoy taking pictures? If you own a 35 mm camera, are interested in coming to some CCHCC events and meetings, and take good photos, we need you. We need photographs of CCHCC activities and members for CCHCC's newsletter and brochures. If you supply the talent, we'll supply the film.

Physicians Speak Out.....

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peace through deterrence.

Members of the CCHCC are especially welcome to attend the symposium, since the sponsors hope to persuade both health care providers and consumers to work for nuclear arms control. For more information, please call Continuing Education and Public Service in the Health Professions at 333-8145.

CHAMPAIGN COUNTY HEALTH CARE CONSUMERS

WHO WE ARE.....

Champaign County Health Care Consumers is an organization of local citizens concerned with improving health care delivery to all residents of our area. We are community-based and include representatives of women and minority groups, religious bodies and local elected officials, local businesses, 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. Champaign County Health Care Consumers is funded largely through tax-deductible contributions of members and other local community residents. It is a not-for-profit, tax-exempt organization. For more information on becoming a member write CCHCC, 124 N. Neil, Champaign, IL 61820 or call (217) 352-6533.

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 consumers and women. We have established a Consumer Health Hotline for residents who have questions, concerns or complaints about the local health care system. Finally, we publish The Doctors Directory for Champaign County.

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