

# HEALTH CARE CONSUMER

Summer

Newsletter of the Champaign County Health Care Consumers

1991

## City Calls for HMO Reform

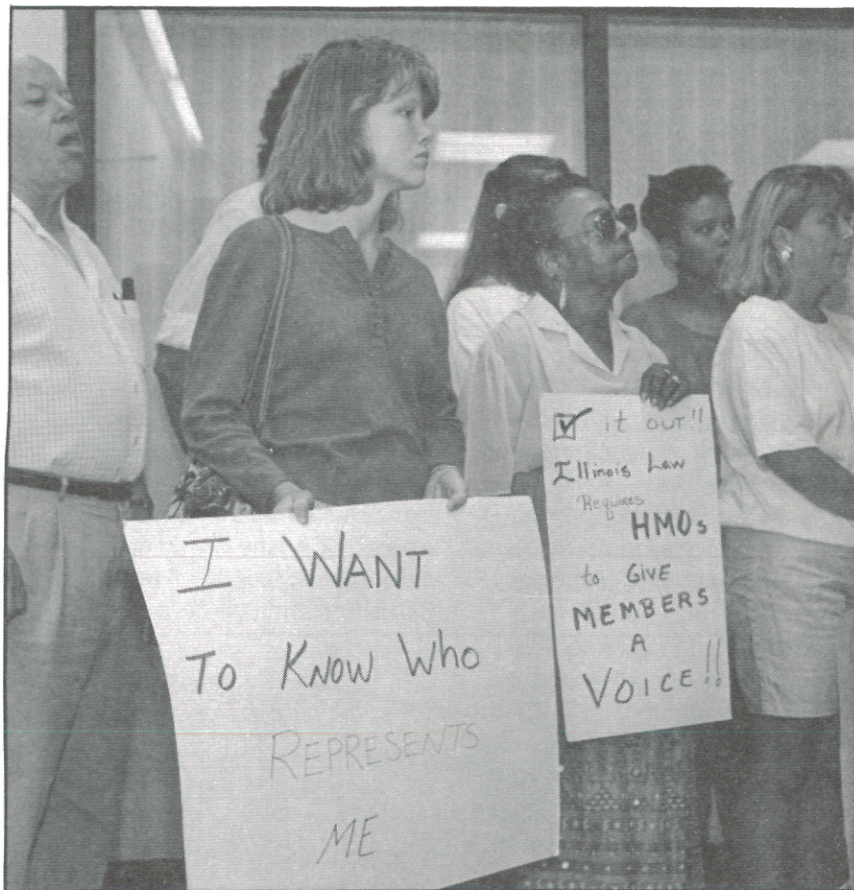
Shocked by CarleCare HMO's refusal to provide its enrollees with any information about its Membership Advisory Committee, the Urbana City Council voted 6-1 on August 5 in favor of a resolution calling on the HMO to release the names of the committee members.

Specifically, the resolution calls for CarleCare to provide the names of its Advisory Committee members to the city's personnel director. If the information is not provided, the resolution requires the city staff to incorporate the request into the next set of contract negotiations between the city and CarleCare. The approved resolution also provides an option for the city to file suit on behalf of their employees if this information is not made available.

"You have to know who to talk to, to have any effect," explained Council Member Michael Pollack when introducing the resolution. But Mayor Markland and Alderman Joe Whelan, who cast the only dissenting vote, worried that the resolution would offend CarleCare officials. Fortunately, that feeling was not widely felt, as most other Council members indicated broad support from their constituents for the resolution.

The vote signaled growing dissatisfaction with CarleCare's "Stealth Advisory Committee," and

*Continued on page 6*



*On July 11, CCHCC's HMO Task Force delivered petitions to CarleCare HMO signed by over 1000 local HMO enrollees.*

## CCHCC Phone-a-Thon Set For September 16-26

Mark your calendar, turn off your answering machine, and get ready for CCHCC's third annual Phone-A-Thon. In what has become CCHCC's most important membership support event, over 150 volunteers will be working in late September to make the 1991 Phone-A-Thon our most successful.

CCHCC's Phone-A-Thon is an extensive outreach campaign, with

volunteers calling over half of our 7,000 plus members in a two week period. For eight nights, dozens of volunteers call thousands of CCHCC members, friends and supporters, asking them to join the fight for a more responsive health care system, as well as make a membership pledge for the coming year.

*Continued on page 7*



# Task Force Demands Action on Medicaid Discrimination and Patient Dumping

The failure of the City of Champaign's Human Relations Commission (HRC) to resolve a 15 month old complaint has resulted in the continuation of practices at Christie Clinic which discriminate against Medicaid recipients.

In the last month alone, CCHCC's Consumer Health Hotline has received a half dozen calls from consumers who were denied care at Christie because they rely on Medicaid to pay their medical bills. Examples include:

- a nine month old child with pneumonia and a 105 degree fever was turned away;
- urgent oral surgery was delayed for two months for a woman while someone else was scheduled for the identical procedure within one week when she offered cash;
- a newborn child was denied a previously scheduled appointment after Christie was told that payment was covered through Medicaid.

Denying health care to the poor is, unfortunately, a very common occurrence in the United States -- millions are denied care annually by health care providers. However, the City of Champaign could potentially protect its citizens through the enforcement of a city ordinance which prohibits denial of services to people regardless of source of income.

Fifteen months ago, CCHCC set out to challenge Christie's policy through the enforcement of this law by filing a complaint through the HRC, which oversees implementation of the ordinance. CCHCC presented testimony from pregnant women who were dumped by their Christie Ob/Gyns when the women applied for Medicaid coverage. In April, 1990, the HRC voted overwhelmingly to conduct an investigation into Christie's policy.

Rather than face an investigation, Christie Clinic agreed last summer to sign a settlement with CCHCC whereby Christie would no longer deny care to Medicaid recipients. CCHCC submitted demands that

called for full access to all health services for Medicaid recipients, and an end to all quotas, limits, and separate waiting lists. CCHCC also recommended comprehensive enforcement procedures if the agreement is violated, and outlined an outreach plan to insure that the community is informed of the policy change.

Over the last year, CCHCC has

---

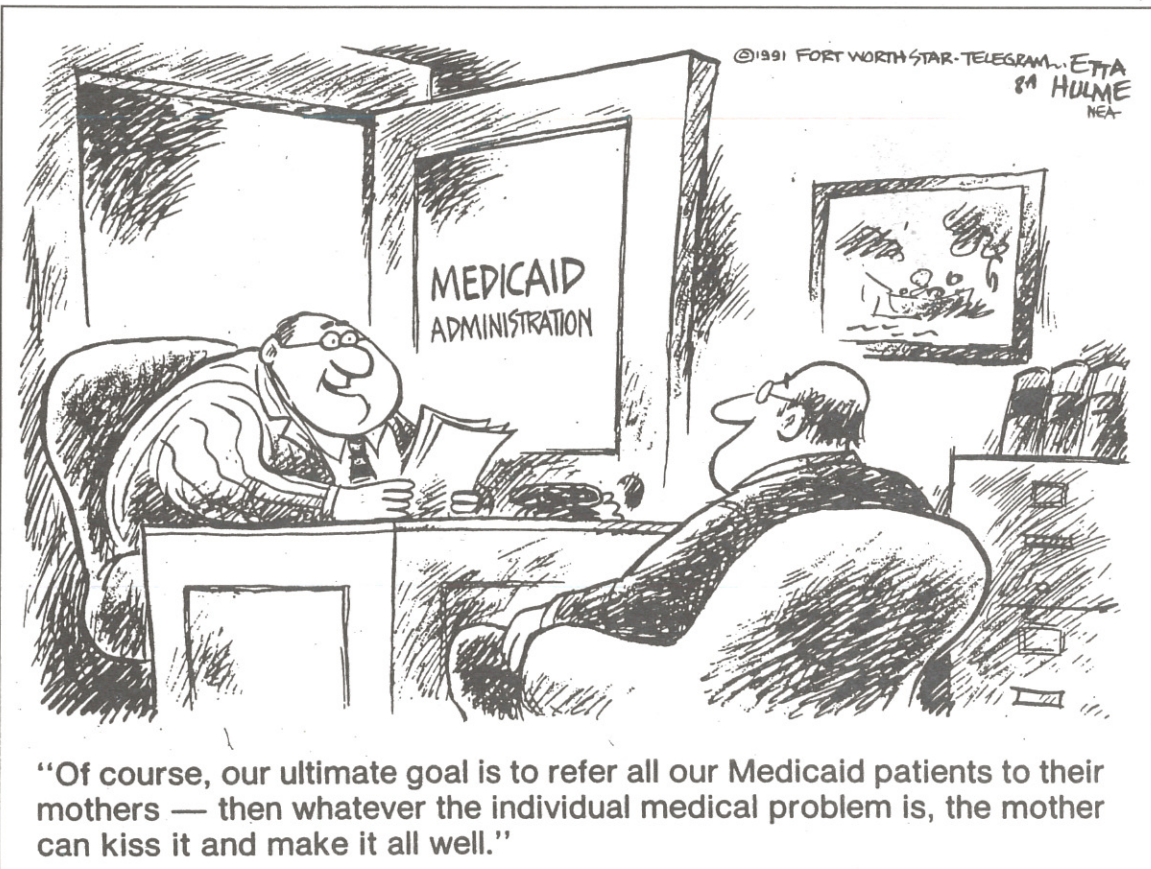
**In the last month alone, CCHCC ... has received a half dozen calls from consumers who were denied care at Christie...**

---

focused its attention on working out an acceptable agreement. Unfortunately, with the lack of continued public pressure, the process seems to have stalled. Although some meetings have taken place, progress is slow, and our

concerns seem to fall on deaf ears. "This problem can't be allowed to fester any longer," explained Hollis Glaser, CCHCC Women's Health Task Force member. "Our fear is that if this continues to drag on, Christie will continue to operate in the same manner, and people will continue to be denied care."

As this article goes to press, CCHCC Women's Health Task Force is preparing to testify at the August 12 Commission meeting to push the process back on track. The Task Force will present examples of continued mistreatment of Medicaid recipients, and outline suggestions for a course of action.





# Seniors Kickoff PharmAid

Although persons 65 and over comprise 12% of the U.S. population, they use approximately 30% of all prescription drugs. According to the Public Citizen Health Research Group, this is an average of 15.5 prescriptions per person each year. In 1987, senior citizens spent \$9 billion on prescription drugs, and nearly 17% of all older Americans -- 5 million people -- spend more than \$600 per year for their medication. In fact, prescription drug costs pose the largest out-of-pocket expense for three-fourths of America's elderly.

But the cost of medication isn't the only concern among senior citizens. Adverse reactions to prescription drugs threaten the ability of older Americans to maintain an independent living environment. A recent study revealed that as many as 33% of hospital admissions and 50% of nursing home admissions of geriatric patients are

associated with drug related problems, specifically drug misuse or adverse reactions. Unfortunately, the potential for an adverse reaction increases when the number of drugs prescribed increases. One study found that when two drugs are prescribed, the potential for interaction is about 6%. The potential for adverse reaction increases to 50% when five drugs are used, and 100% with eight or more drugs.

In response, CCHCC's Senior Citizen's Task Force recently initiated a prescription drug program aimed at alleviating some of these problems. The program, called PharmAid, incorporates several different ideas.

To deal with the risks of adverse reaction, PharmAid will include a series of prescription drug education programs throughout the county. These presentations are modeled

*Continued on page 7*

# CCHCC Briefs

## Directory Updated

Work has begun on the fourth edition of CCHCC's Health Care Directory (formerly known as the Doctor's Directory). This directory contains listings of hundreds of health care providers in Champaign County, with information on their policies, practices and fees. Other sections provide consumers with information about their health care rights, as well as tips for becoming more effective consumers.

The new edition of the Directory is expected to be available in early December.

## Canvass Update

As autumn approaches, CCHCC's annual door-to-door canvass is coming to a close. For eight years, we have found this method of community outreach to be particularly rewarding, and 1991 was no exception. This summer, we talked to over 11,000 residents, getting the feedback and support that is essential to a citizens' group. During the canvass, 500 residents became members, and 373 supporters sponsored seniors in the Medicare 100/Plus programs. We want to thank each of you for your interest and financial support.

We'd also like to extend a special welcome to new members. We are happy to have you join the fight for affordable and accessible health care.

Finally, thanks for your hospitality to our hard working canvassers; we appreciate your kindness and generosity at the door.

## A Special Thanks

CCHCC wishes to thank several of our staff members who will be leaving. We'll miss the hard work of Volunteer Coordinator Lynn Wolff and Hotline Coordinator Michele Werda. A special thanks also to long time staff member Mark Baron, who helped with so many different projects over the past three years.

# State Drags Feet as Dental Complaints Increase

Despite a growing number of complaints against a local dentist, state regulators responsible for protecting the public have failed to take any significant steps.

As reported in the last issue of HEALTH CARE CONSUMER, CCHCC's Consumer Health Hotline was first contacted in January 1991 with a complaint against Dr. Charles Gorman and his failure to complete his dental services. Since then, the Hotline has been contacted by more than a dozen consumers who have been abandoned by Dr. Gorman without receiving the dentures he was paid to provide.

"The stories are so sad and depressing," explained CCHCC Hotline Coordinator Michele Werda. "Most of the complaints have to deal with patients who paid for dentures but never received them. It's tragic. Some of the people he's ripped off

have been forced to go without teeth for months. These people must do without eating solid food or just deal with the embarrassment of having no teeth while state bureaucrats sit back and send out one certified letter after another." According to Michele, the problem is compounded by the fact that many of these patients are on Medicaid, and are forced to go without care because so few dentists in this area accept Medicaid recipients.

"Dr. Charles Gorman was able to stay in practice because he accepted Medicaid patients. The willingness of other dentists to discriminate against the poor forced those patients to seek care from someone who was totally unreliable. Now those patients have to deal with the tragic results of an unprofessional and negligent provider," concluded Werda.

*Continued on page 5*



# Emergency Drive for Health Care Crosses Nation as Crisis Heats Up

In an effort to dramatize the crisis sweeping through the American health care system, organizations representing churches, consumers, senior citizens, labor unions and health professionals are organizing a nationally coordinated action billed as the "Emergency Drive for Health Care."

As part of this Emergency Drive, several ambulances will crisscross the United States collecting over 1 million postcard 'ballots' from consumers in all 48 continental states, and eventually converge in Washington DC on October 10th.

The Emergency Drive for Health Care will begin on September 19, with ambulances leaving from Los Angeles, Dallas, San Francisco, Portland, Seattle and Minneapolis on six different routes around the country. The use of ambulances is intended to depict the emergency nature of the health care crisis that all of us face.

---

**No segment of society is spared the pain of soaring costs and the tragedy of inadequate coverage.**

---

The Emergency Drive, which is being coordinated at the national level by Citizen Action, Families USA, and Jobs for Justice, will stop in

Champaign-Urbana on Saturday, September 28. Two days later, the Emergency Drive will arrive in Chicago for a major rally. Here in Illinois, the Campaign for Better Health Care is organizing its own mini-emergency drive that will collect postcard ballots from 50 communities around the state during the two weeks prior to the rally in Chicago.

Clearly, the twin crises of spiralling health care costs and decreasing access to health care demand a higher priority on the agendas of decision makers throughout our country. No segment of society is spared the pain of soaring costs and the tragedy of inadequate coverage. Recognizing the urgency of the problem, the Emergency Drive has four main goals:

- Raise the visibility of the crisis in our health care system;
- Focus local and national media attention on the crisis and the growing support for national health care;
- Frame the health care issue for the 1992 elections; and
- Expand local and state advocacy campaigns.

In the time period leading up to the Drive and during the Drive itself, more than one million health care ballots will be cast. These postcard ballots allow people to vote for change in the health care system. The ballots, with tear-off educational information for the voter, will be delivered to Washington in the ambulances. The ballots are being distributed widely as



*Senator Paul Simon discusses national health care at a recent town meeting.*

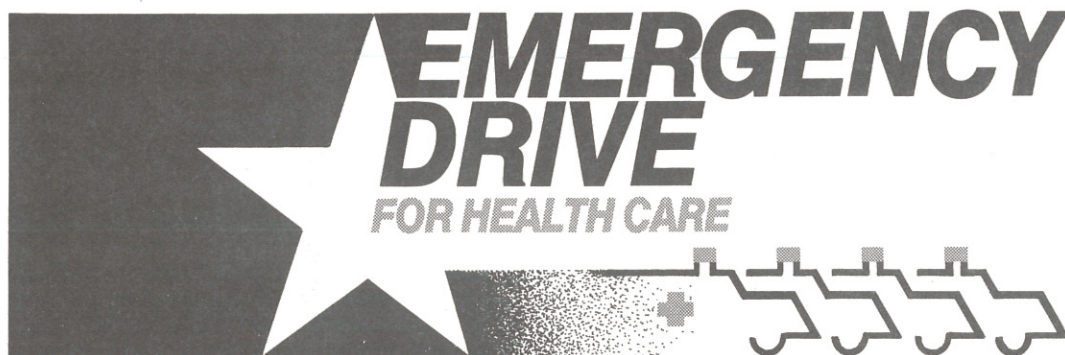
hundreds of thousands of citizens vote for national health care.

Here in Champaign County, CCHCC is hoping to collect more than 3,000 ballots. In order to do so, CCHCC volunteers will be calling thousands of members during our annual Phon-A-Thon, which will be conducted from September 16 through 26. Members will be asked to cast their vote in a giant ballot box at a rally in downtown Champaign that will greet the ambulance as it makes its way to Washington, DC.

We expect the Emergency Drive for Health Care to be a major boost to the movement for a more equitable and affordable health care system. It will awaken those who already favor

change, it will inform those who did not realize where the problems with our current system lie, and it will raise enough attention to show politicians that we're serious this time when we demand "National Health Care For All!"

If you would like to help with the Emergency Drive here in Champaign County, call Amy Lorts at 352-6533.





# VOLUNTEERS NEEDED!

CCHCC's third annual Phone-a-Thon is right around the corner! The Phone-a-Thon is our largest membership outreach and fundraising event, requiring the help of approximately 100 to 150 volunteers! The Phone-a-Thon will be held September 16-19 and 23-26. Individuals interested in volunteering will have the opportunity to attend a kickoff party at Vriner's Restaurant in downtown Champaign on Monday, September 9. Below is a brief description of how you can help. For more information, call John Gifford at 352-6533.

## **Volunteer Recruiters:**

Individuals are needed to assist with recruiting volunteers. Phone calls to CCHCC members and student groups can be made at home or in our office.

Reimbursement for calls made at home. Time commitment: 2 hours.

## **Drivers:**

Individuals are needed to pick up gifts and prizes from local

businesses prior to the Phone-a-Thon. We also need drivers daily during the Phone-a-Thon to pick up meals from restaurants, as well as callers who need a ride to the Phone-a-Thon. Time commitment: 1-2 hours.

## **Day of Event Volunteers:**

If you're a competitive individual and like to talk, then this is the job for you! Over 100 volunteers are

needed to call CCHCC members asking for financial support. Compete for production prizes. Free meal provided. Time commitment: 4 hours.

## **Phone-a-Thon Kickoff Party:**

On Monday, September 9, all Phone-a-Thon volunteers are invited to a special kickoff celebration, to be held at Vriner's Restaurant in downtown Champaign.

# Gorman

*from page 3*

One senior citizen, who wished not to be identified, paid Dr. Gorman \$150 for dentures she never received. She documented her complaint with the Illinois Department of Professional Regulation (IDPR), the State's Attorney's office, and the Attorney General's office in May. As a taxpayer, she is very disappointed with the lack of response she has received. "I am disgusted to think that these state officials are doing nothing about this. It is not only consumer fraud, but elder abuse as well," she said.

Unfortunately, these concerns seem to have fallen on deaf ears. After documenting that Dr. Gorman had evacuated his office, abandoning at least six patients who didn't receive services that were paid for, CCHCC filed a formal complaint with the IDPR. In that complaint, CCHCC requested an inquiry "based on the belief that Dr. Charles Gorman has been negligent and unprofessional in providing care in violation of, but not limited to, the Illinois Dental Practice Act, Section 23." The violations included "misrepresentations to influence dental patronage; obtaining or seeking to obtain practice, money or other things of value by false or fraudulent

representations, but not limited to, engaging in such practice to defraud the medical assistance program of the Department of Public Aid; and improper, unprofessional or dishonorable conduct."

Under the Illinois Dental Practice Act "the Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary action as the Department may deem proper, with regard to any license for any one or any combination," of the violations that were contained in

---

**"It's frightening to think that this guy could still be in business somewhere, with the blessing of the State of Illinois."**

---

CCHCC's complaint. The law further provides the Department with the power to temporarily suspend a provider's license while an investigation is pending. Despite this authority, IDPR routinely renewed Dr. Gorman's license in April, despite the fact that they were aware that he had received Medicaid payments for

services not rendered, a charge even Dr. Gorman did not dispute.

More distressing is the fact that CCHCC has learned from some of his patients that Dr. Gorman began treating patients in his apartment after he had evacuated his office in Champaign. "It's frightening to think that this guy could still be in business somewhere else with the blessing of the State of Illinois," added Werda.

Although CCHCC has learned that the Illinois State Police are currently gathering evidence for criminal charges against Gorman, IDPR seems content with "enforcement" procedures that don't extend beyond sending certified letters to Dr. Gorman asking for his cooperation.

"It's outrageous! Here's a state agency that spends millions of taxpayer dollars to protect consumers but seems more concerned with protecting health care providers," emphasized Werda. According to Werda, CCHCC's Hotline isn't going to wait around for IDPR to do something. The Hotline is working with several of Dr. Gorman's patients and helping them file consumer fraud complaints with Attorney General Roland Burris. If IDPR is unwilling to move quickly to discipline Dr. Gorman, maybe the Attorney General can help put an end to these fraudulent practices.



# HMO

*from page 1*

came just weeks after several dozen CCHCC members delivered petitions bearing over 1000 signatures of enrollees to CarleCare officials, demanding that the HMO open its Advisory Committee process to its enrollees.

The drive to open up the HMO Advisory Committee began last fall, when CCHCC challenged the performance of both CarleCare and PersonalCare HMOs in meeting state requirements to establish a "mechanism to afford the enrollees an opportunity to participate in an advisory capacity in matters of policy and operation." Both HMOs included the formation of Consumer Advisory Committees in their bylaws to meet state law, but neither HMO informed members of their existence.

At that time, CCHCC announced the beginning of a petition drive among HMO enrollees that called upon both HMOs to make known to their enrollees: the names of Advisory Committee members; how they were appointed; their term of office; the time and location of Committee meetings; and minutes from meetings.

In the interim, the CCHCC HMO Task Force requested meetings with both PersonalCare and CarleCare to discuss their Advisory Committees. PersonalCare President Alan Mytty, who met with the Task Force twice, announced that PersonalCare would establish an Advisory Committee and make the members known to their enrollees. Although PersonalCare's Advisory Committee had its first meeting in July, the names of the Advisory Committee members have not yet been released. The Task Force is pleased that PersonalCare has taken these steps, but is anxiously waiting for PersonalCare to fully implement an open and accessible Advisory Committee.

On the other hand, CarleCare refused to sit down with the Task Force to discuss the issue. At a press conference prior to delivering the petitions to CarleCare, CCHCC board member Janus Wehmer stated,

**6** "We've been very reasonable in trying to meet with them, but

## Minnesota Law: HMOs Must Be Accountable

While local HMO enrollees are fighting just to gain access to the names of people representing them on Advisory Committees, consumers in Minnesota are guaranteed they'll have a say in their HMO's operation.

As in Illinois, HMOs in Minnesota must provide their members with an input mechanism. Unlike Illinois, Minnesota goes far beyond this general statement.

For example, when an HMO uses a Membership Advisory Committee as the mechanism for input, the law states that "the enrollees who make up this advisory body shall be elected by the enrollees from among the enrollees." Minnesota also requires that at least 40% of HMO Boards of Directors be composed of consumers who have no financial relationship with the HMO or their parent companies. These consumer representatives must be nominated and elected by the HMO members themselves. This system provides consumer representation where it really counts -- in the HMO boardroom.

Minnesota HMO members also are well protected in the HMO grievance procedure. Locally, the grievance procedures at HMOs

culminate with a grievance committee, which is made up of both consumers and health care providers selected by the HMO. In Minnesota, the HMO member can have their grievance heard by an independent, impartial arbitrator. The arbitrator's sole job is to weigh all the facts and make the best decision, regardless of whether or not it costs the HMO money.

Finally, HMOs in Minnesota are required to provide members with information not required in Illinois. In their annual report to the state, Minnesota HMOs must declare exactly how much money was paid to the doctors and hospitals who own the HMO, and to members of the HMO Board of Directors. This disclosure makes it much more difficult for the HMOs to get away with "sweetheart contracts" for their corporate owners. The HMOs are also required to provide members an "Enrollee Bill of Rights," spelling out the members' rights to treatment, information about other treatments, and their right to file a grievance.

It is encouraging to know that there are effective laws governing HMOs in other parts of the country.

they have shown no interest in even sitting down to talk about their Advisory Committee. It is unfortunate that HMO members have to go to these extreme measures just to discuss this issue with HMO officials."

Following the news conference, Task Force members took the petitions to the CarleCare offices. But when CCHCC members and the media arrived, they were greeted by a little sign taped to the door stating that CarleCare's offices were "Closed for Remodeling." Undaunted, CCHCC HMO Task Force Chair Miriam Marx led the delegation into the clearly open office where CarleCare employees were busy at work.

Seeing no signs of remodeling, members of the press asked why the office was closed. They were told the

office was being painted and new carpeting being installed, although pictures were still hanging on the wall and no smell of paint was noticeable. Determined to deliver the petition as planned, Mrs. Marx asked to see CarleCare Executive Director C. Carleton King. Informed that he was unavailable, Mrs. Marx gave the petitions to the receptionist, who said she would give them to Mr. King and we would hear from him.

As might be expected, Mr. King has refused to respond, underscoring the CarleCare's contempt for their enrollees and the law that requires HMOs to give their members a voice in policy decisions. CCHCC's HMO Task Force hopes to continue to build pressure on CarleCare by gaining the support of other employers.



# Phone-a-Thon

from page 1

"Two years ago, we asked members to contact city council members about their support for several key issues surrounding the merger of Burnham and Mercy hospitals. Last year, we encouraged our members to participate in National Health Care Action Day by raising awareness at their workplace, sending a letter to their Congressman, or coming to a rally at Congressman Bruce's office," explained CCHCC Chairperson Imani Bazzell. "This year we'll be asking members to cast their vote for national health care when the Emergency Drive for Health Care passes through Champaign on September 28." (see article on page 4)

The Phone-A-Thon has also become CCHCC's most successful fundraiser, garnering over \$16,000 in membership pledges last fall. This year the goal is to generate \$20,000 in annual membership pledges to support the wide range of program activities undertaken by CCHCC.

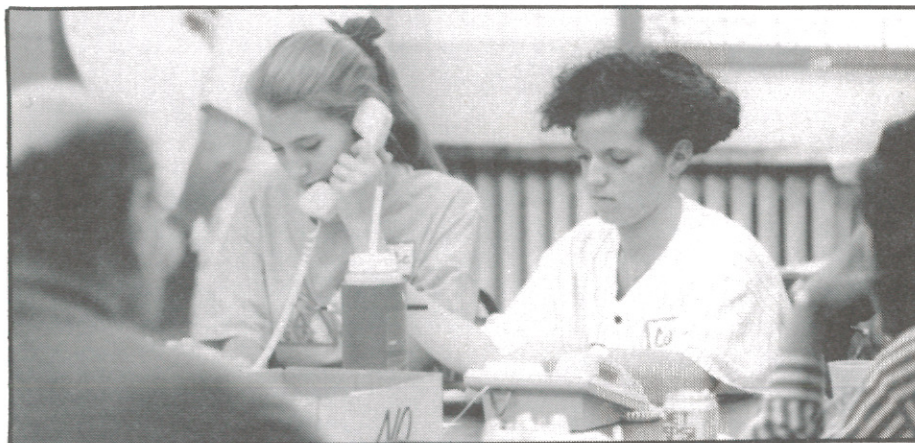
In the past year, CCHCC and its task forces and research staff have worked to make health care more accessible, affordable and responsive

to the community. Our hotline has assisted over 500 local consumers with their health care problems. We have continued our work with the Medicare 100 and Medicare Plus programs, with HMO accountability, and with other access issues. Currently, we are working on the fourth edition of our Health Care Directory, as well as establishing a pharmaceutical assistance program.

The Phone-A-Thon will be held at the CCHCC offices on September 16-19 and 23-26 from 5 to 9 PM. For eight evenings, volunteers are needed to staff our phone bank, stuff envelopes, and tally pledges. Our phone staff will be calling CCHCC members and supporters, asking them to renew their membership and

continue their support of our efforts. As an incentive for Phone-A-Thon volunteers, local restaurants have agreed to donate meals for each of the evenings. In addition, local merchants will supply gift certificates to our most successful volunteers. This year, CCHCC will also be holding a kickoff event on September 9 at Vriner's (55 E. Main Street in downtown Champaign) to orient volunteers to the CCHCC staff, Board of Directors and the organization.

If you are interested in volunteering for the Phone-A-Thon, please call John Gifford at our office (352-6533). If you are unable to volunteer, but receive a call from one of our volunteers, please continue to support the valuable work that we do.



Over seventy-five volunteers helped staff CCHCC's 1990 Phone-a-Thon.

# Prescriptions

from page 3

after a "Brown Bag" program developed by the Illinois State Council of Senior Citizens, and will include a presentation about prescription drugs, as well as time to speak one-on-one

with a pharmacist about individual prescriptions. The first of these presentations will be held on August 22 at the Round Barn Manor in Champaign, and will be run in conjunction with Walgreen's Pharmacy. Senior citizens in attendance will also receive a medication inventory form designed

by the Task Force, in order to help them keep track of what medications are being taken. Later this year, the Task Force will unveil a Medication Advisory Line that seniors can call to receive pertinent information about hundreds of prescription drugs.

To make medications more affordable, the Task Force will seek to expand enrollment in the Pharmaceutical Assistance Program through an extensive outreach campaign. The program, which is part of the Circuit Breaker Program here in Illinois, will provide up to \$800 to eligible senior citizens for their prescription drugs. In Champaign County, only 4% of eligible seniors are enrolled. The Task Force is also looking into renegotiating the prescription drug benefits offered by the Medicare 100 and Plus programs.

For more information about PharmAid, call Kathryn Danyluk at 352-6533.

## CCHCC MEMBERSHIP FORM

(Please clip out and return with your membership dues.)

☐ Enclosed is my check for \$\_\_\_\_\_

☐ Please bill my credit card.

Membership Levels:

\$50 - Friends of CCHCC

\$36 - Family Membership/Adopt-A-Senior

\$25 - Individual Membership

\$15 - Senior Citizens/Students/Fixed Income

Check one: ☐ VISA ☐ MasterCard Expiration Date: \_\_\_\_/\_\_\_\_

Account number: \_\_\_\_\_

Contributions to CCHCC are tax deductible.

Please return to: CCHCC, 44 E. Main, Suite 208, Champaign, IL 61820



# CCHCC Eligible for Payroll Donations from State, Federal Employees

For the first time ever, federal employees in Champaign County will be able to designate their contributions through payroll deductions to the Champaign County Health Care Consumers (CCHCC). In addition, State of Illinois employees will also have CCHCC listed as an option for payroll deductions under the State Employee Combined Appeal (SECA). This is a significant expansion over 1990, when CCHCC was only listed as an option for employees of the University of Illinois on the Champaign-Urbana campus. "We have been working very hard the past two years to make CCHCC eligible for payroll deduction campaigns," explained CCHCC board member Esther Patt. "Payroll deductions are one of the easiest ways for supporters to contribute. Unfortunately, because we aren't a United Way agency, the process is often very confusing, if not outright impossible."

As Chairperson of CCHCC's Personnel/Membership Committee, Patt is all too familiar with the problems associated with gaining access to workplace campaigns.

"Two years ago, we encouraged our supporters to contribute to us through the United Way's Donor Option, which is supposed to allow employees to contribute to a single United Way agency, or even a non-United Way organization such as CCHCC," Patt continued. "But the United Way proved to be more of a hinderance than a help. They refused to inform us of who contributed and failed to pass along all of the contributions. If we hadn't caught them holding on to some of the donations, we're not sure we would have ever received those contributions."

But thanks to the Black United Fund of Illinois (BUF), CCHCC is now listed as a direct option for all state employees. With the support and assistance of BUFI President Henry

participate in U of I's Charitable Contributions Drive in 1990.

"The Black United Fund of Illinois was extremely helpful throughout this process. Last year, BUF designated us as one of their benefiting agencies in the University of Illinois campaign," commented CCHCC Executive Director Mike Doyle. "It worked so well that this year CCHCC will be listed as a benefiting organization under the Black United Fund in the State Employee Combined Appeal, meaning every State of Illinois employee will have the option of contributing."

At the same time, CCHCC successfully applied to the federal government for participation in the Combined Federal Campaign (CFC). As a qualifying local charity, CCHCC will be listed as one of many options that all federal employees in Champaign County can choose from.

Finally, CCHCC supporters who are not federal or state employees can still give to CCHCC through payroll deductions by using the United Way's Donor Option Program. "We are encouraging supporters who use the Donor Option program to let us know about their donation," reminded Patt. "Since the United Way refuses to tell us who contributes to us through the Donor Option, we have no way of thanking our supporters or verifying their contribution." Persons using the Donor Option should also contact the United Way and encourage them to change their policy. The state and federal campaigns require that this information be available to the participating charities, and it's about time that the United Way be more responsive to the donors and charities it claims to serve.



## A Community Forum

## National Health Care: The Time is Now

**Tuesday, August 27**

**7:00 PM**

**Champaign Public Library Auditorium**

**Open to the Public -- Admission is Free**

Champaign County  
Health Care Consumers  
44 East Main, Suite 208  
Champaign, IL 61820

Address Correction Requested

Non-Profit Org.  
U. S. Postage  
PAID  
Permit No. 751  
Champaign, Illinois