HEALTH CARE CONSUMER

Spring | Newsletter of the Champaign County Health Care Consumers | 1993

Survey: Seniors, Poor Have Unmet Dental Needs

"Lack of preventive dental care through the early adult stages leads to poor dental health and a lower quality of life for many low-income senior citizens. Something must be done to improve access to preventive services for the low-income community of Champaign-Urbana; to improve the quality of life for both today's and tomorrow's seniors."

This is the conclusion which was drawn from a survey of low-income senior citizens in Champaign County. The survey, supported by the Retirement Research Foundation, sought to determine what dental care needs exist for the low-income seniors in our community. The survey also examined the needs of the non-senior population in an effort to see whether the problems were shared. The survey, which had a response rate of 20%, provided Health Care Consumers with some important information.

The problems faced by low-income senior citizens are no different than those faced by their younger counterparts. The biggest difficulty faced by these populations is receiving regular, preventive care.

The seniors and non-seniors who are the least well off financially are having the worst time with dental care. Among those seniors who have no insurance at all, dental or medical, less than 25% have their natural teeth, compared to 48% for the wealthier seniors. Only 25% of these uninsured seniors had seen a dentist in the past six months, three times less than the wealthier seniors. The

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CCHCC Board Member Judy Checker speaks at a candidate's forum last fall. The recent elections pushed health care reform to center stage. (Story on page 4)

Consumers Wary of Managed Competition

Managed competition is the latest policy option to enter the national health care reform debate. Its proponents argue that managed competition will improve efficiency, save money, and extend health care coverage to more Americans. They claim that by combining regulation with market forces, managed competition achieves the best possible health care system. Critics of managed competition argue that it is an untested theory that will do little to guarantee affordability or universal coverage. They claim that managed competition represents an attempt by the insurance and medical industries to maintain their dominant position in the health care industry.

The endorsement of managed competition by special interest groups concerns consumer organizations that fear managed competition is designed to meet the needs of special interests, and not

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Faculty Senate Criticizes Mental Health Contract

In response to complaints and testimony from CCHCC and University employees, the Faculty Senate at the University of Illinois is considering a resolution opposing the state's contract with Illinois Biodyne for the management of certain mental health benefits. The resolution, which has already been approved by the Senate's Benefits Committee and awaits action by the full body, reflects a growing dissatisfaction among state employees and mental health providers with the managed care being offered by Biodyne, a for-profit health care management corporation.

Despite these complaints from state employees and the negative response of many providers, the Department of Central Management Services (CMS) has stated its intention to renew the contract for another year. This decision was made before Biodyne filed any utilization reports, and without even bothering to name a Quality Assurance Committee, as required in the contract.

"I'm shocked by this action," said one affected consumer. "CMS should be protecting state employees and making sure our tax dollars buy good health care. Apparently, all they care about is cutting costs now, with no thought for the consequences."

Because of Biodyne's restrictive policies, state employees have had treatment disrupted, or been forced to pay much higher costs out of their own pocket to stay with a trusted therapist. These consumers are determined to reverse the state's decision on this contract.

Rep. Tim Johnson recently met with CCHCC and a representative of affected employees, and agreed to contact Stephen Schnorf, director of CMS, to express his concern. Future meetings are planned with other area legislators. Concerned consumers plan to work with providers and mental health advocates around the state to challenge the state's handling of these benefits.

New Health Care Directory Expected Soon

After several delays, the fourth edition of the *Health Care Directory for Champaign County* is back on track, and expected to be released this summer. The *Directory*, formerly titled *The Doctors Directory*, contains valuable information about local health care providers not generally available to consumers, including information about their training, fees, and office policies.

"We had hoped to be further along at this stage," explained CCHCC Executive Director Mike Doyle. "But late last year, some issues concerning their participation were raised by Carle and Christie Clinics, which represent over 80% of the local doctors. After several discussions, we've been able to resolve those problems, and we're back on track for publication."

One of the concerns that had been raised was the length of the survey that local providers had to complete. The survey had been expanded in response to consumer feedback for more information about practices and policies.

"It's a delicate issue," explained Doyle. "People want more information, but that has to be balanced with the time and energy required to gather this data and publish it in a usable format. I'm encouraged by the discussions we've had with the clinics, and we should have more participation by local providers than ever before."

The *Directory*, which was first published in 1979, has grown with each edition. The last edition was published in 1987, and was in dire need of being updated. In addition to expanding the information to be asked of providers, the *Directory* will also include a wider range of alternative health care providers.

The next phase is entering all of this information into the CCHCC computers, and we need all the volunteer help we can get. If you'd like to help, please call Jason Gascoyne at 352-6533.

CCHCC's Best Raffle Ever!

CCHCC kicked off its biggest and best raffle ever in December, with the lucky winners drawn at the Happy Hour on February 12. Proceeds of the raffle support the Consumer Health Hotline.

The Heartland Health Spa of Gilman generously donated the grand prize, a five-day stay for two at the Heartland, rated by *Shape Magazine* as one of the top ten spas in the nation. The Heartland offers an indoor fitness center with pool, sauna, whirlpool and steam rooms, massages and facials, hiking, cross-country skiing, and tennis. The package also includes lectures on fitness and stress reduction, as well as a personal lifestyle consultation. The grand prize was won by Harry Hilton of Champaign.

First prize, won by Ella Lenoir of Champaign, is a getaway weekend in Chicago, including transportation by Amtrak, hotel accommodations, and theater tickets. An evening out, with dinner and theater tickets in Champaign, was second prize, won by Dik Sleeth of St. Joseph. Third prize, won by Lisa Braddock of Champaign, is two tickets to see Illinois take on Michigan's Fab Five at the Assembly Hall.

CCHCC thanks all who donated prizes for making the raffle a success: the Heartland Spa, Amtrak, the Touchstone Theatre, The Body Politic Theatre, the Remains Theatre, the Wisdom Bridge Theatre, the DePaul University Reskin Theatre, the Candlelight Dinner Playhouse, Candlelight's Forum Theatre, the Great Impasta, Savoy 10 Theatres, and the University of Illinois Division of Intercollegiate Athletics.

Frances Nelson Move Opposed

COMMUNITY RALLIES AGAINST CLINIC RELOCATION

In an outpouring of community support, over 100 local citizens attended a February 18 hearing concerning the possible move of the Frances Nelson Health Center from the present location to the old Opportunity House on the edge of town in northwest Champaign. The move was being considered by the Center's Board in response to the need for more space.

Of the twenty community residents who spoke at the hearing, everyone testified against the move. Nearly all of the testimony was from the African-American community, which seemed united in its opposition to the move. The Center had been founded in the 1960s by SOUL, a group of young African-American men, who sought to overcome the blatant discrimination against blacks in need of medical care. The highly emotional testimony provided by Hattie Jenkins reflected the feelings of most at the hearing.

"Moving the Frances Nelson Health Center out of the black community would be like killing Charles Drew all over again."

"One of the great African-Americans being honored during Black History Month is Charles Drew, who discovered blood plasma," reminded Mrs. Jenkins. "As you may recall, Mr. Drew died when he was refused care at a white hospital. Moving the Frances Nelson Health Center out of the black community would be like killing Charles Drew all over again."

Similar testimony was provided by numerous black leaders. Vern Barkstall (CEO of the Champaign County Urban League), activist John Lee Johnson, and Roy Williams all spoke of the intrinsic bond between the Center and the African-American community. Many also spoke of the value of the Center as a community institution.

"It's not just about providing medical care," explained Clarence Davidson. "Frances Nelson is a community institution that is a reminder of the struggles of our people."

Another major concern of those opposed to moving the Center was the inaccessibility of the old Opportunity House, which lies vacant in northwest Champaign.

"I know about the need for space," commented Marilyn Sparks, a current patient at the Center. "But you have to think about the people who come there. I have to go to Frances Nelson because I lost my insurance. Don't lock me out by moving to the edge of town where there is almost no bus service."

Despite their opposition to the move, most who attended the hearing expressed their full support for expanding the Center at its present location, or within the neighborhood. Although some of the Center's Board members felt the low cost of acquiring the vacant Opportunity House was too good to pass up, those sentiments seemed to have changed after the hearing.

"It is encouraging to see so much support for the Center," explained Board President Cheryl Pettus. "But we need your continued involvement. With this type of community support, I'm confident we can meet the Center's space needs and remain viable in the community."

CCHCC Briefs

Bingo Big Success

The Health Care Consumers once again hosted a Bingo Bash to benefit the Low-Income and Women's Health Task Forces. The most recent, the Winter Bingo Bash, was held Saturday, January 16 at the Urbana Civic Center. Over 335 people attended the Bingo Bash, which raised $2,500. "I am glad the Bingo went so well," stated Chris Stimer of the Women's Health Task Force, who coordinated the Bingo.

A key reason for the success of the Bingo was the support received from volunteers. A special note of appreciation goes to Mark Baron, Bettina Chapman, Esther Patt, Dave Rein, and Carol Thompson, who helped work at the Bingo. We would also like to thank several local retailers who donated food items to be sold at the Bingo. We appreciate the contributions of the three Eagle supermarkets, Schnucks, County Market, the Sunbeam Thrift Store, and Market Place Cinema. We would also like to thank Dave Burlingame of the Urbana Civic Center for all his help in making the evening run smoothly. Most of all, we would like to thank all the people who came and played Bingo. We look forward to seeing you at the next Bingo Bash this summer.

NATIONAL HEALTH CARE: The Time Has Come...

For the first time in nearly two generations, a national health care program has a realistic chance to become law.

For years, opinion polls have found widespread public support for a national health care program, but rarely did that translate into votes on election day. In fact, during most of the 1970s and throughout the 1980s, few politicians would publicly support national health care.

That all began to change in 1991, when Democrat Harris Woofford recorded an upset victory for the U.S. Senate in Pennsylvania by campaigning for national health care. The 1992 elections solidified national health care as a priority, when Clinton and many other proponents were swept into office by voters who want fundamental change.

Despite the growing momentum, two key questions remain: 1) Can Clinton get it done?; and 2) What kind of plan will it be? As the debate heats up, opponents, special interest groups, and proponents have begun to map out their strategies.

Opponents:

With a clear consensus emerging in favor of some type of national reform, opponents can only hope that the efforts will fail as interest groups jockey for advantage. Over the past two years, the number of opponents to universal health care has declined as public and political support has risen. At this point, most opponents are ideological and philosophical conservatives who oppose most forms of government intervention. While many opponents acknowledge that something is likely to pass, they are convinced that it will fail, and are preparing to use it against the Democrats.

Special Interest Groups:

Unlike the philosophical opponents, special interest groups have always cared most about protecting their profits. Most special interest groups have recognized the handwriting on the wall and dropped their opposition to universal health care, seeking instead to co-opt the process by introducing their own proposals. The most notable example of these deathbed conversions was the health insurance industry's endorsement of universal health care following Clinton's election in November. At this point, nearly all the major special interest groups have endorsed what is generically referred to as "managed competition," because it offers the best opportunity to protect their financial interests.

For the first time in nearly two generations, a national health care plan has a realistic chance to become law.

Proponents:

There are generally two camps among the proponents. First, there are those who believe that "getting it done" means passing a national health care bill. They argue that the special interest groups are too powerful to pass fundamental reforms, and prefer developing a proposal that will minimize special interest opposition. As a result, this camp (which includes most of Clinton's health care policy advisors) generally supports the concept of managed competition. Although there are many different managed competition proposals, all of them have three basic elements (see article on next page). In general, managed competition plans: 1) retain a central role for insurance companies; 2) limit consumer choice in selecting physicians and other health care providers; and 3) offer a limited minimum benefit package, with the option of purchasing better coverage if you can afford it.

While most proponents who support managed competition acknowledge that it has never been tried before, and will be much less effective in controlling costs than a single payer program, they argue that it is important for Clinton to pass something. Many of these proponents privately indicate support for the concept of a single payer system, but believe managed competition is the best we can do politically.

In contrast, the second camp of proponents argue that "getting it done" means solving the health care crisis, not passing a bill. These proponents largely support a single-payer plan, which most analysts agree is the most effective way to control costs. In addition to being effective in controlling health care costs, a single-payer plan would also: 1) provide a comprehensive package of health care benefits for everyone; 2) eliminate private insurance policies; and 3) offer consumers total freedom in selecting a health care provider.

Advocates of a single-payer plan acknowledge that it faces stiff opposition from the special interest groups, but they warn that if Clinton passes a plan that fails to solve the crisis, all of his efforts to balance the budget and revive the economy will fail.

This tension between political expediency and effective health care policy has become a source of tension within the White House. At a January 17 briefing with his health policy advisors, Clinton is reported to have blown up when he was told his preferred managed competition approach would cost an extra $70-90 billion above inflation, and wouldn't produce any real savings for four or five years. Dissatisfied, Clinton named Hillary to head his health care reform task force.

Although many proponents see Hillary's appointment as a positive development, the conventional wisdom is that Clinton remains committed to a managed competition approach. In response, advocates for a single payer plan, including most consumer organziations, have initiated a massive grassroots campaign designed to build support for more fundamental reform. In December, hundreds of single-payer advocates rallied in Little Rock. Since then, advocates have been working to gather a million postcards from consumers around the country.

Ultimately, single-payer advocates hope that Clinton will recognize he can't afford to allow the special interests to dictate the parameters of reform without paying a price politically. They believe that once consumers understand what managed competition means, they will revolt against it, much like senior citizens did in 1987 after Congress passed the Catastrophic Health Care Act.

"The next few months will be critical," explains Jim Duffett, Executive Director for the Campaign For Better Health Care. "It is important that Clinton recognize that there is real support at the grassroots for a single-payer plan. If he doesn't, he's bound to make the same miscalculation that led to the Zoe Baird affair, and find himself supporting a plan than is neither popular nor able to resolve the underlying causes of the health care crisis."

According to CCHCC Executive Director Mike Doyle, there may be some positive signs in Clinton's recent decision about an economic package. "In the end, Clinton realized he couldn't achieve his promise to cut the deficit and revitalize the economy with his campaign proposals. We can only hope he realizes that his support for managed competition during the campaign won't get the job done in terms of cost containment and coverage for everyone. If he has the courage to do the right thing and take on the special interests, he's going to find a lot of support from the public. It's our job to make sure he gets the message."

Managed Care

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the health care needs of the American people. At its worst, managed competition means tinkering with modest reforms of the health insurance market, leaving tens of millions uninsured, continuing with the escalation of health care spending, and providing low-quality coverage for the poor. Even at its best, managed competition may mean a multi-tiered health care system, with greatly restricted consumer choice of health care providers and large out-of-pocket costs for many Americans.

There are as many different definitions of managed competition as there are proponents. However, most managed competition plans would:

- **Establish collective purchasing authorities,** known as Health Insurance Purchasing Cooperatives (HIPCs). These groups would be created within certain geographic areas, and would negotiate with sellers on behalf of individual consumers and businesses. HIPCs would certify accountable health plans (AHPs), and provide consumers with the information necessary to select among plans. They would also manage plan enrollment and premium payments.
- **Create health plans,** which would provide health care to their enrollees. It is assumed that most health plans would be managed care plans operated by large insurance companies or medical facilities. Some plans allow a fee-for-service option, but financial incentives would be structured to encourage consumers to join large cut rate managed care plans.
- **Set standardized rules and requirements**, defining a basic benefits package and standards of performance, as well as establishing rules regarding policy issuance and renewal, and prohibitions on pre-existing condition exclusions. The standards would be set through a national health board.
- **Limit payments and tax subsidies** to the premium charged by the least-costly health plan in the region. Consumers would be allowed to enroll in more expensive plans, but they would have to pay additional costs. In addition, most managed competition plans would tax health benefits and limit the allowable business tax deductions for health benefits, in order to push people toward the cheapest plans.

For all the hoopla that special interest groups are generating on managed competition, the problems associated with this approach are as numerous as the ones it purports to solve. First, there are a variety of problems associated with the implementation of this strategy. For example, studies indicate that 1/3 of the U.S. population lives in areas without enough people to support large competing health care plans. Second, managed competition seeks to reduce utilization by increasing the financial burden on consumers and businesses, rather than develop a more efficient system. Third, managed competition locks in a multi-tier system that provides more care and better coverage for those families that can afford it. Further, managed competition has never been tried before, and there is little or no evidence that it will hold down costs. In fact, everyone agrees that managed competition is complicated, and unlikely to reduce administrative or bureaucratic costs that are a source of much of the inefficiency in the current system.

Ultimately, the central aim of managed competition proposals is to maintain a role for private insurers, rather than delivering care in the most efficient, cost-effective, or rational manner. Consequently, these plans are complex and prone to loopholes. And the history of health care reform in the U.S. has shown that similar half measures, even well-intentioned ones like Medicare and Medicaid, have been undercut by private interests, who profit from exploiting those weaknesses and driving up the cost of care.

Tamoxifen Research Sparks Controversy

In April, 1992, the National Cancer Institute (NCI) announced a nationwide Breast Cancer Prevention Trial to test whether or not a potent chemotherapy drug, tamoxifen, will prevent the development of breast cancer in these women. In addition to possibly reducing breast cancers by 30%, the NCI believes that tamoxifen could reduce heart attacks and prevent osteoporosis.

Since that announcement, many women's groups, including the National Womens' Health Network (NWHN), have announced their opposition to the testing. In an article published in the L.A. Times, Dr. Samuel Epstein and Susan Rennie (co-chair of NWHN's Breast Cancer Committee) stated that "with one in nine women expected to develop breast cancer over a lifetime, the trial would seem worthy of unqualified support. However, the evidence that tamoxifen can prevent breast cancer is largely wishful thinking. To make matters worse, the risks to healthy women of a wide range of serious complications, including uterine cancer, fatal liver cancer, liver failure, life-threatening blood clots and crippling menopausal symptoms are unacceptable. This trial must be halted in its tracks."

One major concern is that this study is targeting a healthy population. The NWHN points out that, "the tamoxifen prevention trial sets a dangerous precedent because it is the first time that a toxic drug with known health risks is to be unleashed on a healthy population." There is a big difference between using a toxic drug in the treatment of a life-threatening cancer, and using that same toxic drug in a healthy woman because it might prevent a cancer that she may never get.

This project is being called a travesty and a parody of cancer prevention by critics who are concerned that women are being used as guinea pigs. Nearly everyone who testified before the House Committee (both supporters and critics) thought the consent form for participation in this study should be revisited. Epstein and Rennie pointed out in their Times article that the form exaggerates tamoxifen's questionable benefits and trivializes probable risks. The NCI, on the other hand, claims the consent form is one the most comprehensive ever.

There has been a push for research on women's health issues in recent years, with the hope of finding cures and preventions for these deadly diseases. However, using healthy women and toxic drugs are matters of grave concern. It is frustrating that now, when resources are finally being spent on women's health, the research is not focusing on keeping women healthy.

In response to local inquiries, CCHCC's Women's Health Task Force will sponsor a community forum on this and other women's health issues. The forum will be on Monday, May 3, and feature Dr. Samuel Epstein, an outspoken critic of the tamoxifen research. To get involved, call Chris Stimer (352-6533).

TAMOXIFEN STUDY RAISES QUESTIONS

Carle Clinic in Urbana is one of the handful of clinics around the country that is participating in tamoxifen research. Two of the concerns raised by critics are the risks of tamoxifen and the screening standard for participants. The following information is from the National Women's Health Network's "Report on Tamoxifen."

What are the risks of tamoxifen?

Tamoxifen increases the risk of endometrial cancer. Endometrial cancers developed seven times more often in patients taking tamoxifen than in the control group, according to a study from Sweden (Fornander, et al. Lancet, 1 (1989) 117-120). Other studies have shown the risk to be less than that, averaging about three times the risk of the controls (Consent Form, Tamoxifen Prevention Trial).

Tamoxifen increases the risk of developing blood clots. These thromboembolic events occurred seven times more frequently in women treated with tamoxifen then in the controls (Fisher, NSABP Protocol P-1). The majority of these events required hospitalization. There were six pulmonary embolisms and two deaths in the tamoxifen group, versus one pulmonary embolism and no deaths in the control group.

Tamoxifen may increase the risk of liver cancer. It causes changes in the livers of all the animals tested, and liver cancer in rats (ICI Pharmacueticals, FDA Testimony, 6/29/90). According to Gary Williams, medical director of the American Health Foundation, tamoxifen is a rip-roaring liver carcinogen. Since liver cancers take a long time to develop, and there is no long term data available regarding the effects of tamoxifen, studies on women do not provide any additional information. This is a grave concern, since women as young as 35 are eligible for the trial.

Who is eligible to be in the study?

This issue is one of the most controversial surrounding this study. Even proponents of the trial testified at the House Committee on Government Operations as to their concerns that, while the trial is suppose to include only women at risk, the screening for risk factors is not selective enough. All women over the age of 60 and any women over the age of 35 who have at least the risk equivalent of a 60 year old woman are eligible. That means a woman with the minimum eligibility risk has only a 1.7% risk of developing breast cancer during the five years of the study. The inclusion of all 60 year old women is troubling because, while the incidence of breast cancer rises with age, an individual's lifetime risk does not increase with age.

Dental Care Survey

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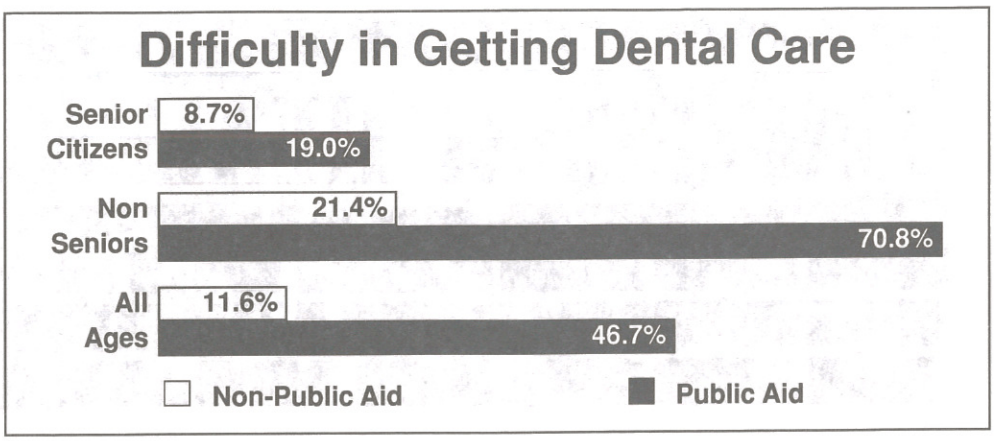
poorer seniors also had more trouble with their teeth, as indicated by the reasons they gave for going to the dentist. On their last visit, only 23% went for preventive care, compared to 68% for the fully insured seniors. The problems don't end there. The uninsured seniors were four times more likely to have problems with transportation, three times more likely to be concerned about cost, and nine times more likely to say they have unmet dental needs.

The problems faced by low-income seniors did not appear overnight. The survey indicated that the uninsured non-seniors are facing the same problems right now. They visit the dentist three times less than the fully insured, receive only half as much preventive care, and are three and a half times more likely to visit the dentist to get a problem corrected. Further, the poorest group was four times more likely to say they had unmet dental needs. The most shocking finding of all was that the uninsured respondents were 30 times more likely to experience difficulty in getting access to dental care.

As horrible as those statistics may seem, they are nothing compared to the problems expressed by Public Aid recipients. Across the board, consumers on Public Aid face a huge task in trying to receive even the most basic types of service. Public Aid recipients received preventive care at less than half the rate of their more fortunate peers, were more than three times as likely to visit a dentist for a problem, and are three times less likely to have a regular dentist. Furthermore, not only were they four times more likely to report difficulty in getting care, Public Aid recipients were 13 times more likely to report they could not even obtain an appointment.

The survey points out that the low-income population of Champaign-Urbana has a dire need for preventive dental services. The problems faced by these people in their younger years don't go away, but linger and continue throughout their entire life. The cost to the rest of us also lingers. When Public Aid recipients do receive care, it is usually more expensive intervention rather than simpler, cheaper, preventive care. When they don't receive care, simple dental problems can degenerate into major medical problems, which not only cost more, but also deprive the person and the community of their potential.

The solution to the problem would be to ensure access to basic, preventive services for everyone. The Health Care Consumers has called upon community leaders and dental providers to work together to try and solve this problem (see below). A smile is a terrible thing to waste.



Committee Established To Find Solution To The Problem

The results of the survey of dental care needs indicates that action needs to be taken to correct these problems. In that light, Health Care Consumers has asked several community leaders to help create a solution to these problems. The "Dental Care Advisory Committee" will attempt to develop a program to enable those who do not have access or the ability to afford preventive care to receive this needed treatment. To date, the Committee consists of: Dr. Scott Anderson, DDS; Vernon Barkstall, President of the Urban League; George Brackmyre, CCHCC Senior Task Force; Dr. Scott Brewer, DDS; Cerethra Cartwright, Executive Director at Frances Nelson; Valerie McWilliams, Land of Lincoln Legal Foundation; Marlene Moshage, CCHCC Board member; David Rein, CCHCC Board member; Ann Roppel, Geriatric Dental Committee of the Champaign County Office on Aging; Laura Steade, Area Agency on Aging; Maurice Verplank, CCHCC Senior Task Force; and Ken Zeigler, Chairperson of the Champaign-Urbana Public Health District.

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: __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__

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

UNIVERSAL HEALTH CARE
Do the Right Thing

Universal health care ... seems like everywhere you turn these days, somebody's talking about it.

USA Today, CNN, PBS, (even the News-Gazette and the Daily Illini), all seem to have regular features focusing on what Clinton wants, what Hillary can *really* do, what the doctors say, what the insurance companies will stand for, and on and on.

The problem is, even though everyone says we need universal health care, *not everyone really means it.*

If you've been a member of the Health Care Consumers for any length of time, you know what we're talking about. You've read the stories (including the ones on pages 1 and 4 in this newsletter). You know the facts. You know what you want, and what consumers all over the state and nation have wanted for years. And you know that none of the "big players" has really come close yet to doing or saying exactly the right thing.

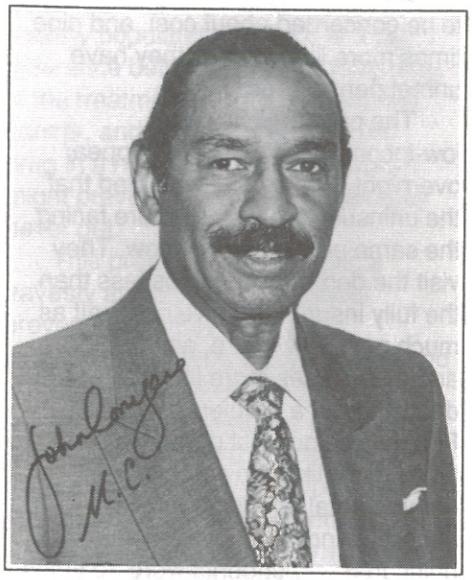
That's why, in this time of heightened awareness about health care reform, the theme for this year's CCHCC Annual Awards Dinner is simply that: "**Do the Right Thing!**"

As in years past, we'll be honoring those people who have been (and still are) doing the right thing when it comes to making health care accessible, affordable, and (gasp!) understandable. We'll be honoring deserving citizens with our Harry Baker Community Service Award, Dr. Elsie Field Provider of the Year Award, Henrietta DeBoer Volunteer of the Year Award, our Excellence in Health Care Reporting Award, our Consumer Leadership Award, and that perennial favorite, the Golden Bedpan Award. And we'll be honoring U.S. Rep. John Conyers, Jr. of Detroit with our Legislator of the Year Award for his 28 years of distinguished service in Congress, capped most recently by his courageous sponsorship of the **only** bill in the House that really does the right thing.

We hope you'll be able to join us this year. If you've been to any of our past dinners, you already know what a marvelously uplifting, spiritually rejuvenating experience these award dinners are. If you've never been to one, *it's time you came*. Because, now more than ever, it's time to do the right thing.

CCHCC's Annual Awards Dinner

Saturday, March 20, 1993
Chancellor Inn
Champaign, Illinois



U.S. Representative John Conyers, Jr., primary co-sponsor in the House of the McDermott/Conyers (formerly Russo) bill to implement a national, single-payer, universal health care system, will be the keynote speaker at CCHCC's Annual Awards Dinner on March 20 at the Chancellor Inn in Champaign.

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