

# HEALTH CARE CONSUMER

Winter

Newsletter of the Champaign County Health Care Consumers

1991

## Private Insurance Fuels U.S. Health Crisis

*This is the third part of a series about the growing momentum for a universal health care plan. This article examines the role of private insurance in escalating health care costs.*

Spiraling cost is the major impetus behind the growing support for a national health care system. In trying to understand why Americans are paying so much more for health care, an increasing number of experts are blaming a wasteful and inefficient private insurance industry for much of the problem.

Citizen Action, a national consumer group, recently documented the extent of the problem in a report titled "Premiums Without Benefits: Wast and Inefficiency in the Commercial Health Insurance Industry."

According to the report, for every dollar the commercial insurance industry paid in claims in 1988, the industry spent 33.5 cents for administration, marketing, and other overhead expenses. These non-medical costs were fourteen times higher than the comparable costs in the Medicare system, and eleven times as much per dollar of

claims paid as the Canadian health care system.

Citizen Action noted that a public program which attained the levels of efficiency of Medicare or the Canadian system could have provided the same amount of benefits, while saving the consumers and businesses served by commercial insurers \$13 billion. In Illinois, the savings would have been \$947.9 million.

Unfortunately, the roughly 30 cents difference per claims dollar in administrative, overhead, and marketing expenses between commercial insurers and public programs did not buy better health care. It paid for functions that are not necessary when coverage is provided by a comprehensive and unified public program. In order to lower its risks of paying claims and increase its chances of earning profits, each insurance company spends vast amounts of money on underwriting, marketing, and denying claims.

Underwriting divides people into narrow segments based on their probable need for medical care. The irresistible motive for segmenting is that each time an insurance company can find a segment likely to need medical care, it can charge higher rates or deny coverage altogether. This lowers the company's risk of paying claims. The commercial insurance companies spend a lot of money on marketing, aggressively competing with each other to insure those segments that underwriting has determined to be most lucrative.

**Bizarro**



Since the companies have so little control over medical expenditures and fees, they rely on expensive internal bureaucracies to reject claims submissions from groups or individuals once they are insured. The system is rational and indispensable for each company, but irrational and dispensable for the nation. Incredibly, the commercial insurance way of paying for health care leaves Americans spending more to deny people coverage than it would cost to provide everyone with coverage.

The report, based on documents filed by commercial insurance companies with regulatory agencies, noted that these findings represent only a fraction of the total waste attributable to the insurance industry. Not included in this estimate are the

### Coming Next Issue

- **1991 Legislative Initiatives**
- **Rising Drug Costs: Bitter Medicine**

*Continued on page 4*



# HMO Reforms Gaining Legislative Support

Aware of growing consumer concerns about HMOs, Representative Richard Mautino, chairman of the powerful Illinois House Insurance Committee, said there is strong sentiment for HMO reform. "I think the question of accountability and utilization data is most certainly going to come to the fore this year," Mautino said.

Although both local HMOs have denied consumers their right to provide input into HMO policy, Mautino's committee provided an opportunity for such input at a public hearing on HMO reform. On Tuesday, November 27, more than 70 people braved inclement weather to attend a public hearing held by the Insurance Committee of the Illinois House of Representatives. The Committee heard testimony on the HMO Reform bill, proposed this past spring by Representative Helen Satterthwaite.

The bill would eliminate conflicts of interest on HMO boards of directors, require HMOs to provide utilization data to groups that contract for coverage, and tighten utilization and financial reporting requirements on the quarterly reports filed with the Department of Insurance. CCHCC worked closely with Representative Satterthwaite in the drafting of the HMO Reform bill, and has been working tirelessly for HMO reform

during the past two years. More than a dozen people testified in favor of HMO reform. Proponents spoke of how consumer involvement and increased data reporting would allow employers and consumers to make informed decisions regarding their HMO coverage. Thomas O'Rourke, Professor of Health Studies at the University of Illinois, said that without

sentiment of many people at the hearing when he told the legislators:

"Ending the conflicts of interest on HMO boards makes sense. Allowing HMO members to have meaningful representation on the HMO boards makes sense. Making sure that non-HMO patients are not adversely affected by HMOs in their choice of treatment makes sense. Requiring the

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**...without comparative data, there is little "effective choice" for consumers trying to choose between the two local HMOs.**

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comparative data, there is little "effective choice" for consumers trying to choose between the two local HMOs. Several others testified about how the lack of consumer representation within HMOs left people out in the cold when they tried to resolve problems or correct deficiencies at their HMO. Several people told the Committee about grievances dragging on for nine months or more without a clear resolution. The timetable for settlement in the grievance procedure is no more than three months. Ed Ramthun of AFSCME summed up the

HMOs to provide utilization data makes sense."

The only dissenting testimony came from PersonalCare President Alan Mytty. Countering the argument that without comparative data consumers can't make informed choices between local HMOs, Mr. Mytty stated, "Choice is what HMOs are all about." He then proceeded to misinform the Committee that providing utilization data would add incredible expense, and that the data would not benefit consumers. However, he later acknowledged that the HMO had previously provided utilization information to the Department of Insurance, and still provided such information to CMS, which oversees health benefits for all state employees. Mr. Mytty also testified that requiring HMO boards of directors to be composed of people who did not have a conflict of interest would be an "affront" to the "free-enterprise" system.

In response, Chairman Mautino warned Mr. Mytty that his opposition to providing utilization data could eventually backfire. "I don't like people like me in the General Assembly or bureaucrats determining rates," explained Mautino. For that reason, he voiced his support for more accountability and access to utilization data, "because the only alternative is rate-making."



*Miriam Marx, HMO Task Force Chairperson, testifies before the Illinois House Insurance Committee during a hearing at the University YMCA.*



## Workplace Contributions

The following individuals have graciously volunteered to contribute to CCHCC through payroll deduction plans at their workplaces. If you also have signed up and don't see your name listed below, or if you'd just like more information on how to participate, please call us at 352-6533. Thanks again to all our contributors!

KATHRYN H. ANTHONY  
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MAYNARD J. BRICHFORD  
M.K. BRUSSEL  
JUDY CHECKER  
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JEAN DEICHMAN  
NANCY DIBELLO  
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MICHAEL VODKIN  
C.P. WEIBEL  
MARGARET WHELAN  
JOYCE WOLVERTON  
JAMES F. YOUNG

## Personal Care Meets with HMO Task Force

On Tuesday, November 20, PersonalCare President Alan Mytty met with members of the CCHCC HMO Task Force to discuss his plans to establish a Consumer Advisory Committee at PersonalCare HMO. The Task Force requested the meeting after Mr. Mytty responded to a Task Force inquiry by stating that PersonalCare would finally establish an Advisory Committee during 1991. The bylaws of PersonalCare have called for such a Committee since 1988. Although Mr. Mytty stressed that PersonalCare was not pressured into this decision, it's hard to believe that PersonalCare would have taken this step if we had not been pushing for more consumer involvement.

Although PersonalCare has taken a major step in deciding to establish a Consumer Advisory Committee, there are still some serious questions regarding how the Committee will operate. At our meeting, Mr. Mytty indicated that PersonalCare was leaning towards not providing HMO members with the names of the Committee members or access to the Committee meetings. He also said that the Committee would be randomly selected, with no guarantee that various constituencies within the HMO would be represented. If PersonalCare creates their Committee

in this manner, it will be just another "Stealth Committee."

Although the Task Force has achieved a victory in getting PersonalCare to establish the Advisory Committee, there is still important work to be done to ensure HMO members a real opportunity to express their views. As a follow-up to this meeting, the HMO Task Force sent Mr. Mytty a list of key principles that PersonalCare should incorporate in their Advisory Committees. These principles include: having the Committee made up of HMO members who want to be on the Committee and are aware their names will be made public; representation on the Committee for the various constituencies within the PersonalCare membership; public knowledge of the identities of the Committee members; and the opening of meetings to any interested HMO members. The HMO Task Force has scheduled a follow-up meeting with Mr. Mytty, in late February.

Finally, the idea of consumer input is gaining widespread public support. A late November editorial in the News-Gazette joined in the growing public outcry for real consumer input into HMOs, and criticized the idea of "Stealth" Advisory Committees.

## CCHCC Briefs

### MEDICARE 100/PLUS UPDATE

Since its inception, the Medicare 100 and Medicare Plus programs have had their ups and downs, but in the past few months, the only way the programs have been going is up.

Medicare 100 and Medicare Plus are proud to announce that seven new doctors have recently joined the program. They include: Dr. Peter Armstrong, a radiation oncologist at the Urbana campus; Dr. J.A. Gergern, a psychiatrist with Christie Clinic; Dr. Lawrence Gratkins, ob-gyn, also from Christie; and Dr. Ira Levenson, a cardiac thoracic surgeon from Covenant Medical Center. Also new to the program are pathologists Dr. Ramesh Ramanathan, Dr. Michael J. Slattey, and Dr. Sandhya D. Sarwate, from Covenant Medical Center. The Health Care Consumers would like to welcome them all to the Medicare 100 and Medicare Plus programs.

Many new members have joined the programs in the past few months, as well. Since October 1, 52 new members have joined, which is very exciting. We're hopeful that this number will greatly increase in 1991.

### RAFFLE

Steve Wasserman of Beardstown was the lucky recipient of two season tickets to Fighting Illini Basketball games as the grand prize winner of CCHCC's 4th Annual Raffle. Each year, CCHCC holds a raffle, raising funds to support the Consumer Health Hotline. This year's raffle was a great success, providing over \$900 for the Hotline.

The second prize of two tickets to the Illinois-Iowa game was won by James Hemphill of Champaign. A special thanks from CCHCC goes out to the Division of Intercollegiate Athletics at the University of Illinois, for donating the season tickets. Thanks also to all who supported the Hotline by either purchasing raffle tickets or being a volunteer ticket seller.



# Insurance

from page 1

profits of commercial health insurers, and the administrative, overhead, and marketing expenses of insurance firms for whom comparable state by state data is not available (most notably Blue Cross/Blue Shield). Nor are the administrative and paperwork costs that the insurance companies impose on doctors, hospitals,

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## The \$13 billion difference ... would have been sufficient to provide insurance coverage to 11 million Americans ...

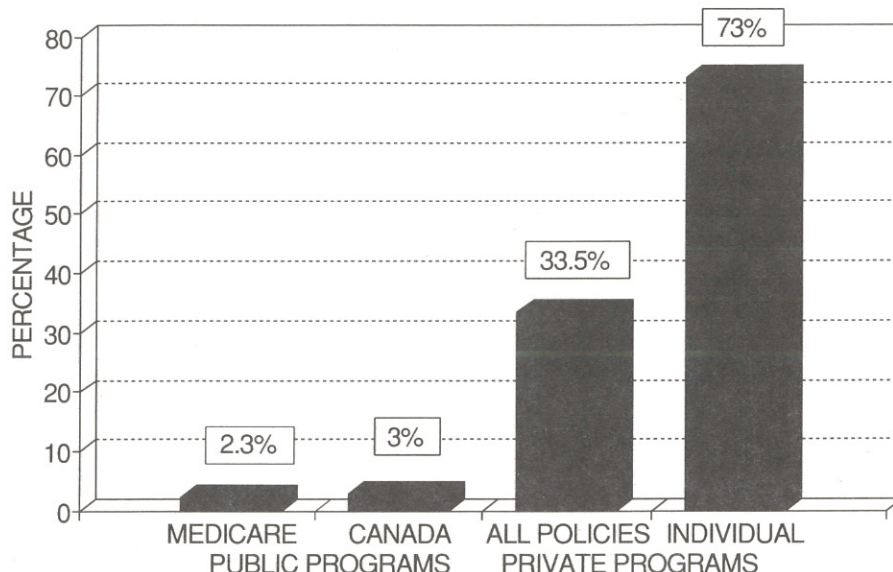
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businesses, and consumers counted. Finally, the kind of savings that nations with comprehensive public programs have been able to achieve by bargaining with doctors and hospitals for reasonable prices have not been estimated. A full accounting of social costs of the insurance industry would be many times the total presented in this report.

The major findings of the report are:

- Commercial insurance companies spent 33.5 cents to provide a dollar of benefits, fourteen times more than it cost Medicare (2.3 cents) and eleven times more than it cost the Canadian national health system (3 cents).
- Not including profits, commercial insurance companies spent \$14.9 billion to provide \$44.5 billion in health benefits, at least \$13 billion more than it would have cost had the same amount of benefits been provided by a system as efficient as Medicare or the Canadian national health system.
- Administration, overhead, and marketing costs amounted to \$316 for typical individual coverage under employer-provided plans, and \$675 for typical family coverage under

## OVERHEAD EXPENSES AS PERCENT OF CLAIMS (1988)



employer-provided plans. Had benefits been provided as efficiently as they are by Medicare or the Canadian national health system, the cost for an individual could have been reduced by \$281, and the cost for a family policy could have been reduced by \$599.

- Administration, overhead, and marketing costs were even greater for those who could not obtain group coverage. It cost commercial insurers 73 cents to provide one dollar of benefits to those who were not part of regular group plans. Workers for companies that do not provide health insurance, the self-employed, farmers, and those with preexisting conditions are some of the most common examples of people who cannot obtain standard group coverage.
- The \$13 billion difference between what it cost commercial insurers and what it would have cost a public program to provide the same benefits in 1988 would have

been sufficient to provide insurance coverage to 11 million Americans who had no insurance.

- Between 1981 and 1988, the administrative, overhead, and marketing costs of the commercial insurance companies increased by 93 percent, far more than the increase in premiums sold (73 percent) or benefits paid (77 percent). In other words, administrative, overhead, and marketing costs of the companies have increased even faster than health costs themselves, and now consume an even greater share of the premium dollar than they did in 1981.

The report concludes that a single-payer system would eliminate the waste in administrative costs and slash the paperwork burden of providers and consumers, resulting in estimated annual savings of \$50 billion nationwide. This system would allow the government, as insurer, to negotiate reasonable fees with doctors, hospitals and other providers, achieving the cost containment that has proven impossible to attain under the current patchwork system.



# CCHCC Opposes City Funds for Christie Clinic

CCHCC has challenged the Champaign City Council to oppose any financial requests from Christie Clinic, or its wholly-owned subsidiary, PersonalCare HMO. CCHCC's opposition is based on Christie's failure to achieve a formal resolution of the discrimination complaint filed against the clinic last year. The complaint charged Christie with dumping pregnant women who had applied for Medical Assistance funds to help cover prenatal costs.

Last November, Christie began discussions with the City of Champaign, seeking Tax Incremental Funding (TIF) for its \$3 million expansion project. In January, Dr. Youngerman, a staff member at Christie, requested \$714,000 from the city through TIF and Urban Development Action Grant (UDAG) funds. The request was for a downtown development project that proposed PersonalCare HMO as the primary tenant.

Christie requested these city funds despite their failure to settle a complaint for violating the city's Human Rights Codes. Last April, the Champaign Human Relations Commission voted to conduct an investigation into discriminatory Clinic policies. This vote came after CCHCC's charges of Medicaid discrimination led to testimony from women who had been denied care by their Christie doctors. Following the vote, Christie agreed to settle the

complaint, and requested terms of agreement from CCHCC. "Although we submitted our terms last July, it's interesting that CCHCC didn't hear a word from Christie until we sent a letter to the Champaign Mayor and City Council last November," explained CCHCC Task Force staff member Mary Kelly. The letter urged the city to withhold funds until there was an assurance that taxpayer's money would not be used to support a health care facility that denies access to its citizens.

Unfortunately, these problems could have been prevented. Five years ago, CCHCC approached the City Council when the city was considering a similar decision on financing a Christie expansion project. At that time, CCHCC requested that the city add an amendment to the Christie contract established under Council Bill 86-28. The amendment would have bound Christie to a guarantee that "(t)his health care facility makes its services available to all people in the community." Although CCHCC presented justifications for the necessity of the proposal, the city ignored CCHCC's concerns, and decided against the amendment.

Recently, CCHCC received notice from the City of Champaign that an initial settlement agreement is now being drafted. A meeting is scheduled in February between CCHCC, the City of Champaign, and Christie Clinic to discuss the draft.

# Hotline Volunteers Needed

You can provide a valuable service to our community by becoming a volunteer health advocate for the Consumer Health Hotline. Volunteers help fellow consumers resolve their problems, questions, and complaints about health care services and fees. No prior advocacy experience is necessary. CCHCC will train you in the necessary skills.

The Consumer Health Hotline was established in 1980. Since that time, the Hotline has helped an average of 50 consumers per month resolve their health care problems. Additionally, Hotline cases have often uncovered widespread problems within our state and local health care system.

In fact, many of CCHCC's issue campaigns were instigated following complaints to our Hotline. For example, a legislative package protecting the rights of nursing home patients was developed and passed in 1982 as a direct result of calls to the Hotline. Other issues relating to the confidentiality of psychiatric records, the early release of Medicare patients from the hospital, and the problems surrounding dental care for the poor all originated with calls to our Hotline.

Volunteers make up the foundation for the Hotline. Their knowledge and skills keep the Hotline running. You can become a Hotline volunteer by attending the next volunteer training session, scheduled for the week of February 18. Volunteers will be trained in such areas as basic problem resolution skills and effective advocacy, and will be provided with an overview of the resources available in Champaign County. Volunteers often work out of their homes.

You can play an active and much needed role in the Consumer Health Hotline by becoming a volunteer health advocate. If you are interested or would like more information, please contact Michele at 352-6533.

## Volunteers Needed

**FILING COORDINATOR:** CCHCC has outgrown its current filing system. We need an energetic individual to help us reorganize! Set your own schedule. Special project which would require less time as project progresses.

**RECEPTIONIST:** Assist administrative staff with office work. Pleasant phone manner and legible writing required. Once a week for two hours. Flexible schedule.

**CARPENTER:** Experienced individual needed to build sturdy wooden shelves for CCHCC office. Our current shelves are unstable and overstuffed! Work at your own convenience.

**CHILD CARE:** Responsible individuals needed to care for children during monthly board meetings. Meetings are held the fourth Thursday of each month at 7:30 PM and last for about two hours.



# Court: Midwifery Ban Unconstitutional

A recent court decision could be the first step in clearing the way for legalization of lay midwives in Illinois. The ruling was issued by federal district judge Harold Baker in September of 1990. In his ruling, Judge Baker declared that 2 paragraphs in the Illinois Medical Practices act of 1987, which prohibit "the practice of medicine in all of its branches . . . without a valid license," are unconstitutional because they are too vague.

The civil suit was filed by midwife Betty Peckman and her understudy, Kim Perry. In December of 1988, Peckman and Perry were charged with practicing medicine without a license. They had been performing the duties of midwives for clients who had

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**...over 1500 infant deaths in Illinois in 1986 could have been prevented if a regulated midwifery system had existed...**

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been denied care by a physician. The charges were filed by the local state's attorney in Taylorville, Illinois, after the delivery of a stillborn baby. The state's attorney prosecuted the case, even though the parents of the child were supportive of Peckman and Perry, and satisfied with their services.

However, the charges were temporarily dropped when defense attorney Bill Zukosky agreed to challenge the constitutionality of the law in federal court. Zukosky, a former CCHCC board member, filed the civil suit challenging the law in federal court in November of 1989.

Judge Baker's decision left midwifery in a sort of limbo; neither legal nor illegal, and completely unregulated. The court stated that midwifery could only be prohibited or regulated by specific enactment, but left many questions unanswered. Is midwifery legal in the state of Illinois? Should it be specifically prohibited? Nationwide statistics show that a

system of regulated midwifery could be beneficial to the state of Illinois. Illinois ranks 42nd out of 50 states in infant mortality, in a country with the worst infant mortality rate of the industrialized world. Many women do not have access to the prenatal care that is necessary for their babies' health because they cannot afford it.

The Illinois Alliance of Midwives (IAM) has compiled statistics that show that over 1500 infant deaths in Illinois in 1986 could have been prevented if a regulated midwifery system had existed at that time. IAM has established a certification process for midwives, which includes 27 months of training in prenatal care, delivery, and neonatal care. Midwives are trained to detect possible risk factors in patients that might make home delivery dangerous, and those patients who are at high risk level are referred to physicians and hospitals. Because midwives work with low risk patients, they have a much lower ratio of malpractice suits brought against them than other physicians, and so can keep their rates comparatively low. Another advantage to midwifery is that it provides more personal care; midwives spend more time with each client than physicians.

Making the practice of midwifery fully legal by setting up a regulatory system could be of great benefit to the people of Illinois. It would attract more people to the profession of midwifery and provide cost effective care for women who otherwise would not have had the option of home birth or who would otherwise not be able to afford adequate care. The implementation of such a system also could substantially lower Illinois' infant mortality rate.

However, the fight to legalize midwifery beyond the current nurse midwifery definitions will not be easily won. Many health professionals are opposed to lay midwives, even though they have an excellent track record in other states where lay midwifery is legal.

## Volunteer Spotlight

Helping people and working for change are two reasons why Alice Lee enjoys volunteering. An active CCHCC volunteer for about 3 months, Alice has helped with a variety of jobs from her home. She picks up work at CCHCC's office and returns it when she is done. Even during the icy weather, Alice was a reliable source of volunteer support.

Alice's desire to help people carries over into her love for children. Before moving to Champaign, she taught grades three and four in Quincy, Illinois. Since coming here, she has provided home day care, and is currently kept very busy with three children of her own.

Alice first became aware of the Health Care Consumers through an article in the newspaper. With three children, Alice and her husband are deeply concerned about the rising cost of health care. From her perspective, volunteering is one way that Alice is able to make a difference. Her generosity and commitment have brought a positive attitude to the volunteer program.

We have just one last thing to say . . . THANKS, ALICE!



Alice Lee



# CCHCC Announces Consumer Health Investigative and Research Fund

Throughout its history, CCHCC has uncovered and documented a wide range of abuses within the health care system. CCHCC reports and studies have led to policy changes at local medical institutions, spurred legislative initiatives in the state capital, and served as a model for consumers in other communities around the nation. To meet the growing demand for consumer oriented analysis of health issues, CCHCC's Board of Directors voted to establish the Consumer Health Investigative and Research Fund.

The Fund will be used to augment CCHCC's investigative efforts by earmarking specific contributions from individual donors and foundations to support research and publication of consumer oriented reports and publications. These new resources will be used to underwrite the costs of producing the reports, including research stipends, printing, and distribution. In addition, the Fund will be used to explore ways to maximize our limited resources through new projects and programs.

**Research Stipends/Awards.** One of the initiatives we will implement through the Fund will be the awarding of research stipends for reports published by the Fund. Currently, CCHCC often lacks the resources to initiate research on the wide range of issues that are brought to our attention. Through the awarding of small research stipends and awards, CCHCC seeks to expand the number



*Claude and Ian Hobson perform during a champagne reception benefitting the Consumer Health Investigative and Research Fund. (see sidebar below)*

of new research projects that are undertaken in a given year.

**Endowments.** It is our long range goal to raise enough money to enable most of the Fund's operating expenses to be paid for by interest income. To achieve that goal, no more than 50% of the contributions made to the Fund in any given year will be spent in that year. As a result, at least half of all the funds raised each year will be set aside to help build a base for ongoing support of Fund programs.

To successfully realize our goal of making the Consumer Health Investigative and Research Fund a self-supporting project, CCHCC is seeking significant contributions from individual donors and foundations.

## Champagne Benefit

CCHCC's Consumer Health and Investigative Research Fund received a gala start with a champagne reception this past December. Internationally known pianist Ian Hobson and his wife Claude performed during the benefit, which was held at the Levis Faculty Center.

Mr. Herb Stevens of Paxton, Illinois pledged \$5,000 to help CCHCC start the Fund. A former newspaper publisher, Mr. Stevens has been an active philanthropist for many years, and a supporter of CCHCC for over a year.

Mr. Rob Wynstra of Urbana has also generously donated a total of \$2,000 to help start the Fund.

In addition to thanking these donors, CCHCC also would like to gratefully acknowledge the assistance of: Piano People, which donated the use of one the pianos; the Afro-American Cultural Center, which cosponsored the reception; and Claude and Ian Hobson, for their wonderful performance. Mr. Hobson is the founder and Music Director of the Sinfonia de Camera. Thanks again to all who helped make the evening so successful.

## 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





# A Statewide Conference on Women and Health

## Annual Conference and Awards Dinner

**Saturday, March 16, 1991**  
**Jumer's Castle Lodge**  
**Urbana, Illinois**

As we enter 1991, we enter a new age of health care awareness. More than ever, consumers are taking an active role in being responsible for their health and the issues that go along with it. Women's health care issues in particular are becoming an area of increasing concern.

In recognition of this, CCHCC's Annual Conference and Awards Dinner has adopted the theme "Our Lives -- Our Choices: Women Defining Health and Healing." And in a special tribute, CCHCC's Board of Directors has voted to give our annual Consumer Leadership Award to the Boston Women's Health Book Collective on the 20th anniversary of the publication of their book **Our Bodies, Ourselves**. Accepting the award will be Norma Swenson, a member of the collective for more than 20 years, and contributor to other Collective publications, such as **Ourselves and Our Children**.

In planning this year's conference, we have taken a new approach by recruiting over 30 women's and health care groups from around the state to be active cosponsors. With 15-20 representatives from different organizations, the conference will offer 12 different workshops on a variety of issues, including: body image, reproductive technology, research and rights, women and aging, Medicaid discrimination, and women facing AIDS. There is no charge for the conference, and all are encouraged to attend.

Among the other award winners will be State Senator Penny Severns (D-Decatur). A sponsor of the Universal Health Care legislation here in Illinois, Senator Severns has been a



*Members of the Boston Women's Health Book Collective*

leading advocate on women's issues. We will also be honoring the winner of CCHCC's Volunteer of the Year, Community Service, Provider of the Year, and Golden Bedpan awards.

The Conference and Awards Dinner will be held on Saturday,

March 16 at Jumer's Castle Lodge in Urbana. Conference registration begins at 11:00 AM, with panel discussions running from 12:30 until 5:00 PM. The Awards Dinner will be held later that evening. For more information, call CCHCC at 352-6533.

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