

HEALTH CARE CONSUMER

October

Newsletter of the Champaign County Health Care Consumers

1988

Health Care Moves Center Stage in Presidential Race

The emergence of health care as one of the top issues in the 1988 presidential race underscores a growing apprehension among the American people that the U.S. health care system is in critical condition and getting worse. Aware of these deep seated concerns, Democratic presidential candidate Michael Dukakis has taken the initiative with a series of proposals targeted at three of the most serious problems: the growing number of Americans who lack health insurance; limited access to prenatal care; and a declining rural health care system.

On the other hand, Mr. Bush seems to be ignoring national polls that show Americans are deeply disturbed about the affordability and accessibility of health care. Content with ideological attacks on the Pledge of Allegiance and ACLU, Mr. Bush has offered no substantive proposals short of calling for "one thousand points of light" and a vague plan to let citizens buy into the federal government's medical welfare program, Medicaid.

"Although there is a dramatic difference between the candidates concerning their vision of how we can best address the emerging health care crisis, it is obvious that health care has returned as a major election issue," observed CCHCC Chairperson Susan McGrath. "For the first

time in CCHCC's eleven year history, health care is a major issue at the local, state, and national levels."

At a time when new government initiatives are politically unpopular, several major health care initiatives have won bipartisan and often overwhelming support in Congress and state legislatures around the country. Just in the past year, Medicare has been expanded under the catastrophic health care bill; some form of Medicaid expansion has been approved by Congress and more than half the states, including Illinois; Massachusetts has adopted a state plan to provide health insurance for all its citizens; and several states have followed Massachusetts' lead in eliminating Medicare overcharges by physicians.

"The crisis in the U.S. health care system has created a paradox for Mr. Bush," according to CCHCC Executive Director Mike Doyle. "As part of an administration that has sought to wipe out or severely restrict domestic program initiatives, health care is one issue that has not gone away. The question is whether or not he can continue to avoid an issue of such great concern to the American public."

In his position paper on health care,
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Health Care Vital Signs Turn Critical

A new study released in September found that the vital signs of the Illinois health care system have declined dramatically during the 1980s. According to the report by the Illinois Public Action Council, the Vital Signs Index dropped 29.3% in the first six years of the Reagan/Bush administration.

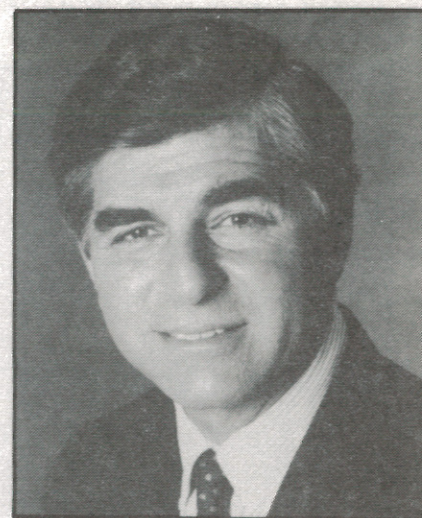
"The pulse of Illinois' health care delivery system has critically weakened, while its fiscal temperature has increased at a feverish rate," said Robert Creamer, Executive Director of Public Action. "The administration's prescription for health care inflation has been a costly failure in

this state."

The Vital Signs Index is a composite measure of overall health care costs relative to the quantity of health care delivered in Illinois. In 1986, the last year for which comprehensive data is available, the Index stood at 70.7, down from 100 in the base year 1980.

"Illinois consumers are paying significantly more dollars for considerably less care," noted Creamer. "If this trend continues, more and more American families will face the fearful prospect of being unable to find or afford health care

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Democratic Presidential nominee Michael Dukakis has focused on health care issues.

SHOP 'N SHARE

Mark your calendar! In mid-October CCHCC will benefit from a Jewel Food Stores Shop & Share fundraiser. On Monday, Tuesday, and Wednesday, October 10, 11, & 12, Jewel Food Stores will donate to CCHCC 5% of the cash value of the groceries purchased during this period with Shop & Share certificates.

All you need to do to support CCHCC is bring the certificate printed here, or a xerox copy, to the Jewel Food Store of your choice on October 10, 11, or 12, and present it to the cashier when you pay for your groceries. Here is an opportunity to support CCHCC and do your weekly shopping at the same time.

Shop & Share certificates are honored at Jewel Food Stores throughout the state, and beyond, so even if you live outside of the Champaign-Urbana area, you can still participate. Just clip the certificate and mark your calendar to do your grocery shopping at your local Jewel Food Store on October 10, 11, or 12.

**SHOP 'N SHARE
Certificate - P 8.**

Talks With Carle Break Off

After over a year of meetings, the Low-Income Task Force has broken off talks with representatives of Carle Hospital and Clinic because of a lack of significant progress. "From our perspective, Carle was using the meetings as a means of pacifying the Task Force and keeping the issue off of the front page," explained CCHCC board member Abdul El-Jamal. "We were clear from the beginning that when the meetings were no longer productive, we would pursue other avenues for change."

At the last meeting in early July, the Low-Income Task Force presented Carle with a series of actions that Carle should

take before the meetings would resume. Listed among the demands were that Carle should publicize the existence of its new free care program and adopt more equitable policies toward Medicaid patients. Clearly stunned by the breakoff of direct talks, Carle officials promised to respond to the list of demands.

The fact that the Low-Income Task Force broke off talks with Carle does not mean that no progress was made. Much of the talks focused on the development of an uncompensated care program for the poor, similar to those programs already in existence at Mercy and Burnham. In response to the meetings Carle agreed to

set up a "Community Care" program for the medically indigent. On paper the program is adequate. However, disagreements surfaced when the Low-Income Task Force objected to the fact that Carle's program only existed on paper and was not really being implemented as Carle officials had

"Despite assurances from the administrators that employees were trained and brochures were available, random spot checks revealed nothing could be further from the truth..."

promised. In fact, it was a series of complaints from consumers that led the Task Force to investigate how well Carle was living up to the rhetorical promises.

"Despite assurances from the administrators that employees were trained and brochures were available, random spot checks revealed nothing could be further from the truth," explained Low-Income Task Force organizer David Rein. "Employees in the admitting and emergency rooms said they'd never heard of the Community Care program, while others insisted that what we really wanted was information about Carle Care -- the clinic's HMO."

Another problem was Carle's direct violation of the consent decree Carle signed with the Office for Civil Rights just last year. In that decree Carle stated that it wouldn't discriminate against Medicaid patients. In the weeks preceeding the last meeting, the Task Force received complaints from several Medicaid recipients that Carle had denied them care. In one instance, a Medicaid patient seeking psychiatric care was told that none of Carle's psychiatrists would see her because she was on Medicaid. In another instance, a woman eight months pregnant and in pain was turned away from Carle's emergency room. The woman was later admitted at Burnham. Finally, receptionists in the Ob/Gyn department told Medicaid recipients from outside Champaign County that they couldn't serve them because "Medicaid won't reimburse them if they were from outside Champaign County." Such a claim is not only false, but a violation of the consent decree signed by Carle.

With direct talks no longer fruitful, the Task Force has voted to take its case to various public bodies. In testifying before the Urbana City Council, Task Force member Debbie Doyle explained, "When the Health Care Consumers work to end discrimination we choose to adopt whichever course of action is most likely to meet with success. We have been more

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Congressman Terry Bruce listens as representatives from CCHCC Senior Task Force express disappointment over his vote against Claude Pepper's Home Health Care bill.

Seniors Tackle Long Term Care

This past year the Champaign County Health Care Consumers joined a broad coalition in the fight to expand Medicare coverage to include home health care. Many of our members may recall making phone calls and writing letters to your congressmen urging them to support this important issue. Unfortunately, despite these efforts, both Representatives Terry Bruce and Edward Madigan voted against Congressman Claude Pepper's home health care bill. The proposal died as a result.

Long term care is a universal problem. Over 60% of all American families have already had direct experience with a friend or family member needing long term care. Long term care is expensive. Average nursing home costs are \$25,000 per year, and are largely not covered under Medicare. An estimated one million Americans each year become impoverished due to costs associated with long term illness. Private insurance policies are expensive and do not provide full coverage.

Home health care coverage begins to address this growing crisis by providing

homemaker, home health, and home aid for all who need such services. Providing care in the home saves the government money and offers a comfortable environment where we can recover with the support of our family and friends. Considering this, in August the members of our Senior Task Force voted to establish a Long Term Care Community Education Fund. The fund will be used to underwrite the cost of a campaign aimed at educating local residents about this urgent issue.

Leona Bryan, a CCHCC member, said "It's a tragedy that Congress didn't pass the Pepper bill. Sometimes I think the politicians just don't understand how expensive health care really is, particularly long term care. It's time we took this problem seriously!"

We have recently sent a mailing to our Medicare 100 and Medicare Plus members about the problems of long term health care, and their financial support will help CCHCC's education fund get underway. We wish to thank those members responding to this universal problem for their support at this time. We **can** be successful!



John Lee Johnson (left), Geneva Lloyd, and Vera Wesley (right) stay cool at CCHCC's pot luck picnic on July 16.

Task Force Targets Birthing Options

At a July 25 news conference, CCHCC's Women's Health Task Force kicked off a campaign to broaden local birthing options. Using "Midwifery Awareness Week" as a backdrop, the Task Force honored Champaign-Urbana's first and only nurse midwife, Barbara McFarlin.

"We are fortunate to have a midwife the calibre of Ms. McFarlin delivering children in our community," explained Task Force member Imani Bazzell. "It was only four years ago that the Task Force had to fight to overcome local physician opposition to midwifery and pave the way for Barbara."

The Women's Health Practice, a local ob/gyn practice in Champaign, was also applauded for the innovation and leadership it demonstrated by hiring Ms. McFarlin in 1984. But since then, change has been slow. The new birthing options campaign is intended to encourage the development and utilization of free standing birthing centers; to reduce the amount of medical intervention in the birthing process; and to increase the number of midwives practicing in east central Illinois.

In an effort to learn more about what

kinds of changes local women would like to see implemented, the Task Force has designed a survey for new mothers and pregnant women. Hundreds are being mailed to new parents and circulated through local clinics, hospitals, service providers, and prenatal classes.

With the survey expected to be completed later this fall, plans are underway for a series of community forums designed to educate the public about birthing alternatives. In the meantime, the Task Force has already begun holding a number of 'in-service' type training sessions to learn more about the legality and specific issues related to the topic of birth alternatives. The first such was held during Nurse Midwifery Week, and featured CCHCC board member and attorney Bill Zukosky. Bill, who specializes in defending alternative health practitioners, was joined by Barbara McFarlin for the session.

Anyone interested in learning more about birthing options, or working with other consumers to address this issue, please contact CCHCC's Women's Health organizer Constance Fitzgerald at 352-6533.

Carle from Page 2

than willing to meet with Carle privately for the past year. However, it is frustrating that Carle is least willing to act when issues are not before the public."

Almost as if to prove her point, Carle immediately responded to CCHCC's new approach by running large quarter page ads in the News-Gazette explaining their new "Community Care" program, with income guidelines for those eligible. The ad was one of the nine changes CCHCC demanded when negotiations broke off, and something that Carle refused to agree to throughout the year.

"It's unfortunate that Carle has to be prodded in this manner," offered CCHCC Executive Director Mike Doyle. "But if this is what it takes to get results, so be it. We've begun planning a campaign that should make it clear in no uncertain terms that we are serious about bringing about change within that institution."



CCHCC canvassers have signed up several hundred new members in our annual door-to-door canvass, which continues through the fall.

CCHCC Briefs

Picnic a Success

On July 16, nearly one hundred CCHCC staff and friends braved the 100 plus degree heat to enjoy a summer picnic at Crystal Lake Park. Planned by CCHCC's Special Events committee, the picnic was a welcomed respite.

Participants were treated to John Lee Johnson's famous barbecued chicken as well as a wide variety of salads, vegetables, and baked goods. In addition to the food, a good supply of liquid refreshments helped to keep the heat at bay. Although the volleyball competition was just a tad below Olympic standards, a good time was had by all who played.

CCHCC would like to thank all of you who helped make the picnic a big success.

Progressive Conference

On Saturday, October 15, dozens of local organizations and activists will sponsor a one day conference titled "Building a Progressive Community Agenda." As one of several sponsors of the event, CCHCC is encouraging members to attend. The conference will be held at the University Y, 1001 S. Wright, and runs from 9 AM to 4 PM. For more information contact Dave Rein at 352-6533.

Donations Needed

Throughout the year, we strive to offer child care for those wishing to attend CCHCC sponsored events. However, despite the generosity of our members, we are always in need of extra toys and child care equipment. If you have any toys, books, or other items that you would be willing to donate, please call CCHCC staff member Constance Fitzgerald at 352-6533.

Membership Canvass

The CCHCC door-to-door canvass had great success in Champaign-Urbana this past summer. We knocked on 10,785 doors and spoke with 6,593 residents. In these two communities we received financial support from 1,400 contributors. 614 were either members continuing their support or new members signing up while we were at their door.

We certainly appreciate the hospitality we received on those hot summer days, and also the financial support for CCHCC.

The canvass will be knocking on doors again later this fall, in the following communities: Rantoul, Tolono, St. Joseph, Fisher, Homer, Mahomet, Philo, Sidney, Gifford, Thomasboro, Ogden, Savoy, Pesotum, Ludlow, Sadorus, Bondville, Ivesdale, Broadlands, Longview, and Foosland.

4 **Activists Seek to Protect Food Supply**

Chicago, August 11 - The Illinois Public Action Council announces that they will push for a state law requiring producers and packagers of food, cosmetics, and over-the-counter medications to inform consumers whether these products have been treated with chemicals known to cause cancer or birth defects.

Washington, DC, August 15 - Ralph Nader, former Senator George McGovern, and the Center for Science in the Public Interest launched a national "safe food petition drive."

Emmaus, PA, September 15 - The People's Medical Society announces it has filed a petition with the Food and Drug Administration seeking permanent regulations on labeling foods that have been exposed to radiation during processing.

The food we eat is probably the single most important factor determining our personal health. But in recent weeks, prominent consumer organizations and activists have raised serious questions about the effectiveness of government regulations designed to protect the quality of the food we eat. Two federal agencies, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA), have the principal responsibility for ensuring that our food supply is safe. But as of late, both agencies are under attack.

The People's Medical Society is critical of the FDA's failure to take a more aggressive stand on the use of radiation by food processors. Current FDA regulations require that radiation altered foods carry a written warning, as well as the "radura" -- a symbol that closely resembles the EPA's flower logo. This regulation was set to expire earlier this year until the People's Medical Society and other consumer groups pressed the FDA not only to extend the rule, but to make it permanent.

While the FDA agreed to another two year extension, it took no action on the request for a permanent labeling requirement. The People's Medical Society has filed a formal petition with the FDA to remedy this situation. Their petition details the potential hazards of irradiation, along with the legal particulars of why labeling must be mandatory. The petition asks for:

- 1) an immediate extension of the requirement for a permanent written warning on all irradiated foods;
- 2) inclusion of processed and prepared "second generation" foods in the labeling requirement;
- 3) extension of the written labeling to all foods containing one or more irradiated ingredients;

Approximately 40% of all pesticides classified by the FDA as having a moderate to high health hazard cannot be detected by FDA testing.

- 4) tougher record keeping and reporting requirements for food irradiators;
- 5) penalties against violators of these safety requirements and the consumers' right to know.

Every consumer should have the right to know whether or not food has been irradiated, and to choose whether or not to buy it.

On another front, Ralph Nader and the Center for Science in the Public Interest have kicked off the Safe Food Petition Drive. The petition drive will be coordinated by Americans for Safe Food (ASF), a coalition of over 80 consumer, environmental, and farm organizations that works to increase the availability of safer food. According to ASF, pesticides, animal drugs, and other synthetic agricultural chemicals:

- Contaminate our food, threatening our health;
- Cause poisoning, birth defects, and cancer among farmers, farmworkers, and their families;
- Poison groundwater and kill wildlife;
- Raise farming costs, and require extensive monitoring and clean-up that taxpayers must pay for.

Safer alternatives exist. In many areas, foods can be grown using organic and other sustainable agricultural methods.

But for that to happen in a big way, farmers need more information on how to get off the pesticide treadmill profitably.

In their petition, ASF calls on the U.S. Secretary of Agriculture and the state departments of agriculture to promote the production of food grown without the use

of pesticides and other synthetic chemicals by:

- + adopting strong state and national standards for organic food;
- + supporting research, training, and other means of helping farmers grow food with fewer chemicals;
- + taxing agricultural chemicals to pay for low-chemical and organic farming, and environmental clean-up programs;
- + urging supermarkets to test for chemicals and bacteria in produce and meat, and label products that are largely contaminant free.

Citing the passage of Proposition 65 in California, here in Illinois the Illinois Public Action Council has begun drafting the Toxic Disclosure Act, which will be a centerpiece of the organization's consumer safety program in 1989. The proposal is based on Proposition 65, a recently adopted referendum in California which requires the labeling of consumer products that have been treated with substances known to be toxic.

According to Bob Creamer, IPAC's Executive Director, attempts by the EPA to establish safe pesticide residue exposure levels are paralyzed by massive backlogs and the use of outdated information. The majority of pesticides in use today have never been thoroughly tested for their health hazards. Many have never been tested to determine whether they cause cancer.

Half of the pesticides now in use were registered prior to the establishment of modern premarket testing. Tolerances for these pesticides were established without information on the chemical's potential to cause cancer, birth defects, sterility, or genetic mutations.

Although the FDA is responsible for enforcing EPA's tolerance levels, the job doesn't seem to be getting done. Approximately 40% of all pesticides

EATING CLEAN: A Consumer Guide

Concerned that you don't know enough about the food you eat, but unsure how to find out more? Well now there's a book just for you: **EATING CLEAN 2 - Overcoming Food Hazards**. This new consumer guidebook is an anthology of selected readings collected by the Center for Study of Responsive Law. **EATING CLEAN 2**, with an introduction by Ralph Nader, tells people what they need to know about a wide range of food related issues.

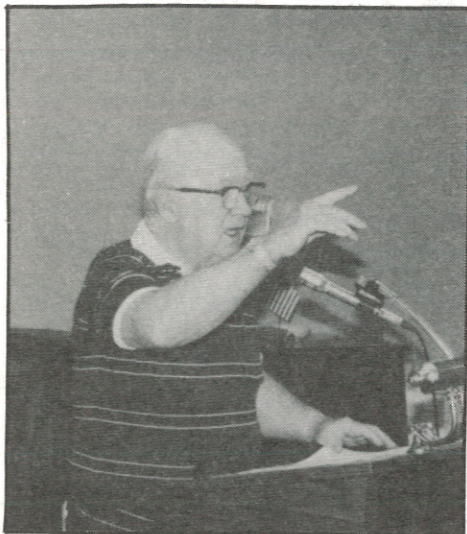
Divided into seven different sections, **EATING CLEAN 2** offers the reader a vast amount of information from a variety of sources. The first section focuses on major issues concerning the safety of our food supply. Concerns about such issues as pesticides, antibiotics, and irradiated foods are dealt with in great detail.

Section two focuses on the role of the

federal government, from which agencies are supposed to do what, to reviews of controversial issues and the impact of governmental regulations. Section three addresses the growth of the organic farm and food movement (including a list of organic food outlets).

The next two sections may be the most useful of all. Sections four and five provide practical alternatives for the individual consumer looking to improve his/her eating habits, as well as sample organizing campaigns that can be implemented in your own community.

EATING CLEAN 2 concludes with a brief global view (section six) and a bibliography of free materials and other resources (section seven). To get your copy, just send \$8.00 to Eating Clean, PO Box 19367, Washington, DC 20836.



"The problem in McLean County is that almost no physicians accept Medicare assignment," explains Larry Yeast of the McLean County Action Council.

McLean County Seniors Focus on Health Care Costs

With the cry, "We need to do something about the high costs of health care in McLean County," over 70 seniors met to discuss solutions to those problems. The meeting, sponsored by the McLean County Action Council (MCAC), was held at the Phoenix Towers housing complex in Bloomington on July 20, 1988.

At the meeting the group outlined the major problem that senior citizens face in paying for health care, the cost of physician care.

"I do not have any supplemental insurance and owe quite a lot for my last doctor visit," said Margaret Tronan, "There needs to be some way to keep the cost of the doctor's visit in check."

According to Larry Yeast, Vice Chair of MCAC, "The problem in McLean County is that we have very few doctors who accept Medicare assignment and the vast majority of those who do accept

assignment work at one ophthalmology 5 clinic in Bloomington."

At the meeting the group heard from Mike Doyle, Executive Director of CCHCC who talked about the Medicare 100/Plus program. Thanks to the Medicare 100/Plus programs that CCHCC's Senior Task Force negotiated with Burnham and other health care providers, many seniors in Champaign have fewer worries.

MCAC was incorporated last year with an eye on establishing a Medicare 100/Plus type program in McLean County. Since then they have been conducting research into the local health care providers and speaking to seniors throughout the county to find out what their health care needs are. They've also looked into the Medicare 100/Plus program and how it works in Champaign to meet those needs.

Prior to the meeting, one of the local hospitals in Bloomington expressed an interest in participating in discussions about setting up a Medicare 100/Plus type program. The MCAC seniors hope to begin discussions this November prior to the Thanksgiving holiday.

Catastrophic Health Plan Becomes Law

In June, Congress passed the Medicare Catastrophic Coverage Act of 1988 -- the largest expansion of Medicare since its inception in 1965. The new and expanded services will be phased in over a three year period beginning January 1, 1989. The new law does not replace the existing plan, but modifies its basic structure by adding some new benefits and protections, such as a new outpatient prescription drug benefit and a spousal impoverishment clause. It also expands and continues existing benefits -- for example, skilled nursing home care goes from 100 to 150 days of service -- and eliminates the three day prior hospitalization requirement.

Activists and citizen groups such as CCHCC worked for nearly a year and a half to improve the bill. "While we are not happy with all aspects of the bill, particularly the financing, it does represent a significant expansion of Medicare benefits, especially in the area of prescription drugs," said Eric Shulman, Legislative Director of the National Council of Senior Citizens.

Equally important is the political significance of the bill. Bruce Fried, Director of the National Health Care Campaign, adds, "During most of the Reagan era we have seen a steady decline in federal health care programs. The passage of the catastrophic bill shows our success in reversing that trend. With this bill, and the serious consideration given to the Pepper and Kennedy/Waxman bills, we are building the kind of political health care climate that will make the establishment of a national health care program a reality by 1990."

The catastrophic bill shields the nation's 32 million Medicare beneficiaries

from high costs associated with acute illness by capping out of pocket costs for hospital care at \$580 beginning January 1, 1989, and doctor costs at \$1,370 beginning January 1, 1990.

Several measures were added following pressure from seniors, people with disabilities, and their allies. Added measures include:

- + coverage for a portion of outpatient prescription drugs after a deductible of \$600, to be phased in from January 1, 1991 through January 1, 1993;
- + increased coverage from 100 to 150

poverty level when their spouse is in a nursing home.

All of this is not free. The bill is financed entirely by beneficiaries. A flat Medicare part B premium increase will pay for part of the benefit costs. Basic Medicare part B premiums begin increasing January 1, 1989. An additional monthly premium of \$4 for catastrophic coverage also begins January 1, 1989. Finally, Medicare beneficiaries will be required to pay a first-time-ever supplemental medical premium based on income tax liability, to be paid when a beneficiary files his/her federal income tax return.

So much for what is covered and what it costs. Now, you're probably wondering what's not covered. Here it is: **long term care**. This is and has been the most pressing need of many of the elderly. It's possible that you may have been misled by the bill's name, "Catastrophic Coverage Act." One of the most catastrophic of all health care bills is the cost of long term care, with over 1 million American families pushed into poverty because of it.

However, within six months a study commission established under the law is to recommend to Congress ways to finance and deliver long term care, and within twelve months the commission should deliver recommendations on ways to provide comprehensive health care for all Americans. "If we can get the commission to hold nationwide hearings to promote a national health care plan, this little noticed provision of the bill may in the long run be its most important feature," exclaimed Fried.

This article was compiled from information supplied by the National Health Care Campaign and the People's Medical Society.

...a study commission under the law is to recommend ... ways to provide comprehensive health care for all Americans.

- days stay in skilled nursing facilities;
- + 7 days/week coverage of home health care up to 38 days;
- + coverage of up to 80 hours of respite care;
- + coverage for indefinite hospice care, now limited to 210 days;
- + Medicaid coverage for pregnant women and infants, and payment of Medicare part B costs for seniors and people with disabilities below 100% of poverty, phased in through January 1, 1992; and
- + phased in protection against spousal impoverishment so that by January 1, 1992 an individual could keep a house, \$12,000 in assets, and an income of 150% of

ADVOCATE'S ADVICE: Dental Care Options

Each day, CCHCC receives several calls on its Consumer Health Hotline from consumers in need of help. In an effort to share information on some of the most common calls we receive, Advocate's Advice will become a regular column in the newsletter. The column this month offers some advice about low cost dental care.

Locally, many low-income consumers, especially those who are public aid recipients, have had difficulty in finding good dental care. Most private practice dentists are reluctant or unwilling to accept the green card for fear of dealing with Delta Dental, the IDPA contractors. Thanks to a report by CCHCC released last January, investigative action is being taken by state officials. It will be some time, however, before area consumers find access to local dentists improved. The dentists' mistrust (and disgust) with the state system will not be quickly forgotten.

Fortunately, there are some affordable alternatives in the community. Three institutional providers offer services to the public: the C-U Public Health District Clinic, Champaign's Frances Nelson Health Center, and the Dental Hygiene Clinic at Parkland College in Champaign. These quality services are provided at minimal or no charge to the consumer. Not surprisingly, demand for care at these facilities is quite high. However, the staff are aware of the often desperate situation many face in finding care. They will do their best to accommodate your need.

Following below are brief profiles. Information was current as of September 7, but please verify this information with the clinics when making an appointment; policy and procedures are always subject to change.

**Consumer
Health
Hotline
352-6533**



CCHCC's Consumer Health Hotline is in operation from 9:00-1:00 Monday through Friday. The telephone number is 352-6533. The Health Hotline is a free public service provided by the Health Care Consumers. It is staffed by trained volunteer advocates who can assist consumers with questions or complaints about a variety of health-related topics. Patient rights, medical record access, billing problems, local social support services, public health concerns, Medicaid and Medicare problems are just a few of the issues that can be addressed. We are here to serve you!

Parkland College Dental Hygiene Clinic

2400 West Bradley Avenue, Champaign
Telephone: 351-2221

CONSUMERS SERVED: Children (age 4 and above) and adults. Parents must give written permission for treatment of minor children.

RESIDENCY REQUIREMENTS: None (reasonable commuting distance).

STAFF: Parkland College dental hygiene students provide all services under the direct supervision of qualified dental professionals.

SERVICES OFFERED: No school physicals are done. Services are limited to examination, teeth cleaning, and fluoride treatments. X-rays can be taken with written authorization from consumer's personal dentist. All clients are urged to have their own dentist so that dental records of service can be forwarded to the practitioner.

COST OF SERVICE: No charge to public aid recipients, senior citizens over age 62, and children age 4-12. Other adults and older children will pay \$10.00 per semester, which covers all treatment performed in that period.

TO MAKE AN APPOINTMENT: Consumers should call 351-2221 from 8:30-4:00 Monday through Friday. Services are only offered when school is in session. Clinic hours of operation change each semester. It is best to call early in the semester as the waiting period may be 2-3 weeks.

C-U Public Health District Dental Clinic

710 North Neil Street, Champaign

Telephone: 352-7961

CONSUMERS SERVED: Limited to children (3-18). Teens must be enrolled and attending high school.

RESIDENCY REQUIREMENTS: Children must live within Champaign-Urbana city limits. Public aid recipients living in Champaign County are also eligible.

STAFF: One dentist, one dental assistant, and one dental hygienist treat patients.

SERVICES OFFERED: Thorough examination of teeth, appropriate x-rays, teeth cleaning and polishing, fluoride treatments, simple tooth extractions and fillings are done. The staff does not do orthodontic work (putting on braces, etc.). The clinic will refer the child to a local orthodontist who accepts low-income patients.

PROCEDURE: Every new patient is required to make an initial cleaning appointment, which involves a thorough examination, x-rays, teeth cleaning/polishing, and fluoride treatment. The child is also given a free toothbrush. If the child needs follow-up service (filling or extraction), then future appointments are scheduled during this visit. Emergency service (in case of toothache or injury) for new and old patients is possible.

COST OF SERVICE: There is no charge for any service. Clinic is supported by C-U taxpayers.

TO MAKE AN APPOINTMENT: New patients must call to make an appointment for their required cleaning visit only on the first working day of each month. Because spaces fill very quickly, it is best to call as early in the day as possible.

Frances Nelson Health Center Dental Clinic

1306 Carver Drive, Champaign

Telephone: 356-1558

CONSUMERS SERVED: Children (age 3 and above) and adults are seen.

RESIDENCY REQUIREMENT: Consumer must live in Illinois.

STAFF: One dentist, one dental assistant, and one dental hygienist provide service.

SERVICES OFFERED: Consultations, complete examinations, teeth cleaning, sealing, x-rays, composites, minor tooth extractions, fillings and amalgams are the varied dental services. The staff does not do orthodontics (braces), prosthetics (dentures, bridges, crowns), or root canal work. Patients requiring these services will be referred to local dentists (who will accept the green card for covered services).

PROCEDURE: The first appointment for new patients will be for a complete examination to determine if more work must be done. If necessary, additional appointments will be scheduled at the time of this first office visit. An individual is considered to be a new patient if he/she has not had an exam at FNHC in the past 2 years.

COST OF SERVICE: Charges are determined by the type of service given. FNHC will accept Medicaid and private insurance. Low-income individuals without insurance may qualify for 20-80% discounts, based on the clinic's sliding fee scale.

TO MAKE AN APPOINTMENT: Walk-ins are not accepted for treatment. New patients' first appointment must be for examination. New patients may only call on the last Wednesday of the month to schedule this appointment. Established patients should contact the receptionist on every other Wednesday of the month to schedule visits. New or old patients who have an emergency (toothache or injury) may call anytime during office hours. The staff will assist the patient as soon as possible.

classified by the FDA as having a moderate to high health hazard cannot be detected by FDA testing. Of the 9 pesticides in use which have been demonstrated to pose the greatest risks to human health, FDA multi-residue tests detect only 1, and of the 34 pesticides in use which carry high risk toxicity health effects, FDA multi-residue tests detect only 20.

The majority of food identified by the FDA tests to have excessive pesticide levels is sold to the unsuspecting consumers. In roughly two-thirds of the cases in which the FDA found that food contained excessive pesticide residues, it did not take any action to prevent food from reaching the market because the food had already been sold. In these cases FDA testing was too slow to prevent the sale of the pesticide contaminated food to consumers.

As with most of these campaigns, Public Action hopes that in much the same way that labeling of the risks associated with smoking provides consumers with information, the proposed legislation will provide consumers with information on the potential health risks of the items they purchase.

Presidential Race

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Mr. Bush has outlined three principles that would guide his decisions. First, government should play a minimal, if any, role in the U.S. health care system. Second, waste and inefficiency should be cut from the Medicaid and Medicare budgets. And finally, limits should be placed on the ability of patients to file malpractice suits.

In stark contrast, Mr. Dukakis has already outlined three specific proposals that he would push to begin addressing the health care crisis.

The most innovative proposal calls for providing health insurance for all U.S. workers. The plan is modeled after the Massachusetts proposal recently signed into law by Governor Dukakis. Described in the June 1988 issue of **Health Care Consumer**, the Massachusetts plan uses a variety of unique mechanisms to ensure that all residents have basic health insurance coverage. To encourage business support for the plan, Dukakis included tax credits and the formation of a group insurance purchasing pool to assist small businesses in providing insurance for their employees. At the same time, the act seeks to eliminate skyrocketing health care costs by reducing the number of excess hospital beds -- a major inflationary pressure.

"Clearly, the plan is not a panacea for our ailing health care system," adds Doyle, "but it demonstrates a willingness to acknowledge the fundamental problems we face and forge a compromise that brings us closer to the type of health care system our nation deserves."

HOSPITAL WARS -- Community Input is Limited

The blunders of hospital over-expansion are finally coming home to roost here in Champaign-Urbana. Locally, we saw Paxton Community Hospital close its doors last August, and Cole Hospital was recently transformed into the Carle Pavillion for substance abuse treatment, in what someone referred to as "the quietest hospital closing in the country."

With Carle Foundation Hospital's successful maneuvering to acquire designation as a Level I trauma center, as well as open heart surgery and psychiatric services, Mercy and Burnham Hospitals are moving to protect their position in a shifting health care market.

Sweeping changes in the reimbursement mechanisms such as the introduction of Health Maintenance Organizations (HMO) and the replacement of "cost plus" reimbursement by third party payors with Diagnostically Related Groupings (DRG) have resulted in a decreasing demand for hospital beds despite a growing population. The dramatic improvements in medical technology which enable doctors to perform outpatient surgery for procedures which just a few short years ago resulted in extensive hospitalization have placed even more downward pressure on the demand for hospital beds. In addition to downward trends in utilization, hospitals are simultaneously being pinched by tight Medicaid budgets and a growing number of citizens without health insurance. Tossed into a deregulated, "competitive" environment pushed for by the Reagan administration, local hospitals and clinics have unleashed their marketing departments in an all out battle for paying patients.

Emerging at the apex of local battle is Champaign Mayor Dannel McCollum, who took office shortly after Carle's buyout of Arrow Ambulance, the first major salvo of 'hospital wars.' When Burnham, which is owned by the City of Champaign, responded by establishing PRO Ambulance, there was an immediate conflict over dispatching procedures and the location of PRO Ambulance in a west Champaign Fire Station. When Burnham won a slight advantage in this initial round, Carle responded with its trump card, luring away the neurosurgeons from Burnham's trauma center, successfully jeopardizing Burnham's status as the regional trauma center. This move brought McCollum directly into the fray, whereby he helped negotiate an agreement which left Burnham with sufficient neurosurgery coverage to maintain its current trauma center, but inadequate coverage to qualify as a Level I trauma center under a new system which went into effect July 1.

This latest fracas brought McCollum even deeper into the trenches of 'hospital wars.' Convinced that Champaign-Urbana would only be able to support two

hospitals, McCollum and the City Council have forged a strategy to get the city out of the hospital business. The first and most likely approach was a merger between Burnham and Mercy.

But when the last round of Burnham-Mercy merger negotiations fell through because of Mercy's insistence on a controlling interest, Burnham responded by offering Christie Clinic 60% control over a new institution that would include Burnham's physical plant. Mercy, which relies almost exclusively on Christie physicians for admissions, countered by offering Christie additional seats on its Board of Directors and the board of ServantCor, the Kankakee-based corporation that owns Mercy.

With Christie Clinic providing the majority of doctors on the medical staffs at both Mercy and Burnham, the city's proposal to sell Burnham to Christie has completely redefined the dynamics of change. If Christie were to acquire Burnham, Mercy's future is suddenly in jeopardy. With a large debt from their 1979 overexpansion, Mercy has been forced to lay off employees twice in recent years. It is unlikely they could afford to lose more than half of their medical staff and the patients they admit at Mercy.

However, it is unlikely that Mercy would let the situation deteriorate to the point where Christie would buy Burnham. Mercy is probably unlikely to risk its future and will most likely return to the bargaining table with Burnham and Christie officials in an effort to work out a merger of some sort.

In a similar situation earlier this year, Mercy officials backed down from a head-to-head confrontation with Carle Hospital. After successfully defeating Carle's plan to set up its own open heart surgery program in 1987, Mercy officials decided to negotiate a settlement in 1988 when Carle announced it would reapply.

The real problem from a consumer's perspective is that the community has been largely locked out of the process. Unfortunately, like most of the maneuvering in 'hospital wars,' the community is forced to sit by and watch as major economic institutions, that happen to be in the business of health care, manipulate the market to enhance their own economic position. Little thought or concern is given to what is best for consumers or the community at large.

However, the one significant difference in the most recent developments is the emergence of elected officials as key players in the decision making process. As our representatives, the Mayor and the City Council have an obligation to push an agenda that best serves the consuming public. At the same time, it is our responsibility as citizens to communicate our concerns to these officials.

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when they need it in coming years."

The study, by the state's largest public interest organization, examined trends in consumer health costs, federal and state health expenditures, and per capita health costs, as well as changes in health care coverage, the number of hospitals and hospital beds, and days of inpatient care delivered.

Other major findings of the report include:

Health care costs are skyrocketing: nationally health care costs increased 63%, more than double the rate of all other consumer items between 1980 and 1986. Federal expenditures on health care increased 85% from 1980 to 1986 while government health expenditure increases absorbed a 20% greater share of GNP over that period. Per capita health expenditures increased 78% in Illinois over the period 1980-86.

Access to health care is declining: nationally the number of persons without insurance coverage jumped 22% between 1980 and 1986, and 15% of the Illinois population is without health insurance. The declining number of community hospitals reduced the number of beds available to consumers by 9% in Illinois between 1980 and 1986, while the number of persons using the health care system declined 24% during that period.

Other countries provide lower cost health care of equal or better quality: as a percentage of Gross Domestic Product, health care expenditures in the U.S. are increasing at double the rate of health expenditures in other industrial countries, while U.S. health costs averaged 94% higher on a per capita basis. Yet other western industrialized countries provided equal if not better care and made greater progress in protecting their populations. Infant mortality rates in the U.S. are 30% higher, and life expectancy is one year less compared to those other large industrial nations.

"We need a new approach to health care, both in Illinois and across the nation," said Creamer. "The administration's attempts at 'cost containment' have only succeeded in reducing access to basic



CCHCC Chairperson Susan McGrath expresses concern about ailing U.S. health care system during September 27 news conference, at which CCHCC released IPAC report "Illinois Health Care Vital Signs Turn Critical."

care for consumers, senior citizens, and working families."

Creamer called for a comprehensive national strategy to provide universal health coverage and increased health care efficiency. Specifically, he cited the Dukakis proposal requiring all employers to provide health insurance, which would lower government expenditures for Medicaid and reduce hospital charges

inflated to cover costs of uncompensated care.

"Americans deserve a health system that is just as effective, just as affordable, and just as efficient as the rest of the industrialized world," he added.

"The time has come for our nation to guarantee access to health care for all while providing that care at an affordable cost to our society."

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October 5, 1988

Dear Readers:

We hope you've enjoyed receiving this and other issues of our newsletter. You'll be pleased to know that each issue of our newsletter is distributed to well over 5,000 members, friends, and organizations. Unfortunately, postal rates and printing costs continue to rise, which means that each year the cost of producing and distributing the newsletter climbs higher and higher.

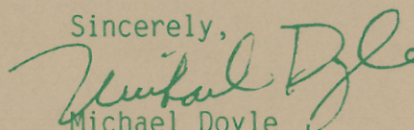
Many of you already renewed your memberships for the coming year when you were contacted by our summer canvass (see article this issue). To those of you who contributed at the door, our heartfelt thanks.

However, many members have not renewed their memberships this year. We'll be making a special appeal to these members by phone and mail later this fall during our annual membership drive. You can help us in that effort by renewing your membership now, before the drive begins. Every member who renews now means one less person we'll need to contact later.

If you haven't already renewed, please help us by filling out the form below and mailing it today with your check. Your contribution is crucial to our efforts to continue providing all of our friends and supporters with our newsletter.

Thanks for your help!

Sincerely,


Michael Doyle
Executive Director

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