HEALTH CARE CONSUMER

April, 1986 | Newsletter of the Champaign County Health Care Consumers | Vol 10 Issue 1

CCHCC Fights Discrimination At Carle

On February 14, The Health Care Consumers delivered a special Valentine Day card to Carle Clinic physicians. The message was simple "Be our valentine before it's too late, Drop your policies that discriminate." Specifically, CCHCC wants Carle Clinic to adopt a non-discrimination policy similar to the ones in use at area hospitals. The policies prohibit discriminating against persons seeking medical services on the basis of "sex, race, creed, national origin or source of payment."

CCHCC began examining the Clinic's policies following several complaints that Carle systematically discriminates against Medicaid patients. Our research uncovered at least two policies that discriminate. The first involves a strict quota system at Carle's sattelite clinics. The other prohibits providing services to Medicaid recipients from 41 of the 42 counties Carle serves without a referral .

However as a precaution against the possibility that the Clinic might refuse to be our Valentine, CCHCC took the step of filing a formal complaint with the U.S. Office of Civil Rights against Carle Hospital. In the complaint, CCHCC contends that the hospital is in violation of its federal Hill-Burton requirement. Under that law, facilities that have received Hill-Burton funds, agree to not discriminate against persons within its service area. Section 124.603(2) states that a facility is "out of compliance with its community service assurance if it uses an admission policy that has the effect of excluding persons." CCHCC's complaint alleges that although Carle Hospital accepts Medicaid patients, the fact that the doctors on staff at the hospital (i.e., Carle Clinic physicians) have policies which discriminate against Medicaid recipients, the hospital is in effect in violation of the law.

CCHCC's point of view is supported by the federal regulations which specifically cite the example of a facility which officially accepts Medicaid patients, "but few or none of the physicians with staff privileges at the facility will treat Medicaid patients. If the effect is that some Medicaid patients are excluded from the facility or from any service provided by the facility, the facility is not in compliance with its community ser-

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On December 19, over 40 CCHCC members went 'Caroling at Carle' to highlight the insensitivity of Carle policies which discriminate against the poor.

Illinois Ranks Low In Disciplining Physicians

According to several recently released studies, Illinois has repeatedly ranked in the bottom third of all states in terms of disciplinary actions taken against physicians. The issue of quality health care has gained considerable national attention in recent months as the AMA has launched a massive lobbying campaign to limit the right of consumers to file malpractice suits. Here in Illinois, the State Medical Society successfully passed most of their malpractice "reforms" despite objections from consumer groups. Consumers argued that the legislation contained nothing aimed at strengthening the monitoring and disciplining of doctors guilty of medical malpractice and negligence.

Recent studies by a variety of sources underscore that consumer objections are valid and deserve special attention. In the March 21, 1985 issue of the New England Journal of Medicine, a study by Richard J. Feinstein, M.D. found that in 1982 Illinois took disciplinary action against only 24 of the 20,000 licensed physicians for a rate of 1.2 per 1,000 doctors. During that same year, Florida which also has 20,000 practicing physicians disciplined 158 doctors for a rate of 7.4 per 1,000. Further, Illinois' rate of 1.2 per 1,000 physicians is less than half the national average of 2.45 and places Illinois in the bottom third of all states.

In another study, the Health Research Group headed by Sidney Wolfe, M.D., Illinois once again found itself at the bottom.

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INSURANCE CRISIS: Consumers Beware

Premiums for liability insurance have increased over 300% in one year. Many professionals like architects, engineers, and nurse midwives can't get insurance. Many churches and daycare centers are being forced to close or cancel activities. These institutions can't afford the necessary liability insurance coverage.

Yes, there is an insurance "crisis" in this state and across the nation. On this point most everyone is in agreement.

What consumers, manufacturers and the insurance industry disagree on are the cause and solution to the crisis.

The insurance industry says that too many multi-million dollar settlements are the cause of the problem. The industry says limiting pain and suffering awards would solve the problem. Further, manufacturers need to be better protected. It should be more difficult to prove a manufacturer liable, the insurance industry says. By passing these "reforms" insurance will once again become more available.

The problem is that data does not support these "solutions". In 1978 Pennsylvania enacted a law that limited liability suits to $500,000 per occurrence (thus, if 50 people were killed in an accident, their families would receive a maximum of just $10,000). Yet Pennsylvania cities and towns are still having their insurance policies cancelled.

The insurance industry has manufactured this "insurance crisis" using it as a vehicle to push through anti-consumer legislation.

Ontario, Canada has passed almost every measure that the industry is seeking. They have passed caps on pain and suffering, and the elimination of punitive damages. Even with these measures in place premiums have increased by 400% and insurance policies have been canceled mid-term just like in Illinois.

Consumers have another point of view. They say the industry's own mismanagement is the cause of the problem. The insurance industry has manufactured this "insurance crisis" using it as a vehicle to push through anti-consumer legislation.

The real cause for the problems in the industry is caused by the poor underwriting practices that the industry followed during the last decade. Then, because of high interest rates, the industry went into a pricing war on insurance rates to get as much of the insurance business as possible. They knew that they would not be able to cover claims with these rates. They covered their losses with the the rate of return on their investments of the premiums collected. All was rosey until the interest rates started to come down. Then the insurance industry started to feel the squeeze.

Recognizing this as the cause of the problem suggests another solution. This solution wouldn't put barriers between victims and fair compensation. The solution

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Seniors Push To Cut Cost of Dentures

Because seniors cared, talked, wrote and worked fair-priced dentures could be a step closer to reality.

State Senator Emil Jones, (D)-Chicago, has agreed to have the Illinois General Assembly's Senate Insurance Committee hear Senate Bill 1049 - The Affordable Dentures Act.

SB1049 is sponsored by Sen. Margaret Smith, (D)-Chicago, vice chair of the Insurance Committee.

Jones, Chair of the powerful Insurance committee had been refusing to call SB1049 out for a committee hearing. However, after pressure from the Health Care Consumers' Senior Task Force, The Illinois State Council of Senior Citizens along with other senior and consumer groups, Jones agreed to give the bill a hearing, later this spring.

As the Health Care Consumer goes to press the date of the committee hearing is yet to be announced.

The bottom line on this piece of legislation is simple. SB1049 - The Affordable Dentures Act - would reduce the price of dentures by one-half to one-third.

Dentists claim they are opposing SB1049 on a quality of care basis. They argue consumers would not receive quality care for their mouths if The Affordable Dentures Act became law.

The bill would give the state the power to license denturists. Denturists are highly-trained, skilled, allied health care professionals who make and fit dentures. Currently, Illinois law requires a dentist to fit dentures into a consumer's mouth. Few dentist make their own dentures. Most buy their dentures from skilled denture makers.

CCHCC Board Member Betty Hinton testifies in favor of SB1049, The Illinois Affordable Dentures Act, at a public hearing in Danville.

One denture lab told the Health Care Consumer it is common for dentists to multiply the lab's price by four. That higher price becomes the retail price.

Consumers, tired of the inflated prices, don't buy the dentists' "quality of care" arguments. In fact, consumers have lobbied for extensive quality of care provisions, which have been written into SB1049.

Some states in the country have licensed denturists. In those states, denturists' prices have remained one-half to one-third the price of dentists'. Also, quality of care has stayed in tact.

It is interesting to note that in Canada where Denturism first began in the 1950's, only one malpractice suit has been settled against a denturist.

Senior activists and allies should watch for news on the SB1049 hearing. In the mean time, everyone concerned should be writing their local state representatives and senators.

Malpractice Battle Continues

The Illinois Supreme Court has accepted a "friend of court" brief filed by CCHCC on February 27, 1986. The brief will be considered in what will become a landmark case to determine the constitutionality of the medical malpractice reform legislation passed by the Illinois General Assembly in 1985.

The legislation, sponsored by the Illinois State Medical Society, was opposed by CCHCC because it jeopardizes due process by placing legislative constraints on matters traditionally left to the courts. The law calls for the establishment of review panels with quasi-judicial powers that inhibit the right of consumers to file medical malpractice suits, eliminates punitive damages, and limits jury powers in the manner in which awards are made. The law was challenged almost immediately upon passage and was ruled unconstitutional by a Cook County Circuit Court. Due to the importance of the law, it has been expedited to the Illinois Supreme Court Court where a ruling is expected later this year.

While several briefs were filed arguing the unconstitutionality of the legislation, CCHCC's brief examines the merits of the law as it relates to public policy. McGrath & McGrath, attorneys for CCHCC, argue in the brief that the law fails to address two key public issues that are important to consumers, the quality of care and cost containment. The legislation represents a disincentive to improve the quality of care by limiting the liability of physicians without substituting any alternative to the traditional common law statutes that the new law replaced. Cost containment is addressed in an indirect manner by attempting to reduce malpractice insurance premiums in the hope that these savings, which constitute less than 1% of health care costs, will trickle down to consumers.

The legislation represents a disincentive to improve the quality of care by limiting the liability of physicians without substituting any alternative.

The legislation also represents an attack on consumers by limiting jury powers which currently serves as the only disciplinary check for reprimanding physicians which are not controlled by the medical industry. Indeed, the basic thrust of the legislation was to place blame for the malpractice "crisis" on the legal profession and the judicial system instead of the health care industry and regulatory agencies. It appears unlikely that the malpractice "crisis" will be resolved until the legislature and the Medical Lobby realize that medical malpractice is the result of incompetent and/or negligent physicians, and not the product of unethical attorneys and greedy plaintiffs.

DRGS: Cost vs. Quality?

Recent reforms in the Medicare system are beginning to have a dramatic impact on the delivery of hospital services to senior citizens in our nation. In an effort to shorten the length of stay in hospitals, the federal government has adopted the use of DRG (Diagnostic Related Groups). DRGs assign a flat Medicare reimbursement rate for different medical problems, placing economic incentives on hospitals to release patients.

Thus far, the results have been dramatic and immediate. In the first year of DRGs, initial results indicate that the average length of stay for Medicare patients has dropped from over nine days to seven days per admission.

While this sudden drop seems to have been what the government was looking for, there is a growing controversy as to whether or not the shorter stays are having a negative impact on the quality of care. Many senior citizens and their advocates argue that this new mechanism is causing patients to be discharged prematurely. CCHCC has received several calls from people who feel they or a relative were discharged from a hospital too soon. The issue has also been a focus of several national news stories and the U.S. Senate is currently taking a closer look at the problem.

Although the federal government has established a Peer Review Organization (PROs) in each state to monitor the quality of care, many seniors are unaware of them or their right to appeal an early discharge to the PRO. In response to growing concerns, the Department of Health and Human Services has recently agreed to establish regulations requiring hospitals to provide Medicare patients with written notice of their rights but has not yet established a timetable to implement these changes. In the meantime, for seniors who want to know more how DRGs work and their rights, there is an excellent publication available through the American Association of Retired Persons (AARP). The publication entitled " Medicare's Prospective Payment System: Knowing Your Rights," does an excellent job explaining the changes in Medicare and how it affects senior citizens.

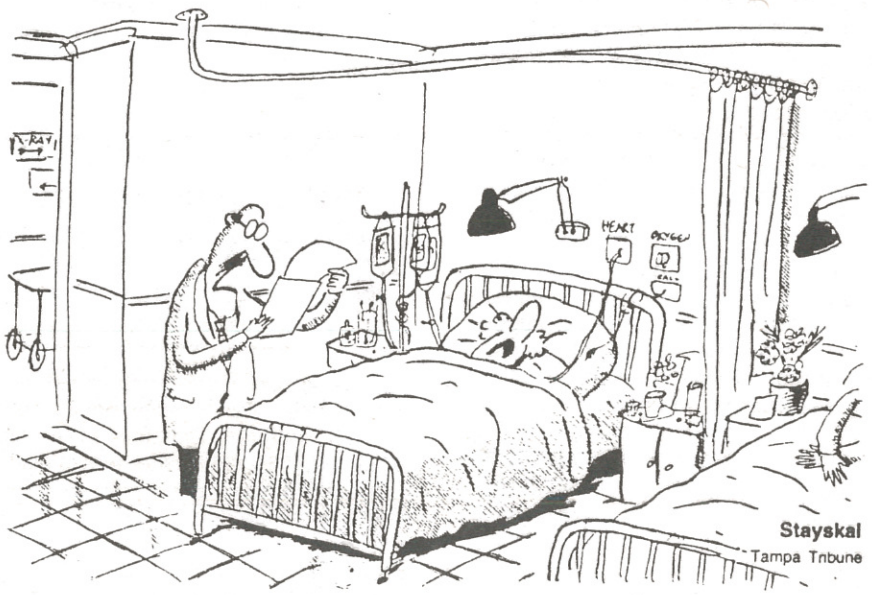
For a copy you can write:

American Association of Retired Persons
c/o Fulfillment
1909 K Street NW
Washington, DC 20049

Disciplining *from p.1*

Dr. Wolfe's study which focused on the number of "Serious Medical Disciplinary Actions" taken in 1983 found that Illinois took serious actions nine times during that year or .45 per 1,000 doctors. Again, this rate was well below the national average of 1.45 per 1,000 doctors and just a fraction of the 4.15 serious actions per 1,000 doctors taken by Florida. In the Health Research Group study, Illinois again ranked in the bottom one third of all states.

Finally, a report by the New York Times which examined disciplinary actions taken in 1984, Illinois was ranked in the bottom 20 states with a rate of 2.4 actions per 1,000 doctors. However, more striking was that the Times found that Illinois only revoked five licenses that year for a rate of .25 per 1,000 doctors less than one-third the national average and one of the 10 worst records in the nation.



"Your blood pressure and temperature are way up, but you Medicare coverage is way down. Looks as if you can go home today, Mrs. Finch."

Illinois Health Laws To Be Reviewed

In 1987, all state laws and agencies governing the health care professions in Illinois are up for review. Under the Illinois Sunset Review Act, which sets a schedule for periodic review of Illinois regulatory legislation, the state legislature is required to review and re-enact relevant laws. If the state legislature fails to act, the affected laws will expire. Regulatory laws up for review in 1987 include the Medical Practice Act of 1923 which regulates doctors; the Illinois Nursing Act, 1951; the Pharmacy Practice Act of 1955; the Nursing Home Administration Licensing Act of 1969 and six other laws governing Optometrists, Podiatrists, Physicians' Assistants, Physical Therapists, Psychologists and Social Workers.

Anticipating a flurry of last minute maneuvering that would inhibit public discussion of important policy decisions, Common Cause/Illinois has initiated a proposal calling for the Illinois State Legislature to create a Joint Committee with support staff to conduct a review of these laws, seek public input and make recommendations to the legislature. Under the Common Cause proposal, the Joint Committee would begin its work no later than May 1, 1986 "to allow sufficient time for a meaningful review which produces thoughtful and well-informed recommendations beneficial to the citizens of Illinois."

At its December meeting, CCHCC's Board of Directors passed a resolution in support of Common Cause's proposal with a stipulation for consumer representation on such a committee. According to Gayle Keiser, Legislative Director for Common Cause/Illinois, "The plan is to persuade the Legislature to establish a body modeled after the Joint Committee on Public Utilities Regulation, which successfully carried out the Sunset Review of the Public Utilities Act during 1984 and 1985."

"We support the Sunset Review process because it helps assure that (1) state regulatory agencies are kept accountable and efficient and (2) regulatory legislation is written with public input and with the public interest in mind. However, the abolition of the Sunset Commission in 1984 has left no staff to carry out the scheduled reviews. As a result, we are pushing for the Joint Committee with staff support because planning must begin as soon as possible if this critical and complex review is to produce thoughtful and well-informed recommendations to the Legislature in 1987."

The proposal to establish a Joint Committee to conduct this review will be introduced as a resolution co-sponsored by Senator Dawn Clark Netsch (D-Chicago) and David Barkhauser (R-Lake Forest). Because action is expected early in the legislative session which begins April 1, we are encouraging CCHCC members to contact their state senator and representative soon and urge them to support the formation of this Joint Committee.

CCHCC ELECTIONS

When all the ballots were counted, the Health Care Consumers Board of Directors found itself with four new members and four familiar faces re-elected for another term. The balloting, which takes place each January, is open to all CCHCC Dues Paying members.

Board members re-elected for another term included: Jaqueline Archey, Debbie Doyle, Bruce Rapkin and Louise White.

Newly elected at-large Board Members are Abdul El Jamal, John Peterson, Jean Rice, and Judy Sheppard. Abdul an employee of Family Services of Champaign County has been organizing residents at Lakeside Terrace public housing. John Peterson, a former Urbana Alderman, helped start CCHCC in 1977 and is currently in medical school at the U of I. Jean Rice works at the University and is active in the Divest Now Coalition. Finally, Judy Sheppard, brings several years of community organizing experience with her after working with Project South in Southern Illinois.

In addition to the at large Board Members, each CCHCC Task Force elects two representatives to serve on the Board. Newly elected Task Force representatives include Anna Clayton and Betty Hinton from the Senior Citizen Task Force and Adrienne Harmon representing the Women's Health Task Force.

CARLE from p.1

vice assurance."

The campaign to change the Clinic's policy began just before Christmas when Carle officials refused to respond to letters from CCHCC inquiring about Carle's policy. To get Carle's attention, and to demonstrate the insensitivity of their policies, CCHCC held a candlelight "Caroling at Carle" demonstration on December 19th. In response to over 40 CCHCC members singing slightly edited renditions of several popular Christmas carols in Carle's plush lobby, Carle officials immediately issued a statement explaining their position.

Stephen Rallison, administrator at Carle Hospital, reiterated that the hospital doesn't discriminate on the basis of "sex, race, creed, religion or source of payment" However, Dr. John Pollard at the Clinic, ignored the issue of discrimination. Instead he stated that the Clinic provides "an impressive amount" of free care to the poor that is a "significantly greater amount than is our 'fair share' as judged by the needs of the poor in our area."

Dismissing Carle responses as nothing more than institutional rhetoric, CCHCC Interim Director Mike Doyle explained, "The real issue here is discrimination. We know Carle's policies discriminate against the poor in their service area and they know it. Carle has a history of discrimination against the poor. When they bought the Savoy Nursing Home in 1984, the first thing they did was try to evict all the Medicaid patients. You don't just wake up one morning and find those policies in place. These policies are clearly established with the intention of limiting Medicaid patients access to the services at Carle. No other patients at Carle face these restrictions."

CCHCC is opposed to Carle's policy for several different reasons (see p.5). But one of our major concerns is the long term impact on the health care delivery system in our area. If a major regional health care provider like Carle is allowed to discriminate and choose who gets services, the ramifications could be devastating. Although the issue today is Medicaid, there is no guarantee that next week or next year Carle won't target Medicare patients or other third party payors. These concerns are highlighted at a time when all third party payors are seeking ways to hold down costs through various changes in the reimbursement mechanisms.

According to John Lee Johnson, a member of the CCHCC Task Force working on the Carle issue, "As large institutions such as Carle and Christie gain a greater share of the health care market, their policies will begin to restrict public options. It's time that non-discrimination become a requirement for providing health services. With Reagan in the White House and Meese at the Justice Department, the initiative must come from state and local government units. Without such policy initiatives, we are locking ourselves into a two tier health care system -- one for the rich and one for the rest of us."

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DISCRIMINATION AT CARLE:

Profit vs. Public Policy

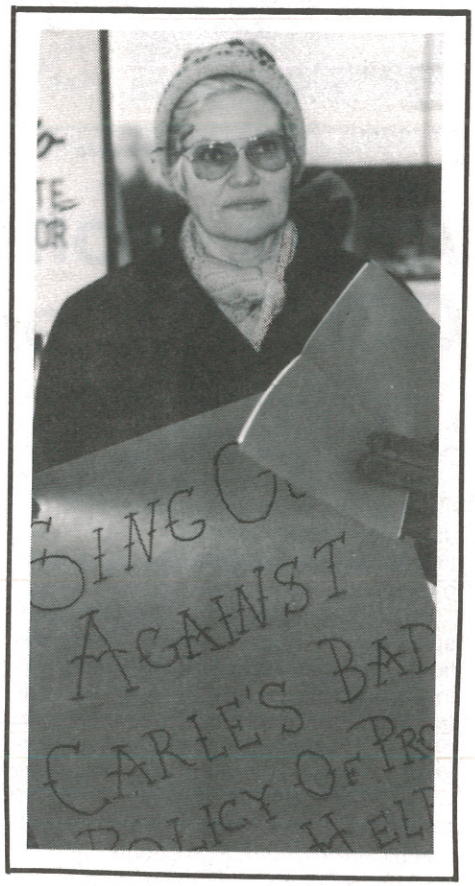
The current controversy surrounding discriminatory policies at Carle Clinic is a classic example of the conflict between a for-profit corporation's efforts to maximize profits and its negative impact on public policy. As a general rule, CCHCC opposes all forms of discrimination. However, in Carle's case, their policies also effect the economic climate and health status in our region. As a result, CCHCC has called on Carle to adopt a non-discrimination policy because we believe their current policies:

Hit Hardest In Areas With Greatest Need

Under Carle's current policy, they claim to accept Public Aid recipients who reside in Champaign County. Not surprisingly, the unemployment rate in Champaign County is between 4 and 5%--one of the lowest in Illinois. However, unemployment in surrounding counties averages over 11%, with rates of 12% in Vermilion, 15.2% in Edgar, 11.1% in Macon, 10.3% in Effingham, etc. As a result, Carle's policy not only discriminates against Public Aid patients, but singles out those counties that are in the greatest need of medical care for the poor.

Further Damage an Already Weak Rural Economy

Faced with devastated economies from the current farm crisis, the surrounding rural areas are hit with a double whammy from Carle's policy. First, through its expansive regional plans Carle has already begun to draw paying patients and their health care dollars away from local health care providers. Second, Carle's policy of discrimination against public aid patients results in dumping an unreasonably large number of public aid patients on rural providers. As a result, small local hospitals and independent physicians are faced with a disproportionate percentage of Public Aid patients. This high mix of public aid patients can cause a financial crisis that ultimately threatens the stability of these institutions and health care providers. Their collapse would further solidify Carle's growing but insensitive control of health care services in our region.



Impose a Double Standard for Serving Our Area.

Whenever Carle wants to expand its facility and add new machinery, they claim to be a regional health care provider serving 42 counties. But when it comes to serving public aid patients they argue that Carle's "primary service area" is Champaign County, and only serve Public Aid patients from Champaign County except under special conditions. Well, Carle can't have it both ways. They either are a regional health care provider or not. If they are a regional facility, they should serve the region without using geographic boundaries to discriminate against certain segments of the population.

Establish a Precedent for Discrimination.

Although Carle's policy currently focuses on Medicaid beneficiaries, it establishes the right of medical providers to discriminate who does and doesn't get health care. As large medical institutions, like Carle, continue to grow and gain greater control over health care services, their policies have greater impact on the health care delivery system. Consumers are concerned that in the future, there is nothing to prohibit Carle from choosing not to serve beneficiaries from other programs such as Medicare or even some private third party payors.

What You Can Do

Many times we hear about an issue or problem in the community that concerns us, but we aren't sure what we can do. We'd like to invite our members to join in the effort to end discrimination at Carle. Members of the CCHCC Task Force working on the issue have suggested the following ways you can help.

LET CARLE KNOW. Probably one of the most effective ways to send a message to Carle is by seeking health care elsewhere. Every May, state employees have the option of choosing which health care coverage plan they want. If you are currently covered under the Carle Care HMO, you can switch to another plan. If you are a part of a group plan under Carle Care HMO, raise the issue of discrimination with other members of the group. Several unions in our area are currently considering passing resolutions calling on Carle to change its policy. If you are considering a change in policy, be sure to let Carle officials know you are considering such a change. Mr. Charles Van Vorst at the Hospital 337-3220 and Dr. John Pollard at the Clinic 337-3236 need to hear that their policies are costing Carle business. If they won't take your call, leave a message. Be persistent.

LET OTHERS KNOW. Carle officials are often on talk shows around town. If you have a chance, call in and express your opposition to Carle's discriminatory policies. Ask them to explain to other listeners why Carle has such policies. It's important that Carle officials are constantly aware of the opposition to their policies. Sending letters to the editor is another very effective way of keeping the issue in the public's eye. Or if you are a member of a group or organization with a newsletter, let your membership know about the issue. If you need or want more facts or information, call the office.

BE A RESOURCE. If your know someone who has been affected by this policy, encourage them to call us. They may have options they don't know about. CCHCC is currently documenting various complaints on this issue and welcomes calls from people who have a first hand experience. If you are willing to be a contact person in your organization or place of employment let us know and we will get you more information.

Finally, all CCHCC members are welcome to participate in various meetings, actions and discussions. To get more involved, call Mike Doyle or Yolanda Alvarez at the CCHCC offices.

CCHCC Director Steps Down

On March 11, Cynthia Ward stepped down as CCHCC Executive Director after nearly six years on staff with the Health Care Consumers. Cynthia, who originally joined the CCHCC staff as a VISTA volunteer in 1980, leaves CCHCC to take a position with Mass Fair Share, a state-wide citizen group in Massachusetts. Originally from Rhode Island, Cynthia had been planning on returning to the east coast for the past 18 months.

"Cynthia's contributions to CCHCC are nearly impossible to measure," explained Mike Doyle, who preceded Cynthia as Executive Director and returns as Interim Director until a permanent replacement is found. "When she first came on staff, Cynthia was hired as the staff fundraiser. Her commitment and enthusiasm helped solidify our funding base at a time when most organizations were facing cutbacks. She then helped set up our Consumer Health Hotline, added a professional touch to our graphics, and established herself as one of our most productive and thorough staff members."

In September of 1982, when Mike Doyle stepped down as Director, Cynthia was the unanimous choice of the Board of Directors to replace him as Executive Director. "I knew from the start that Cynthia had the capabilities and drive to succeed as Director," explained CCHCC Board member Louise White. "When you look back over the past few years and how CCHCC has grown, you begin to realize just how much Cynthia has meant to us."

True to her word, Cynthia has left the organization in its strongest position since its formation nearly nine years ago.

According to CCHCC Chairperson, Susan McGrath, Cynthia's contributions were exemplified in the past 12 months as Executive Director. "Right after Cynthia announced she wanted to return to the east coast, the organization received some troublesome news that one of our major grants would not be renewed as expected. With morale down and cutbacks on the horizon, it would have been easy for Cynthia to follow through on her plans and get out before the hard times hit. But indicative of her commitment, Cynthia announced that she would stay on until the organization was on solid footing again. During 1985, we saw our staff size drop from seven to two, and during that time, Cynthia doubled her efforts." McGrath cited new funding sources, a highly successful Membership Conference and Dinner, and several new issue campaigns before offering, "True to her word, Cynthia has left the organization in its strongest position since its formation nearly nine years ago. We're going to miss her."

Good luck Cynthia and thanks.

Dr. Sidney Wolf speaks of the need for citizen action at CCHCC's "New Directions" Dinner

Asner, Wolfe Keynote CCHCC Conference

Over 250 persons crowded into the Urbana Civic Center to hear Ed Asner and Dr. Sidney Wolfe deliver the keynote speeches at CCHCC's New Directions Dinner. The Dinner was the culmination of a day-long conference which began early that morning at the University Inn in Champaign.

The conference opened with speeches by Jan Stallmeyer, Chair, National Women's Health Network, who flew in from Kansas City and Doug Lehman, from the local chapter of Physicians for Social Responsibility. The first set of workshops offered an array of topics including -- "Motherhood and Medicine," "How to Keep Down Your Medical Bills," "Low-Income Care in Champaign County," and "Organizing a Community Response to AIDS."

At lunch, Congressman Terry Bruce spoke to conference participants about Gramm-Rudman and other legislation pending in Washington, D.C. His remarks were followed by a useful question-answer session before participants attended a diverse set of afternoon workshops. The afternoon workshops examined "What the AMA Doesn't Want You to Know," which addressed the issue of the quality of health care; "Seniors: Getting the Care You Need; Rights as a Health Care Consumer," and "Why Doctors are Rich: Radical Changes in Health Care."

At the Dinner, both Asner and Wolfe lauded the virtues of citizen involvement, citing the efforts and successes of CCHCC. Speaking first, Sid Wolfe who cofounded the Health Research Group with Ralph Nader, criticized industry self-regulation as a "myth" and stated that government agencies often end up being controlled by the industries they were intended to regulate. As a result, Wolfe argued that citizen involvement is necessary to assure greater accountability and access to information. Wolfe congratulated CCHCC on its efforts the past eight years and singled it out as one of the best locally based consumer organizations. "The only way we're going to move forward is by having groups like yours" Wolfe concluded.

Ed Asner, who is best known for his TV role as Lou Grant, demonstrated both his skill as an actor and his commitment as an activist in a speech mixed with the right blend of humor and urgency for action. Asner applauded CCHCC for its 'courage'. "The collective public can have an enormous impact upon government," Asner said emphasizing the importance of citizen organizations. "Politicians like people to believe that the little guys can't fight city hall. But collective action can have an enormous influence on government. Our job is letting the general public know that something can be done."

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LOCAL ACTIVISTS TACKLE AIDS

By Rebecca Walker, CCHCC staff

It's not an easy issue. There are no easy answers. As a result, the medical and sociological complications surrounding Acquired Immune Deficiency Syndrome (AIDS) won't go away without hard work.

And chances are the hard work will come from : health care providers, researchers and consumer advocates.

During the Champaign County Health Care Consumers' New Directions conference, one entire workshop was devoted to the topic of AIDS.

The workshop was presented by members of Champaign-Urbana's Gay Community Aids Project, a group of local citizens from the gay community working to educate the public about the disease. The organization also works to influence public policy on AIDS and provide emotional support to persons with AIDS.

The workshop was attended by health care providers, social workers, lesbians and other activists concerned with the issue.

The four men presenting the workshop, Evan Kavanagh, Ken Bishop, Rex Wockner and Ed Winslow, worked hard to put the attendees at ease. The session was small and the gathered activists felt good about being there; good about working on a hard issue.

It was those members of G-CAP, people who have cared enough to take up this difficult issue, that reminded the conferees of the real meaning of the "New Directions" theme. Fighting for adequate prenatal care or in-home care for the elderly is acceptable to most folks.

However, taking up the AIDS issue can be likened to our brave brother and sisters who so many years ago took up the cause of civil rights. It was not an easy struggle. But it was an important struggle from which millions of people have benefited.

One of the most difficult problems with AIDS is the "closet nature" of those affected, said workshop facilitator Bishop.

Officials at the Howard Brown Memorial Clinic, a Chicago-based clinic specializing in gay health concerns, says that about 75 percent of all persons with AIDS are gay/bisexual men. The second largest risk group is IV drug users, who make up about I7 percent of all people with AIDS.

Society has tended to shun people who fall into such categories. "Culture says , 'Gays are expendable.', " Bishop said.

He explained this kind of thinking must be overcome in dealing with AIDS."

Still, given these obstacles, members of the G-CAP have found ways to deal with the disease and its implications.

They have developed a "buddy system" which allows concerned individuals to help persons with AIDS get groceries, do housekeeping chores and provide emotional support. A support network also has been set up to give emotional support to lovers and families of persons with AIDS. And, a few members of G-CAP have completed training at a local Hospice.

However, education of the public at large is a very big task for G-CAP. The G-CAP members do workshops and presentations nearly every weekend. Late last summer, they sponsored a forum on AIDS with officials from Howard Brown.

At this forum, William Mannion, a registered nurse at Howard Brown, explained that AIDS is transmitted through exchange of blood or through intimate sexual contact.

AIDS can not be contracted through casual contact, Mannion explained. Still the newspapers are filled almost daily with stories of towns passing ordinances to keep persons with AIDS from school or work.

The problem has been compounded with the advent of the HTLV-III. This test, sometimes erroneously referred to as the "AIDS Test", is designed to determine if the AIDS antibody is present in the blood stream.

Only 10 percent of all persons with a positive HTLV-III test will ever develop AIDS, Mannion said. He said there are no clues as to why some people will develop the disease and others won't.

Because the test does not indicate the presence of the actual disease, there is concern that test results could become part of a permanent medical record unnecessarily keeping those with a positive result from employment or health insurance.

For these kinds of reasons, Howard Brown urges members of the gay community to avoid the HTLV-III test. Although G-CAP has no formal stand on the issue, members have reached an informal consensus against taking it.

However, while groups like G-CAP and Howard Brown do discourage use of the test for forecasting a person's chances of getting AIDS, Mannion said the test should be used for research and screening blood supplies.

G-CAP's feelings toward the HTLV-III test does not mean they believe people in high risk groups should not be concerned. They have distributed over 2,000 "Safe Sex" brochures in Champaign County.

G-CAP member and workshop facilitator Kavanagh said the brochures tell how to practice "safe sex" and how a person can protect him/herself during sex. G-CAP also has worked to spread the word about the Howard Brown Memorial Clinic's state-wide hotline. The hotline number is 1-800-Aid-Aids. The service is staffed by trained volunteers who can answer general questions about the disease.

Kavanagh points out there are many issues involved with AIDS and advocacy work. He cautioned that concerned activists should check out the organization before contributing time or money. In Illinois, The Howard Brown Memorial Clinic is considered a reputable research and advocacy group working on the disease. The clinic can be reached at (312) 871-5777.

Locally, if you wish to donate time or money to the cause you can reach G-CAP at 351-AIDS. The address is P.O.Box 713, Champaign, IL 61820.

Only 10 percent of all persons with a positive HTLV-III test will ever develop AIDS.

INSURANCE *from p.2*

is the insurance industry need to be better regulated.

The State Board of Insurance should monitor insurance premiums. This would be similar to the way utility companies are regulated by the Illinois Commerce Commission.

Insurance companies should have to justify increased premiums in Illinois based on Illinois claims. The claims in other states should not affect Illinois premiums. For example, nurse midwives in Illinois should not have to pay higher premiums because of nurse midwives in California.

Similarly, insurance premiums should not go up or policies canceled, if the claim record is good. Policies should be based on the individual's or institution's claim record. This means with a good claim record insurance premiums couldn't go up because someone else has a bad record. This is very similar to the way auto insurance is written.

An independent actuary (someone who determines what the risk of an event occurring is) would determine what a fair rate would be. These changes would help to smooth out the premium ups and downs.

Also, setting up state reinsurance insurance pools for professionals and municipalities would help those who are unable to find reinsurance on their own. Reinsurance is where the major portion of the liability payment is taken on by a third party rather than the company itself. The company would cover the first $50,000 of a claim and the state would cover the rest.

An example of such a program in The Urban Property Protection and Reinsurance Act of 1968. This program was set up in response to the unavailability of insurance in the inner cities in the wake of the riots of the late 60's. Robert J. Hunter, President of National Insurance Consumer Organization, suggests setting up similar programs for the problems that are facing nurse-midwives and daycare centers.

These suggestions directly address the problem of the unavailability of insurance. They would work to make insurance more available for those who need insurance. Also, they would help keep the fluctuation of the insurance premiums under control.

As can be seen, there are solutions to the insurance "crisis" that do not keep victims from receiving their fair share in compensation. We as consumers, must inform our law makers of the alternatives to the proposed legislation. Write and visit your elected representatives and let them know what you think about the proposed changes in the laws.

Coming Next Issue:

Illinois Hospital Rates

CCHCC Seeks Membership Input

For the past five years, CCHCC Board of Directors and staff get together for an annual weekend retreat at Camp Kiwanis in Mahomet. The retreat helps newly elected Board Members to get acquainted with the veterans and provides a relaxed atmosphere for discussing future directions of the organization.

In planning the 1986 retreat, Board members felt that with so many changes within the organization, it was time to step back and take a critical look at our strengths and weaknesses in an effort to develop plans for the coming years. To facilitate the process, the board adopted an organizational planning process being developed by union organizer Gene Vanderport and some of his co-workers at the American Federation of Government Employees. As the first step, in depth interviews were conducted with 15-20 key leaders, both past and present.

The second stage took place at the retreat where we reviewed, categorized and prioritized the responses. The third stage includes a broadening of input through a survey of our membership.

At the retreat, Board Members outlined the key questions to ask our members so organizational plans adopted reflect your concerns and needs. The final questionaire was hammered out by the Education/Media Committee of the board and is enclosed for your use.

We encourage and welcome your comments. Just fill out the enclosed form, fold and drop it in the mail.

Spring Cleaning?

Don't throw out that old lamp. Don't get rid of that funky, old dresser. The Champaign County Health Care Consumers need your rummage. We are having a garage sale on May 24.

The Taylor street office will be open from 10 am to 2 pm the 10th and 17th of May to accept contributions to the sale. If you would like to call ahead to let us know you are bringing garage sale goods. Or, if you need to have a larger item picked up, you can call the office at 352-6533.

And, don't forget to come to the sale. Vintage Champaign is having an ar show on that same day. So, there will be lots of goodies for sale on the mall on May 24.

Health Center Names New Director

The Champaign County Health Care Consumers would like to congratulate Jack Beebe on his appointment as Executive Director of the Frances Nelson Health Center and offer our best wishes to Frances Friedman, who has served as the Center Executive Director for the past eight years.

Jack was previously employed by the Illinois Department of Mental Health and one of a handful of local citizens who helped start the Champaign County Health Care Consumers back in 1977. He replaces Fran Friedman, also a CCHCC member, who guided Frances Nelson through its most significant expansion of facilities and services in the Center's history.

The Frances Nelson Health Center opened its doors in 1968 as a free clinic staffed totally by volunteers. It was the result of a joint effort of several black organizations led by the Urban League of Champaign County. Continuing its mission of providing medical services to low-income residents, the Center currently operates on a sliding fee scale, has several full-time physicians, a dental clinic as well as social service and community outreach programs.

CCHCC wishes both Jack and Fran the best of luck.

Champaign County
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MEMBERSHIP SURVEY

How did you hear about CCHCC?

What are the most important health issues CCHCC should address?

With which CCHCC activities are you most familiar?

Why do you support CCHCC?

How can CCHCC communicate with you more effectively?

Have you ever participated in a CCHCC activity? If so, what activity and why did you participate?

Would you like to have more input into CCHCC? If so, how?

Do you have any recommendations or suggested changes CCHCC should make?

Dear Friend,

The Board of Directors of the Champaign County Health Care Consumers would like to hear from you. As part of our ongoing organizational planning, we are interested in your comments and suggestions on how we can remain effective in representing our members and addressing important health issues in our community.

We would appreciate your effort, in taking a moment to jot down a few comments. If you need more space feel free to use additional paper. Then just fold, staple and drop the questionaire in the mail.

Thanks for your support.

(Optional)

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