

HEALTH CARE CONSUMER



Spring

Newsletter of the Champaign County Health Care Consumers

1992



Senior Citizen Task Force members watch as local pharmacist Art Skelton signs prescription drug discount contract.

Senior Task Force Upgrades Prescription Drug Benefits

According to the General Committee on Aging of the U.S. Senate, the price of prescription drugs shot up over three times as fast as prices in general. Between 1981 and 1988, the Consumer Price Index rose 28%, but during the same period, drug costs jumped a whopping 88%.

To combat these increases, CCHCC's Senior Citizen Task Force has announced major improvements in the prescription drug benefits for the 1800 members of CCHCC's Medicare 100 and Medicare Plus programs.

Although the Task Force introduced Prescription Drug Benefits for these programs in 1985, huge increases in drug prices, combined with greater competition among local pharmacies, had reduced the actual benefits.

"With greater competition, many of our members found that they could get certain drugs cheaper at the large chain stores," explained Task Force Chairperson Leonard Wirges. "This contract not only reduces the prices members pay to purchase their prescriptions, but actually guarantees to match the lowest prices in town."

The new contract was signed with the Medicine Shoppe and Schnuck's Pharmacy, both located in Champaign. Under the old contract, prescriptions were available at \$1 over the Average Wholesale Price (AWP); the new contract provides prescription drugs at 5% **below** the AWP. Furthermore, both pharmacies have agreed to offer: 1) a 10% discount on over-the-counter drugs; and 2) free delivery in Champaign-Urbana, with free mailed delivery to other areas.

The new contracts were the result of over 4 months of hard work by the Task Force. Last August, members sat down and developed a list of improvements in the Prescription Drug Benefit for Medicare 100 and Medicare Plus members. Next, the Task Force contacted all the pharmacies in our area, inquiring as to their interest in signing a contract to offer discounts to program members.

"There were five pharmacies that were interested in participating,"

Health Care Proposals Flourish

As the health care crisis grows and politicians feel pressure from their constituents to reform the health care system, an increasing number of politicians are calling for passage of a national health care program. Unfortunately, not all national health care programs are created equal.

"Some proposals are designed to meet the needs of the consumers, and others protect the self interest of those profiting from our crisis," according to Health Care Consumer member Mary Glasgow, who urges people to learn more about the differences between each of the proposals.

There are about three dozen health care proposals in Washington, DC right now. Most fall into one of three categories:

Single Payer: According to the General Accounting Office, a single payer plan is the most effective in controlling costs. As a result, these

plans usually offer the broadest coverage, with little or no out-of-pocket costs to consumers. Most of these proposals draw from the experience in Canada, which adopted a publicly financed system in the early 1970s.

Using the government as a single payer, health care dollars and resources are invested where they have the greatest impact. Under our current system, health care dollars are spent and invested where they will produce the most profit. Although this is good for those in the business of health care, it squanders valuable resources, leaves many without protection, and drives up costs.

The vast majority of consumer advocacy organizations support single payer proposals, as well as many churches, labor unions, and even health care providers. However, the

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HRC Fumbles Christie Investigation

Just one month after voting to move forward with its investigation of Christie Clinic, the Champaign Human Relations Commission reversed itself by suddenly voting to close the investigation at its December meeting. The maneuver outraged community and religious leaders, who have now joined with the Health Care Consumers to end discriminatory practices at Christie Clinic.

"The Commission has failed to fulfill its responsibility to the community and has abandoned those it was established to protect," according to the Rev. Simmons of the Greater Holy Temple Church. Rev. Simmons' church hosted a news conference releasing a "Report Card" on the Commission's so-called 'investigation' into charges that Christie discriminates against Medicaid patients.

The report card underscored the fact that the Commission never actually conducted an investigation, despite a committee report that it

found no evidence of discrimination on the part of Christie Clinic. The Commission received an "F" in four major areas (see below).

In response to the criticism, Commission members indicated that the City would still pursue individual complaints filed against Christie. But within weeks, the City had already prohibited one of the original complainants from filing.

When Corina Ramsey first testified before the Commission in April 1990, she explained how she was dumped by Christie during her fifth month of pregnancy. At that time, Corina was informed by the Commission that it was not necessary to file a written complaint, because the Commission was authorized to initiate a "class based investigation" into "areas of possible discrimination which might come to the attention of the Commission although there is no individual complaint." (Code, 2.528.10)

But one and a half years later, the Commission insisted that the Medicaid

patients must file individual complaints before they would take any action. At their request, Ms. Ramsey sent a notarized complaint to the HRC from her new residence in Mt. Home, Arkansas. However, soon after filing the complaint, Ms. Ramsey was informed that the Commission was rejecting her complaint because too much time had elapsed.

"It's a classic example of the Catch-22 procedures the Commission has created to avoid doing their job," argued Health Care Consumer Board Member Hollis Glaser. "It's obvious to everyone that they are afraid to take a closer look at Christie's policies."

With the Commission once again finding ways to drag its feet, the Health Care Consumers has begun plans for a broad, community-based campaign to bring an end to discriminatory policies at Christie Clinic. As stated by Rev. C. O. Nash, President of the Ministerial Alliance, "We need to see the problem for what it is ... and get down to business."

REPORT CARD ON HRC 'INVESTIGATION' OF DISCRIMINATION AT CHRISTIE CLINIC

I. BACKGROUND INFORMATION

"F"

III. GATHERING DOCUMENTS AND RECORDS

"F"

Did the Commission request or seek the following information?

- | | |
|--|----|
| a) Christie Clinic policies regarding patient acceptance? | NO |
| b) Variations in acceptance policies for different types of patients (HMOs, Medicaid, Medicare, etc.)? | NO |
| c) Criteria for accepting or rejecting patients seeking care at Christie? | NO |
| d) How patient acceptance policies are established at Christie Clinic? | NO |
| e) An explanation of why Christie's Medicaid patient load dramatically increased in the past 2 years? | NO |

Did the Commission request or subpoena the following documents?

- | | |
|--|----|
| a) Internal memoranda on patient acceptance or scheduling policies? | NO |
| b) Staff directives or correspondence pertaining to Medicaid patients? | NO |
| c) Records concerning patient acceptance procedures? | NO |
| d) Appointment records from clinic departments? | NO |

II. INTERVIEWS

"F"

IV. DATA ANALYSIS

"F"

Did the Commission contact, interview, or take depositions from the following individuals familiar with Christie policies or practices?

- | | |
|--|-----|
| a) Victims or complainants? | NO |
| b) Former Christie physicians? | NO |
| c) Nurses at Christie clinic? | NO |
| d) Other physicians in the community? | NO |
| e) Christie receptionists or billing clerks? | NO |
| f) Social service or health care agencies? | NO |
| g) Christie CEO Robert Thompson? | YES |

Did the Commission conduct an independent analysis of Medicaid data?

- | | |
|---|-----|
| a) Request data from Dept. of Public Aid regarding: | |
| • # of Medicaid recipients in Champaign County? | NO |
| • Medicaid acceptance rates in the county? | NO |
| • physician specific data on Medicaid services? | NO |
| b) Request Medicaid data from other providers? | NO |
| c) Request Medicaid data from Christie Clinic? | YES |
| d) Verify data from all health care providers? | NO |
| e) Analyze Medicaid data from various sources to: | |
| • identify patterns in Medicaid acceptance? | NO |
| • determine distribution of Medicaid patients? | NO |
| • determine any patterns of discrimination? | NO |
| • evaluate any other information collected? | NO |
| f) Seek Christie's analysis of their data? | YES |

HRC Comes Under Fire

As if the debacle of the Christie Clinic investigation wasn't enough, the Champaign Human Rights Commission recently created another controversy when it failed to punish a landlord it found guilty of housing discrimination. This most recent controversy once again filled the city council chambers with angry community members, who harshly criticized Commission members at their March meeting.

Nearly twenty community leaders spoke out, including Cleveland Jefferson, President of the Champaign County NAACP, who expressed concern that the HRC's actions "sent a signal throughout the community that it's OK to discriminate and nothing will be done."

"Shame on you! Do your job!" challenged Maria Somma, program coordinator for the University YMCA.

Imani Bazzell, CCHCC Chairperson, pointed out that "what happened with Christie is not unique. It's part of a systematic problem -- the same kind of flawed decision making over and over again...an example of institutional racism."

"Send the right message to the community. If we don't, we're going to see trouble. People can only tolerate this action for so long," warned Rev. Charles Nash, President of the Ministerial Alliance.

Several organizations helped organize the turnout for the meeting. The Health Care Consumers were joined by the C-U Tenant Union, Ministerial Alliance of C-U, Urban League, NAACP, National Organization for Women (NOW), Concerned Citizens for a Better Neighborhood, Minister's Wives

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Calling for Health Care

Health Care Consumers is announcing a new program that will help our members save money and support the Health Care Consumers at the same time. Through a unique program offered by Affinity Fund, you can now save substantially on your long distance phone bill, and have a percentage of your bill donated to the Health Care Consumers each month.

How is this possible? Deregulation has created many great opportunities in the long distance marketplace.

Today, there are more programs offering better service at lower prices than ever before. There is one program however, that stands above the others. It was created to operate, not alone ... but as a partner with non-profit organizations. It relies on the strength of relationships, which is why it is called Affinity.

The Affinity Fund was established specifically to help charitable organizations such as the Health Care Consumers. By purchasing in volume, Affinity obtains its service at a major discount ... and passes the savings on to you. And while other long distance service providers bill your calling time

rounded to the next minute, Affinity offers you billing in six-second increments. That means you pay only for the time you use, adding to your savings. Finally, by marketing its long distance service through non-profit groups, which offer the service as a membership benefit, Affinity avoids spending millions on advertising.

The result? Savings of 5% to 35% over the most readily available AT&T, MCI, and US Sprint programs for our members, and additional resources for Health Care Consumer programs.

In these harsh economic times, we all need to save money wherever we can. At the same time, as the health care crisis intensifies, the work of Health Care Consumers is more important than ever before. This program is a unique opportunity for us to help each other.

Dozens of Health Care Consumers members have already signed up for this new benefit. The process for enrolling in this program is simple. For more information on this exciting new program, call John Soloman at 352-6533.

CCHCC Briefs

Board Members Honored

Two Health Care Consumer board members were recently honored for their contributions to our community. Ms. Mamie Smith was honored by the local Black churches in a special ceremony on February 29. Ms. Smith, who will turn 80 this year, and has been a board member since 1979, was singled out for her endless efforts on local social justice issues. Earlier in February, CCHCC board member Esther Patt received the Racial Justice award during the Black Women's Achievement Dinner, for her work as Executive Director of the Champaign-Urbana Tenant Union. Our congratulations to both -- we're proud to be associated with you.

Public Interest Fund Gains Momentum

As mentioned in earlier newsletters, Health Care Consumers has joined with 18 other organizations across the state to form the Public Interest Fund of Illinois (PIFI). PIFI will be a new payroll deduction option available to employees. The Fund is in the process of collecting the 4,000 signatures from state employees required to be eligible as a payroll deduction for state employees next fall. The signatures are due April 1. Everyone circulating petition sheets should return them to CCHCC as soon as possible.

CCHCC Board Election

As a member of Health Care Consumers, you have the opportunity to elect the organization's Board of Directors. A ballot is enclosed with this newsletter, along with biographical sketches of the candidates. We encourage all Health Care Consumers' members to take a minute, read the candidate sketches, and cast your vote. The results will be announced in our next newsletter.

Comparisons

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most powerful special interest groups, from the AMA to the insurance industry, have lined up against it, and have invested millions in PR campaigns aimed at scaring the public.

Play or Pay: These proposals seek to ensure coverage for a greater segment of society without fundamentally altering how we pay for health care. By relying on an inefficient and wasteful system, most of these proposals project smaller cost savings, require new dollars to provide broader coverage, and include out-of-pocket expenses for consumers.

The main thrust of play or play proposals is that all employers are required to offer a minimal health care plan to all employees (play), or pay a tax that is used to partially finance a public health insurance system that offers coverage to everyone without insurance, usually on a sliding fee scale. Many of those in favor of a play or pay proposal argue that this compromise is a necessary step toward a single payer system. They contend that the special interests are too entrenched, and must be accommodated.

But consumer advocates argue that the play or pay approach is doomed to fail. First, it forces businesses and the government to purchase services from an inefficient and wasteful system, without any real mechanisms to control skyrocketing costs. Second, it guarantees that we will have a two-tier health care

acknowledge that not everyone will be covered or able to afford health insurance even with these incentives, but oppose greater government involvement.

Critics charge that this approach is completely unrealistic, and fails to recognize the depths of the crisis facing American families. The

"...we need to ask candidates exactly what kind of health care reform they support."

system, where nearly half the population will be forced into a bare bones public program that relies on tax dollars.

Free Market: These proposals seek the least amount of change in our current system, and usually have the largest price tag associated with them. In general, these proposals offer financial incentives to encourage consumers to buy health insurance.

The types of incentives vary widely. Some offer tax credits, others propose a voucher system, and still others suggest the use of medical IRAs. Supporters of these proposals argue that our health care system is fundamentally sound. They

greatest shortfall is that if these incentives are to remain viable, they must increase at the same rate as medical costs. Unfortunately, by failing to control medical costs, critics argue that we will be right back where we are now in a couple of years. By that time, we will be spending nearly one trillion dollars a year on health care.

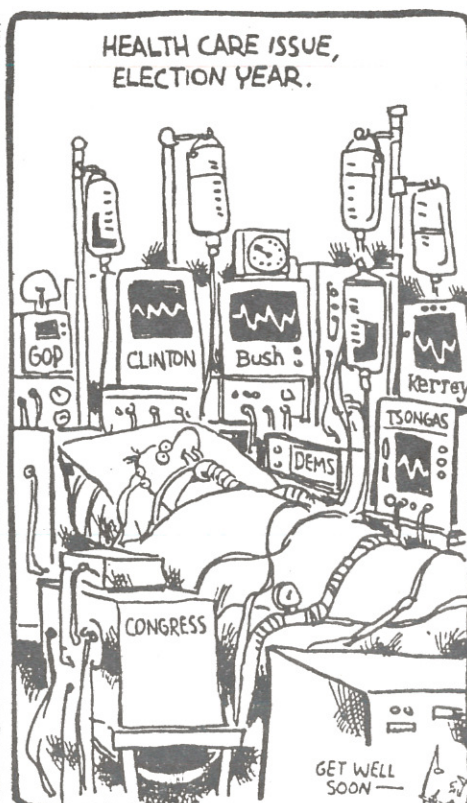
"During this election year, it seems like everybody is for health care," said Glasgow. "But it is important that we be able to distinguish the difference between proposals. As voters, we need to ask candidates exactly what kind of health care reform they support."

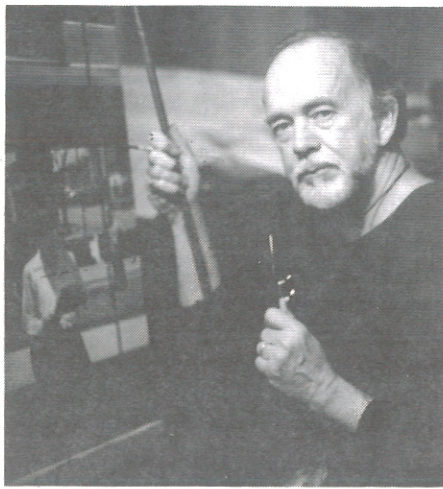
HRC

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Alliance, YWCA -- Women Working for Progress, American Civil Liberties Union (ACLU), Burch Village Resident Council, and the Campaign for Better Health Care. Also present were representatives from the U of I Student Government Association, which has passed a resolution condemning the HRC.

Although the angry response convinced the Commission to reconsider its decision in April, most of those in attendance were skeptical of their intent. "The vote to reconsider is definitely a victory. But I am still concerned as to how the Commission will act in the future," said Esther Patt of the Tenant Union. "For now, the Tenant Union cannot refer clients to the City, because we do not have confidence in the Commission's ability or willingness to fairly hear a discrimination complaint."





Billy Morrow Jackson

Artist Adds Voice to Crisis

Nationally acclaimed artist Billy Morrow Jackson will soon be offering his views on the American health care crisis in a poster he is designing for the Health Care Consumers.

Mr. Jackson, who received national attention for a series of political posters he did during the civil rights movement, has never shied away from making a political statement with his art. Jackson, who is an Emeritus Professor at the University of Illinois, agreed to design

the poster when friend and CCHCC board member Gary Adelman spoke to him about it last fall.

"We're thrilled and honored that someone with Billy Morrow Jackson's stature and reputation is making such a substantial contribution to our organization and the cause of better health care for all," explained CCHCC Executive Director Mike Doyle.

The poster will be unveiled on Saturday, April 25 at CCHCC's Annual Conference and Awards Dinner.

Town Meeting Targets Universal Health Care

"Our health care system is the wonder of the western world," said Signe Gleeson of the Illinois Nurses Association. "They wonder how we tolerate a system where hospital patients without insurance die 3 times more often than those with insurance."

Ms. Gleeson made her remarks at a town meeting sponsored by the Universal Health Care Task Force and the YMCA on February 19.

About 75 people attended the meeting to discuss national health care. Many in attendance shared their own personal stories of how the health care crisis has affected them.

Mary Glasgow told the story of her granddaughter Lisa's birth in Germany. According to Mary, "Lisa was born 16 weeks prematurely, and required 8 weeks of intensive care and some major surgery. She was in the hospital for most of her first year, but my son only had to pay about \$2.50 a day for the intensive care."

Marina Manetti spoke of her experience in an emergency room after receiving a head injury in a car accident. "When I told the hospital workers I didn't know if I had insurance," said Marina, "they left me bleeding on a stretcher for four hours before stitching up my wounds and taking X-rays of my head. When I went in two days later for a follow-up examination, I asked for copies for my father, who is a pathologist. The doctor's attitude changed immediately when he learned that my father is a physician, and he suddenly began

prescribing more tests, and treated me with much more respect than before."

Eleanor Gornto discussed the fears of senior citizens, saying "I'm one example of how people can fall through the cracks. One group of people in this country that has a serious deficiency in health insurance coverage is the people who are not in the Social Security system. My medical expenses for the year are \$2,600 -- that's very expensive, especially for someone on a limited income."

care crisis, and presented summaries of different proposals. Ms. Gleeson expressed a preference for the single payer health care plan introduced by Congressman Marty Russo, rather than the "pay or play" proposal from Senate leader George Mitchell. However, Ms. Gleeson encouraged attendees to look beyond even these proposals. "In addition to changing how we finance health care, we also need to re-examine the delivery system. We need more emphasis on community based care with direct



About 75 people attended the February 19 town meeting on universal health care.

Rev. Albert Nash, president of the area Ministerial Alliance, reminded attendees that the fight for our nation's health care system must take place at local, as well as state and national, levels.

After the testimony, Ms. Gleeson spoke briefly of the national health

consumer control."

The Universal Health Care Task Force would like to thank everyone who took part in the town meeting, especially David Eisenman of the YMCA, who moderated the event. Special thanks also to those who testified, and Maria Somma, who helped organize the event.

Anxiety Increasing Over Breast Implants

The recent controversy surrounding the use of silicone breast implants has many women in this country terrified, and with good reason. Two million women have had the implants placed in their bodies since the implants became available in the 1960s. Recently, some shocking information was made public:

- Scientists at Dow Corning, the leading manufacturer of silicone breast implants, acknowledge that they had no long-term data to prove that implants are safe.
- Silicone breast implants routinely bleed silicone into women's bodies, even though there are no tears or ruptures of the implant.
- A growing number of women with the implants have developed debilitating autoimmune illnesses, crippling arthritic conditions, scleroderma (a fatal disorder in which the body's connective tissue hardens), and allergic reactions.
- Forty percent of the women who receive the implants experience painful hardening of their breasts, which often requires repeated surgery or other painful treatments to correct.

The experience of one local woman represents a typical case of the problems with the implants. When she received the implants to correct a deformity, she questioned her plastic surgeon about the risks involved. She was told of the possibility of her breasts hardening, but was told there was no risk of cancer or disease. The only risks were the usual ones associated with anesthesia and secondary infection from the surgery.

In 1989, just one year after having breast implants, this woman began experiencing arthritic symptoms, sustained a thirty percent hearing loss, discovered very swollen lymph nodes near her breasts, and lost most of her energy. Once an avid cyclist, she was no longer able to endure long bicycle rides as before.

Not until April 1991, while listening to a news interview in which a doctor explained that 30% of polyurethane coatings on silicone breast implants break down in the first year, did she

begin to question the safety of her implants. She was concerned not only by the fact that the chemical produced by the breakdown had been linked to liver cancer, but also by how the silicone could affect her body once the coating began to deteriorate. When she approached her physician about the problems she was experiencing, it was dismissed as a sinus infection. Unhappy with that explanation, she began her own research. Shocked by what she found, she decided to have the implants removed.

Unfortunately, there are only 12 doctors in the country recommended by the Public Citizen Health Research Group to remove the silicone breast implants. Eventually she was able to find a doctor in Ohio who removed the implants. Afterwards, the doctor informed her that she had made a wise decision, because her body was rejecting the implants and white blood cells were surrounding them. She also had a precancerous condition beginning to form.

Since the surgery, most of her symptoms have disappeared. However, she is very angry that the medical profession allowed her to do so much damage to her health. As she said, "Women need to demand that physicians educate themselves about the risks of the silicone

implants. They don't know what they are doing to women's bodies."

Currently, Congresswomen Mary Rose Oakar (D-OH) and Marilyn Lloyd (D-TN) have introduced legislation (H.R. 3783) that would require states receiving federal funds to enact laws requiring doctors to inform women of the risks associated with the silicone implants.

In the meantime, the Food and Drug Administration (FDA) has placed a moratorium on the use of the implants until a final ruling can be made. However, Public Citizen's Health Research Group claims the moratorium is inadequate, and has called on the FDA to ban the use of the implants and issue a recall of all silicone implants.

For more information regarding silicone breast implants, contact:

Silicone Disease Network
Judy Taylor
(803) 787-5294

The Command Trust Network, Inc.
PO Box 17082
Covington, KY 41017
(606) 331-0055

Health Research Group
Silicone Gel Clearinghouse
7th Floor
2000 P Street NW
Washington, DC 20036

Volunteers Needed

Calling all volunteers! Your help is needed with one of our biggest events of the year: CCHCC's Annual Conference and Awards Dinner.

Last year over 100 volunteers contributed hundreds of hours to make it one of our most successful ever. This year, we'll be celebrating our 15th Anniversary, and we'd like to make it a special affair.

There are nearly a dozen different ways you can help. Some volunteers help sell dinner tickets, while others approach local businesses, organizations, and agencies about taking out an ad in our program book. Dozens of

volunteers are needed to make phone calls, both to recruit new volunteers and to encourage attendance. Still more volunteers are needed the day of the conference and dinner, to provide transportation, help with registration, or other tasks. In the past, volunteers have also helped with publicity by putting up posters.

Whatever your interest or time limitations, we're sure we can find a task to meet your needs. If you're willing to lend a hand, please call CCHCC's Volunteer Coordinator, John Gifford, at 352-6533.

Advocate's Advice: Obtaining Your Medical Records

Each day, CCHCC's Consumer Health Hotline receives several calls from consumers in need of help. Our Advocate's Advice column is a regular feature aimed at sharing information on some of the most common calls to the Hotline. This issue focuses on access to your medical records.

The closest many people get to viewing their medical records is peering over the doctor's shoulder while getting dressed after an examination. Unless you are talented enough to decipher physician scrawls from that distance, his notes will remain a mystery. Fortunately, state laws give consumers some rights concerning access to their records.

In the past, a person would have found it easier to access CIA files through the Freedom of Information Act than their own medical records. Historically, physicians have argued that patients might misunderstand the information, or try treating themselves. Recently, however, the opposite has been found to be true. One study showed that patients who were given copies of their records were more apt to follow specific recommendations for medications. The majority of patients also reported changes in patterns of living, eating, or drinking.

Besides taking a more active role in our own health care, another reason we should have access to our medical records is to check for errors. Inaccuracies or outright mistakes in the records could prove costly when applying for an insurance policy or employment. While filling out various applications, we routinely sign a

consent form releasing our medical records. Only if we are able to see our own record before allowing anyone else to view it, can we correct any mistakes in the data, to ensure that the information released is accurate.

With hospitalization costs constantly on the rise, some consumers are requesting copies of their records to help correct billing errors. By comparing your hospital record to an itemized hospital bill, you can eliminate incorrect charges for services or supplies never received.

According to Illinois law, both hospitals and physicians must disclose the information on a patient's medical record to the patient without requiring the patient to go to court. While the records themselves are the property of the health care provider, the information contained within the records belongs to the patient.

Hospitals are required to permit "the patient, his physician or authorized attorney to examine the hospital records, including but not limited to the history, bedside notes, charts, pictures, and plates" and permit copying of records at the request of the patient, his physician, or attorney (Ill. Ann. Stat. ch. 51, Section 71).

A **physician** is, by law, required to allow examination and copying of a physician's records by a patient's physician or authorized attorney, but is not required to provide direct access for the patient. The records include, but are "not limited to those relating to the diagnosis, treatment, prognosis, history, charts, pictures and plates." A request for access to

records must be made in writing. The physician must respond within a reasonable time, and the requestee must pay reasonable expenses of examination and copying (Ill. Ann. Stat. ch. 51, Section 73).

It should be noted that, although this statute does not require a physician to provide the patient with direct access to their medical records, it also does not prevent a physician from giving the patient access. Many local physicians allow this.

Mental health records are specifically excluded from the Act by a separate statute (Il. Ann. Stat. ch. 51, Section 72), but the recently enacted Mental Health and Developmental Disabilities Confidentiality Act takes precedence in cases of conflict. This act allows the patient, as well as others authorized by the patient or guardian, to inspect and copy the patient's records. However, the therapist's personal notes are excluded if such notes are for the therapist's own personal use.

Optometrists are required to provide copies of all records, including prescriptions, to patients upon receiving a written request from the patient. (Ill. Rev. Stat. ch. 111)

If you want to obtain a copy of your medical records, CCHCC's Consumer Health Hotline has a packet to help you. For a copy of that packet, or if you are denied access to your medical records, please call the Consumer Health Hotline at 352-6533.

Prescription Drug Benefits

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explained Task Force Organizer Kathryn Danyluk. "But when it came down to signing a contract, only the Medicine Shoppe and Schnuck's were willing to guarantee these benefits in writing. We may add another pharmacy or two in the near future, but we wanted to have the benefits in place by the start of 1992."

If you'd like more information on any of the new benefits, please contact Kathryn 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



Although the elderly are often portrayed as frail and vulnerable, senior citizens are one of the greatest assets in society. With the experience and knowledge of a lifetime, older Americans are a source of inspiration, representing the changes in our past and the challenges of the future. Like a strong, mature tree, with roots firmly planted and branches that bend with the wind, older Americans are the reflection of a process that never ends, but simply changes.

To honor the contribution of older Americans and explore the health care issues they face, CCHCC's 15th Annual Conference and Awards Dinner has adopted the theme "Health And Aging: Challenging the Myths, Changing the Future." The conference, co-sponsored by nearly 20 organizations, is designed as a celebration of older citizens and their achievements, and an examination of the health care issues affecting them.

The conference will offer nine workshops on various issues, with the goal of promoting greater involvement. Some of the workshops include:

Universal Health Care - Senior citizens are currently leading the fight for a national proposal that will make health care affordable for all citizens. This workshop will show ways seniors can get involved in this vital issue, as well as review current proposals.

Medications and Drugs - Senior citizens from Indiana will discuss their campaign to make drug manufacturers more accountable for the skyrocketing cost of medications, while local pharmacists will speak on the hazards associated with medications.

Long Term Care - The financial burdens of long term care can devastate a family, both emotionally

A Statewide Conference on Health and Aging

Saturday, April 25
Jumers's Castle Lodge
Urbana, Illinois

and financially. This workshop will address legislative initiatives, how to select a nursing home, and the rights of nursing home residents.

Health Issues for Older Women

- Older women face unique physical and emotional changes as they age. This panel will address these issues, sharing options by which older women can cope with these constant changes.

Legal Issues - Advanced medical technology has raised many ethical and legal issues. This workshop will sort out some of these issues and provide hands-on advice on topics like living wills and power of attorney.

Health Insurance - In an effort to protect senior citizens from insurance ripoffs, a new law requires that all Medicare supplement policies offer specific types of coverage. How will these changes affect you? Do we need more fundamental reforms?

After the conference, CCHCC will hold its Annual Awards Dinner, marking the organization's 15th anniversary. Leading the list of award winners, State Rep. Jan Schakowsky will receive CCHCC's Legislator of the Year Award. Rep. Schakowsky had served as Executive Director of the Illinois State Council of Senior Citizen for 6 years before being elected to the legislature in 1990. As a freshman legislator, Rep. Schakowsky played a



State Representative Jan Schakowsky

key role in the fight to save the Pharmaceutical Assistance Program, which helps thousands of seniors afford prescription drugs, and also co-sponsored universal health care.

Other awards include Provider of the Year, Excellence in Health Care Reporting, the Golden Bedpan Award, and the CCHCC Leadership Award.

The Conference and Awards Dinner will be held Saturday, April 25 at Jumer's Castle Lodge in Urbana. Registration will begin at 11:00 AM, with panel discussions from Noon to 4:00 PM. The conference is free of charge, and transportation will be available. For more information on registration or dinner tickets, please call Kathryn Danyluk at 352-6533.

Champaign County
Health Care Consumers
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Champaign, IL 61820

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44 Main Street, Suite 208 Champaign, Illinois 61820
(217) 352-6533

Dear CCHCC Member:

It's that time again! As a dues-paying member of the Champaign County Health Care Consumers, you are eligible to vote in the election of our Board of Directors.

Each year, approximately half of our At-Large board members are elected to staggered, two-year terms. This year, five of the twelve At-Large seats are open. Six people have been nominated for these five seats. Brief biographical statements of the candidates are listed below. On the reverse side of this sheet is a ballot you can clip and mail (or bring in person) to the Health Care Consumer office at 44 Main Street, Room 208, Champaign, IL 61820. You may vote for up to five of the six nominees, with no more than one vote per candidate. You may also write-in a candidate if you wish.

All ballots must be received no later than Monday, April 20. Results will be listed in the next issue of the newsletter. If you would like to know the results sooner, please feel free to call the office.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mike Doyle", is written over the typed name.

Mike Doyle
Executive Director

JOHN LEE JOHNSON - I am a life long resident of the C-U area, where I have lived for the past 50 years. I attended both Champaign and Urbana high schools. I've been both socially and politically active for 3 decades. Some of my past experience includes working for the Urban League and Champaign Family Services in 1965 as a community advocate addressing family issues and for the Illinois Department of Mental Health Adler Zone Center from 1966-1968 where I addressed issues of poverty and mental health in low income neighborhoods of C-U. Presently, I am employed by the Illinois Center for Citizen Involvement where I manage a project dealing with credit and other banking issues under the Community Reinvestment Act. My experience with CCHCC extends over 10 years, and I look forward to continuing this relationship.

MARLENE MOSHAGE - I am a 1980 graduate of the U of I with a concentration in Anthropology and Literature. After serving in the Peace Corps in west Africa for 4 years, I returned to C-U with my husband in 1986. I became a member of CCHCC's Women's Health Task Force shortly after the birth of our first child, where I was particularly interested in issues of expanded prenatal services and better access to health care for all women and their families. I served for 1 year as a VISTA Volunteer, serving as CCHCC's Hotline Coordinator. In May 1989, I accepted an appointment to the CCHCC Board to fill an unexpected vacancy and was later elected to a full term in 1990. I have served as vice-chair of the Personnel/Membership Committee

and as CCHCC Treasurer over the past year, and sincerely desire the opportunity to continue my service to this unique and dynamic organization.

LILIA PETERS - Lilia works at the U of I's McKinley Health Center as an administrative nurse. She has been an R.N. for more than 30 years and also has an MS in Health Education from the U of I. Lilia has been involved with Health Care Consumers throughout its 15 year history, and has been concerned with consumer issues for over 20 years. Her health care concerns include women's health, health care for the economically underprivileged and international health care issues. She is also involved with A Women's Fund and is the past president of Illinois Nurses Association District 15. Lilia immigrated to the U.S from the Philippines in 1963 and has lived in C-U since 1976.

DAVE REIN - Dave is currently a graduate student at the U of I in the College of Education. He has been involved with community organizations in the Champaign area for the past eight years. For seven of those years, Dave worked for the Health Care Consumers, heading up organizing for the Low-Income and Senior Task Forces. Dave believes that health care is a right for all people and that the solution to the health care problem is a single-payer universal health care program.

CAROL THOMPSON - I have lived in the Champaign County area since 1950. I graduated from Urbana High School in 1969. I have raised 4 children. I was concerned then, and now, about the growing number of doctors not willing to take Public Aid green cards. I feel everyone, regardless of income, should have proper health care. I have worked part time for CCHCC and believe in the work they are doing, and believe it will benefit the citizens of this community.

JANICE WILSON - I have been a long time supporter of CCHCC, and applaud its record of successful advocacy on issues of vital importance to all citizens, especially those on Public Aid or without insurance. We have lived in Urbana since 1959, except for 1987-91 which we spent in Peoria. I have a BSN from the University of Minnesota and a MS in Health Education from the U of I. I was school nurse for Urbana District 116 from 1967-82, mainly at elementary schools, but with some involvement with classes for pregnant girls at UHS. This position included a lot of advocacy to get health care for children. I am active in my church. Currently, I serve on the Board of Deacons and have been on other committees, including serving as moderator of the congregation in past years. My husband and I have 4 children and one grandchild, all away from the C-U area.

ELECTION BALLOT

CCHCC BOARD OF DIRECTORS -- 1992 AT-LARGE REPRESENTATIVES

<input type="checkbox"/> John Lee Johnson	<input type="checkbox"/> Lilia Peters	<input type="checkbox"/> Janice Wilson
<input type="checkbox"/> Marlene Moshage	<input type="checkbox"/> Dave Rein	<input type="checkbox"/> _____
	<input type="checkbox"/> Carol Thompson	

You may cast up to five votes (1 vote per nominee or write-in)

Return to CCHCC, 44 Main St., Rm. 208, Champaign, IL 61820