

HEALTH CARE CONSUMER

Winter

Newsletter of the Champaign County Health Care Consumers

1996

CCHCC Explores Support for County-Wide Health District

If we're going to find solutions to the county's health needs, the entire county has to get involved. Exploring the interest among other groups in the community will be the starting point.

- Bill Creswell, CCHCC Board

On November 30, CCHCC's Board of Directors voted to pursue establishment of a county-wide health district to address the lack of adequate and accessible health care in the rural portions of Champaign County. The eventual goal of this venture would be the establishment of a county-wide public health district, through a binding referendum.

Champaign County is one of only eight Illinois counties that does not provide public health facilities for the entire area. While Champaign and Urbana have their own local public health department, nearly all its services are limited to those that live

within these cities' limits. As a result, most people in the rural sections of the county are left without easy access to even the most basic health care needs, such as restaurant inspections, TB and strep throat testing, or vision and hearing screening.

Children and senior citizens are hurt the most by the lack of a county-wide public health department. An Illinois Department of Public Health study points out that one out of every three children in the state do not get the care they need, with most of these cases coming from the rural areas.

The absence of a county-wide public health department causes multiple problems for parents and children. Without a local immunization program, parents are forced to spend as much as \$450 per child for shots, a price many families cannot afford. As

Continued on page 3

In This Issue:

Phone-A-Thon A Success	2
Profile: Regina Kim	6
Advocate's Advice	7
DPR Falls Down on Job: <i>Contact Rep. Winkel on Upcoming Vote!</i>	8

Congress Threatens Medicare

"The current debate may be about who gets the best deck chair on the Titanic. Really resolving the problems of health care will require treating everyone who resides in America as one community -- not further segmenting it into competing groups based on income, employment, or age group. We need a national system of financing quality health care for all Americans!"

These comments came from Lee Crandall, professor and director of Community Health at the University of Illinois. Crandall was one of four speakers who gave presentations at a CCHCC-sponsored town meeting, held November 15 at the Urbana Free Library. The discussion focused on the excessive Congressional budget cuts to the Medicare and Medicaid

Continued on page 4



Owen Kirby, 15th Congressional District coordinator for AARP, blasts Congressional proposals at a CCHCC Medicare town meeting on November 15.

Health Care Consumer

is published quarterly by the
Champaign County Health Care
Consumers, a grassroots
not-for-profit organization
dedicated to ensuring accessible,
affordable health care for all.

44 E. Main, Suite 208
Champaign, IL 61820
(217) 352-6533

BOARD OF DIRECTORS:

Lilia Peters, Chair
Chuck Segard, Vice-Chair
Marion Gushee, Secretary
Mike Doyle, Treasurer
Gary Adelman
Phyllis Clark
Mable Coombs
Bill Creswell
Judy Davis
Regina Galer-Unti
Valton Henderson
Cleveland Jefferson
Judith Jepsen-Popel
Daniel Lentz
Esther Patt
Laurel Prussing
Don Robinson
Mamie Smith

STAFF:

Nancy Greenwalt
Executive Director

David Clarkin
Leslie Moore
Patrick Orey
Mike Rader
Alisa Simon
Belinda Summers

Kevin Sandefur, Editor

Contributors:
Lynn Crandall

Fall Phone-A-Thon Draws Big Support From Community and Friends

In October, CCHCC held its Fifth Annual Phone-A-Thon, *Calling for a Change*, our most successful to date. 80 volunteers turned out, raising over \$21,000 and generating thousands of calls to Congress opposing the proposed cuts in Medicare.

During the evenings of Oct. 2-5, 9-12, and 23, volunteers called over 4,000 CCHCC members, asking them to call Cong. Ewing's office in support of Medicare, and also to renew their memberships. Thousands pledged to "make the call," and over 700 members took the opportunity to renew their memberships.

Staff and volunteers were overwhelmed by the generosity of our members, whose renewal gifts are essential funding for the current **Medicare/Medicaid Campaign**, as well as organizational programming for the first three months of 1996. Every gift was sorely needed and appreciated, and we are especially grateful to the 100 members who pledged \$60 or more, with a top gift of \$500.

Special thanks are also due to the many individuals and organizations who volunteered for the fun, food-filled, festive nights of calling. The **U of I College Democrats** was our most successful volunteer group this year, helping to raise over \$1600 in pledges. Our thanks also to the many local businesses who offered their support by donating food, prizes, and supplies for the event.

The Board of Directors would like to thank the following businesses, organizations, and individuals for their support during our 5th Annual Phone-A-Thon:

Businesses

Spring Jade
Strawberry Fields
Sam's Cafe
Bixby's
Chung Ki Wa
Village Inn Pizza
County Market
Sweet Indulgence
St. Louis Bread Co.
Intermezzo Cafe
Peking Garden
China Garden
Domino's
Lox, Stock, & Bagel
Ned Kelly's
Aunt Sonya's
Minneeci's
Dairy Queen
City of New Orleans
Main St. Eatery
Cracker Barrel
Carlos O'Kelly's
Bermuda Onion
Bombay Bicycle Club
New Art Theater
Palette Cafe
Rogard's Off. Supply
Target
Dallas & Co.

Volunteers

Gary Adelman
Laurel Prussing
Bill Cresswell
Chuck Segard
Marion Gushee
Regina Galer-Unti
Judith Jepsen-Popel
Lilia Peters
Esther Patt
Polly Martin
Cathy Eastman
Gina Gottlieb
Jon Aull
Cheri Pullman
Jennifer Crook
Ted Apy
Lulu Jones
Carrie Risatti
Bettina Chapman
Marjorie Booth
Brad Berberet
Rebecca Kozlowski
Kathy Tritz
Marquis Thompson
Sheela Konda
Judy Stoll
Wilson King
Paralikar Manjiri
Kevin Chesniak
Regina Kim
Mildred Janssen
Robert Naiman
Oscar Trujillo
Claire Reed
Angie Eden
Michael Landauer

Diana López
Sara Cahill
Erin Doyle
Xenia Prionas
Jenny Ericksen
Emily Smith
Marie Adams
Jenny Mehren
Matthew Pearson
Belle Drake
Greg Johnson
Nehin Soto
Marcus Allen
Zhu-xin Hu
Cecelia Perkin
Aaron Burns
Matt Rodriguez
Steve Nichols
Paul Foppe
Matt McCain
Jeremy Grandon
Chili Shears
Gerrie Parr
Angel Peockovic
Amish Patel
Lien Ly
Jeff Jenson
Mindy Guerin
Neil Chaudhay
Sonali Nanayakkaru
Tushar Mandrekar
Lynn Connor
Teri Carson
Dawn Johnson
Vijay Jofuani
Annie Yu
Shineka Ammons

Organizations

College Democrats
Allen Hall Council
Volunteer Illini Proj.
LAR Hall Council
Circle K

100/PLUS STILL GOING STRONG

As you may have noticed, everyday on the news or in the newspaper, Congress is talking about Medicare. Cuts in the program look likely; however, CCHCC and Covenant Medical Center's Medicare 100 and Medicare Plus Programs are still here and going strong. Medicare 100 and Medicare Plus reduce out-of-pocket medical expenses for seniors and people with disabilities.

We are accepting applications from people interested in joining the program. To renew or join this outstanding program only costs \$15.00 a year. In December, we sent out renewal forms, and we are asking members to send your payment to CCHCC today.

Belinda Summers is now the coordinator of the Medicare 100 and Medicare Plus programs. Please feel free to call her at 352-6533 for more information, or to answer any questions you may have.

Become a Health Hotline Advocate

and learn to assist consumers with health care complaints, referrals, and questions!

There are training sessions coming up soon -- don't miss them!

Call Alisa at 352-6533 today for an interview.

County Public Health District

from page 1

As a result, "kids are either forced out of school or simply go to class without them, placing other children at risk," says Patrick Oray, CCHCC organizer.

An article appearing in the May 4 edition of Tolono's County Star reported an example of children not being properly immunized. The story told of an outbreak of whooping cough a couple of years ago that killed hundreds of children in downstate Illinois, "many of whom could have been saved if [they] had had their immunizations."

For seniors, the lack of accessible health care in the rural areas makes it difficult to monitor their health. Cholesterol screening is a service provided by a public health department that helps seniors prevent or anticipate more serious illnesses.

This is not the first time the condition of rural public health has become an issue in Champaign County. In 1976, a county-wide public health department referendum missed becoming law by only 315 votes of 56,561 votes cast.

Historically, opposition to the referendum came from the

Champaign County Farm Bureau. However, the Farm Bureau's recent support for the tax increase on the Cooperative Extension Program underscores the fact that the Bureau is not ideologically opposed to tax increases, if the benefits are worthwhile. In fact, recent comments from the Bureau indicates they understand the need for some health services in rural areas.

"We're not against health services," said Bob Wendt, Director of the Champaign County Farm Bureau, in a recent News Gazette article. "We think there should be restaurant inspections and clinics. Those are wonderful services . . ."

Although these comments didn't necessarily mean the Farm Bureau won't oppose the creation of a county-wide health department, CCHCC is committed to meeting with the Bureau and building on the mutual understanding that some public health services are needed, given the decline in rural hospitals and doctors.

If you are interested in information, volunteering, or know of any groups that want to become involved in CCHCC's Rural Organizing Project, contact Patrick Oray or Michael Rader at 352-6533.

CCHCC Briefs

CCHCC Awarded Grant

The Public Welfare Foundation awarded a grant to the Champaign County Health Care Consumers to address basic health care issues in rural Champaign County. Low-income rural residents have virtually no options for accessible and affordable health care, due to the absence of a county-wide Public Health Department. The main thrust of this project is to empower consumers, particularly low- and moderate-income rural residents in rural Champaign County, to engage in the democratic process and affect fundamental change in the health care infrastructure in the county.

Now Hiring

The Champaign County Health Care Consumers has both salaried and VISTA positions available. We are currently taking applications for a Rural Health Organizer. The Health Care Consumers is looking for someone to lead our Rural Health Organizing Project and organize a county-wide coalition to support a Champaign County Public Health Department. There will be positions through the AmeriCorp VISTA Program for concerned community members looking to make a difference in a number of issue areas. For more information on the application procedures, salary, and benefits, contact Nancy Greenwalt by phone or mail at (217) 352-6533, CCHCC, 44 E. Main St., Suite 208, Champaign, IL 61820.

Congress Attacks Medicare

from page 1

programs, and the devastating effects they will have on children, the elderly, working families, and the disabled.

As the budget battle heated up during the fall, CCHCC kicked off an emergency campaign to fight the irresponsible cuts in necessary government programs such as Medicare and Medicaid, while vehemently criticizing Congress' proposed \$245 billion tax cut for wealthy and upper-middle class families. "We are seeing the largest wealth redistribution scheme in the history of our country," said Secretary of Labor Robert Reich, while Senator Arlen Specter (R-PA) described the current budget package as "stepping on the gas pedal and brake pedal at the same time."

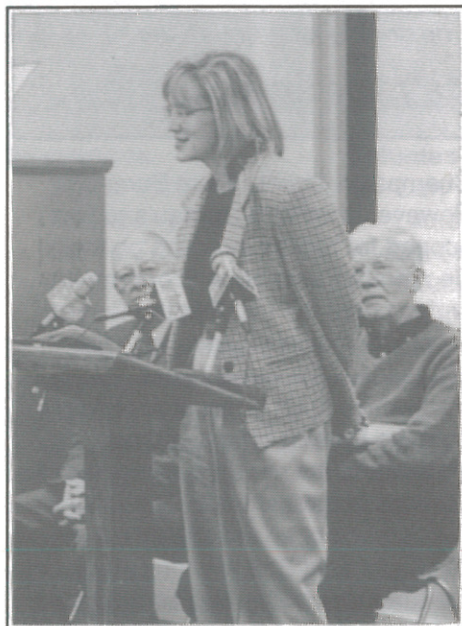
The first shots in the Medicare Preservation Campaign were fired in early October during the Phonathon, as over 100 volunteers urged supporters to call Congressman Tom Ewing's office and voice their outrage at the cuts to Medicare and Medicaid. Soon after, more than 30 CCHCC members attended an emergency task force meeting at the Stevick Center, in order to develop our organizing strategy for the fall.

On November 2, more than 40 members converged on the Park Inn in Urbana to protest the American Medical Association. The AMA had switched its position on the Medicare issue, publicly endorsing it only after special provisions were made to end doctors' fee limits and put a cap on malpractice damage awards. At the time of publication, physicians were expected to make an additional \$330 million per year as a result of the relaxed regulations, while malpractice awards would be limited to \$250,000. "In light of the perks recently offered by Congress, the AMA's sudden flip-flop on this bill is clear evidence

that they are motivated by self-interest and nothing else. It's a slap in the face to their patients," said CCHCC staff member Mike Rader.

On November 15, the Medicare campaign culminated with a town meeting at the Urbana Free Library. Over fifty concerned citizens attended the two-hour meeting, sponsored by CCHCC, and featuring four prominent guest speakers: Owen Kirby, 15th Congressional District Coordinator of the AARP; Brenda Koestler, Executive Director of the East Central Illinois Alzheimer's Association; Lee Crandall, Director of Community Health at the University of Illinois; and Paul Nelson, CCHCC member and long-standing resident of Champaign-Urbana.

Owen Kirby of AARP was quite



Brenda Koestler, Executive Director of the East Central Illinois Alzheimer's Association, speaking at CCHCC's November 15 town meeting on Medicare.

clear: "A comprehensive national health-care reform program, including long-term and preventive care, should be in the plan." The main points of the AARP perspective concerned the containment of costs by reducing waste and inefficiency, the problem of cost-shifting to consumers, the severity of the cuts to Medicare and Medicaid, and the questionable logic of cutting taxes for the affluent while attempting to balance the budget. According to Kirby, "There has been

"We are seeing the largest wealth redistribution scheme in the history of our country..."

-- Sec. of Labor Robert Reich

no lower-cost system for the provision of health care than Medicare."

Likewise, Professor Crandall was critical of the new budget package: "Medicare has done a better job of controlling health-care inflation over the last ten years than any other programs ... I'm very uncomfortable with for-profit companies in the health-care industry. I don't accept the notion that health care is a commodity like the airline industry. It looks to me like current proposals are based on ideology and greed ... like the goal of some lawmakers is to raid 'entitlement' programs and split the booty among the most affluent taxpayers." Describing Medicare as retirement benefit package, rather than an entitlement, he went on to explain that the increasing costs are a result of the overwhelming increase in the population of elders, particularly the 85 and over category, rather than because Medicare can't compete with private insurance.

One common perception about Medicare is that it is an "entitlement" program; a government handout for people fortunate enough to live past the age of 65. Champaign resident and CCHCC member Paul Nelson has a different opinion, however. "Those of us who were working regularly, as my wife and I were [in 1965, when Medicare was created], noticed the extra deductions in our paychecks, but looked upon them as more good insurance, should we get sick when we got older. I state these facts to give a personal view of what the term 'entitlements' in our national budget includes. It's our dough!"

"Unfortunately, Washington's hard-core budget hawks don't seem to care whose money it is," noted Rader. While painting Medicare and Medicaid

as costly, wasteful government programs, Congress' solution is to prematurely bankrupt them and encourage senior citizens to spend their benefits instead on private, aged-care insurance companies. Unfortunately, this does nothing to address the real problem. Regardless of where you stand on the private-spending vs. public-spending debate, the fact remains that the elderly population is going to skyrocket in the next 25 years, and they are going to need health care. In 1965, there were 30 workers for every 1 retiree. By 2020, there will be only 3 workers for every 1 retiree. As this newsletter goes to press, the budget proposal in Congress contains nothing to prepare for these long-term demographic changes; instead, it specifically targets the most vulnerable segments of society for the most severe of the short-term cuts. This budget will have disastrous consequences for seniors, children, working families, and the disabled. On the other hand, the affluent will receive yet another tax break from the same Congressmen whose campaigns they finance. Democracy doesn't work unless people hold their representatives accountable for their actions. While the budget will probably be passed by the time you read this, we still urge you to call, write, and complain to your elected officials about what is happening in Washington. As long as people sit back and do nothing, the American public will suffer another defeat at the hands of the special-interest lobbyists.

**LET YOUR ELECTED
OFFICIALS KNOW WHERE
YOU STAND:**

Rep. Tom Ewing (R-IL)
(217) 328-0165 (Urbana)
(202) 255-2371 (Washington)

Rep. Newt Gingrich (R-GA)
(202) 255-4501

 **Sen. Bob Dole (R-KS)**
(202) 224-6521

Pres. Bill Clinton (D)
(202) 456-1414

FACTS YOU SHOULD KNOW: MEDICARE

- * \$89 billion in cuts are needed to guarantee Medicare's solvency through 2006. However, Congress initially proposed cutting \$270 billion over the next 7 years.
- * Meanwhile, Congress is attempting to 'balance the budget' by passing a \$245 billion tax cut, half of which would benefit people who earn over \$100,000/year.
- * In 1994, seniors paid an average of \$2,800 in the form of out-of-pocket medical expenses, or 23% of their disposable income. By 2002, these expenses are expected to rise to over \$6,100 per year.
- * The creation of HMO vouchers and Medical Savings Accounts (MSAs) would bankrupt Medicare by encouraging the healthiest and wealthiest to leave the program, leaving the sickest (and most expensive to cover) persons behind. MSAs alone would increase Medicare costs by \$15.2 billion.
- * Malpractice damage awards would be limited to \$250,000. Meanwhile, limits on doctors' fees would be repealed, resulting in a \$3 billion raise for physicians over the next seven years.
- * Construction of hospital facilities is increasing by 10% a year, while half of all hospital beds in America currently sit empty.

MEDICAID

- * Congress has proposed cutting Medicaid by \$163 billion over the next 7 years. More than \$51 billion would be cut from long-term care.
- * 69% of nursing home residents (over 1 million) receive Medicaid to pay for their long-term care.
- * 600,000 seniors are expected to lose their eligibility for nursing home care and home health care by 2002, due to block grants and tight state budgets.
- * Federal nursing home standards would be relaxed, resulting in lower quality service.
- * A total of 16 million children and 3 million seniors are expected to lose Medicaid eligibility by 2002, raising the number of uninsured from 42 million to 61 million.

Volunteer Profile: Regina Kim

by Lynn Crandall

Hotline Volunteer Advocate
Regina Kim thinks the world is a beautiful place -- but she also thinks it needs a lot of work. "I see so many things that are not the way they should be," she says. "I just want to say, Hey, somebody do something to make things better." Not one to stand still while work needs to be done, Regina puts a lot of heart and action into making the world a better place. She's been manning the Health



Hotline phones at CCHCC for almost two years. She is also a director with Volunteer Illini Projects, and was recently named Director of the Month.

A biology student at the University of Illinois, Regina plans to graduate in December of 1996. She would like to turn her dream of helping people into reality by pursuing a career in medicine. With a General Practice medical degree, she would be equipped to help improve the health of needy people in other countries. Thoughtfully, she describes her aspirations: "My dream life would be to work in Nepal, where there is a great need." Her work as an advocate is proving a benefit to her aspirations. "I feel my volunteer experiences are shaping what kind of physician I may become," she says. In addition to improving her people skills, she feels her experiences at CCHCC have helped make her more aware of the problems facing people, and more sensitive to consumers' problems. "I used to live in a cave, my world was so small. I was unaware of the problems so many people face. My work at CCHCC has really opened up my eyes."

Being one to look for quick remedies to problems, Regina gets frustrated. "Most of the Hotline callers'

problems don't have quick solutions, and I'm tempted to drop everything just to give them help." She's learning, though, that although individual callers may not enjoy quick resolutions, it's important somebody keep trying in order to realize improvements for consumers.

Another way she deals with the sometimes difficult tasks is by looking to the CCHCC staff and other volunteers. "The people are really supportive and offer a lot of valuable interaction. They're simply great," she says.

What does she do for fun in her spare time? "I don't have spare time," she says. But when she needs to decompress, you'll find her out dancing with friends. And Regina's family -- her father, mother, and sister -- give her lots of love and support. "They're really wonderful," she says, smiling.

Although she seems restless and eager to get out and really get into the thick of things, Regina has already put her life's philosophy into practice. "The purpose of life is a life of purpose," she says, quoting Robert Byrne. With her volunteer work at CCHCC, and her involvement at Volunteer Illini Projects, she clearly lives a life of purpose.

DPR

from page 8

frequently for defaulting on student loans. That year, 801 complaints could be categorized as quality-of-care complaints. Only 8 of those resulted in discipline.

Illinois has an Office of the Auditor General, which polices state departments like DPR. The Auditor General does regular fiscal audits, which look at how money is spent. However, when directed by a resolution from the Legislative Audit Commission, the Auditor General can do a performance audit, which is an investigation into the program work of an Illinois agency like DPR, and which can lead to real reform.

A resolution calling for an investigation of DPR is expected to go before the Commission on Feb. 5. The Commission is the bi-partisan group which is responsible for the Auditor

General's office. This 12 member panel includes Rep. Rick Winkel.

CCHCC will be working on this issue with Families Advocating Injury Reduction (FAIR), a statewide group of individuals and families who are survivors of injury caused through negligence, including medical malpractice. CCHCC sent members to a FAIR demonstration against DPR in Chicago in December, and will be organizing calls in January to Rep. Winkel to support the resolution.

What you can do:

Get a performance audit of DPR's Medical Division started -- Call Rep. Winkel, and tell him the Legislative Audit Commission needs to call for an investigation of DPR's Medical Division. DPR is all we have to protect consumers in Illinois from bad doctors, and it doesn't work. Incompetent doctors have been able to keep their licenses and keep practicing, only to repeat their offenses again and again.

Call Rep. Winkel!

(R-103rd District)


201 W. Springfield, Suite 205,
Champaign, IL 61820

Phone: 355-4994 Fax: 355-4996

The Message is Simple:

- * 1. I am calling to talk to you as a member of the Legislative Audit Commission.
- * 2. The Department of Professional Regulation's Medical Division is doing nothing to discipline bad doctors. With an annual budget of \$5 million, DPR should be able to do better than disciplining only 8% of its complaints and only 1% of its quality-of-care complaints.
- * 3. Something needs to be done. I am calling you to support the resolution calling for a Performance Audit of the Department of Professional Regulation's Medical Division.

Advocates Advice

 Offering consumers assistance with health-related problems is the function of the Consumer Health Hotline. The Advocates Advice column shares common questions and their solutions.

Quality of Care Complaint

The CCHCC Hotline Advocates routinely hear consumers ask, "What should I do? I've had a bad experience with a doctor and I don't feel I've received quality care." Unfortunately, it happens. When a consumer becomes a victim of medical mistreatment, Champaign County Health Care Consumers offers support, as well as guidelines for dealing with the offending health care provider.

Take Action

When you've become a victim of medical mistreatment or experienced poor quality care, it's important to move from feeling hurt and victimized to becoming a self-advocate. CCHCC offers self-help packets loaded with information to help organize your approach. The packets help you clarify your problem, document your complaint, and focus on your goals.

In resolving your problem, you may choose one or all of the four basic options:

- * Resolve the problem directly with the health care provider
- * Follow the involved hospital or clinic's grievance procedure
- * File a formal complaint with the Department of Professional Regulations
- * Utilize the legal system

Ideally, the consumer should voice their dissatisfaction directly to the health care provider. Even though the health care provider may not be receptive to criticism or admit mistreatment, it's important to bring the problem to their attention.

When a consumer feels uncomfortable approaching the offending party directly, a CCHCC Advocate can help, or the hospital or clinic grievance procedure may facilitate problem resolution. CCHCC offers sample complaint letters to help you file your complaint in a professional manner.

If you don't get satisfactory results from the health care facility, you should report your incident to the Department of Professional Regulations (DPR). Although this state agency has a poor track record of adequately monitoring health care providers, it is still vitally important that consumers make them aware of problems.

Perhaps you feel your experience warrants legal action. If so, gather as much documentation of your problem as possible, and make an appointment with a lawyer. They will want to know what you were being treated for at the time of the incident, what care you received, and how this care was inadequate or harmful. A good lawyer will tell you if, in his or her professional opinion, filing a malpractice suit is in your best interest. For consumers with limited resources, the Lawyer Referral Service provides a half-hour consultation for no more than \$15 (1-800-252-8916).

Add Your Voice

Unfortunately, medical mistreatment and poor quality care happens, so consumers must do their part to stop

it. Add your voice to the consumers who want to guard the right of quality, safe health care -- report your problems to DPR. As the monitoring agency of health care providers, it is their job to revoke or suspend licenses of bad providers. To report your problem, call their complaint Intake Unit at 312-814-6910 or 217-785-0800.

When you gained a sense of closure with your problem, that's great, but you may have been the exception. It's still important to report the incident to protect yourself and others, and to help ensure quality health care.

A Few Special Notes to Our Supporters

Occasionally, CCHCC thanks its supporters in a listing in our newsletter, but if you prefer, your support can remain anonymous.

Also, our Membership Development Committee would like to cater to individual preferences when it comes to solicitations. If you have a preference regarding phone solicitations or written appeals, please let us know. Also, if you have any suggestions, questions, or comments, we'd like you to share them with us. Finally, we would like to remind our supporters that all contributions to CCHCC are fully tax-deductable.

Thank you again for your past and continuing support, and have a great '96!

To ensure a prompt response, please direct all requests in writing to:
CCHCC, David Clarkin, 44
E. Main St., Suite 208,
Champaign, IL 61820.

YES! I'd like to renew my membership with CCHCC!

(please clip out and return with your check)

- | | |
|---|---|
| <input type="checkbox"/> \$120 - <i>IMPACT</i> Member | <input type="checkbox"/> \$25 - Individual Member |
| <input type="checkbox"/> \$60 - Program Sponsor | <input type="checkbox"/> \$15 - Fixed Income Member |
| <input type="checkbox"/> \$40 - Family Member | <input type="checkbox"/> Other \$ _____ |

Change of Address:

Name/Phone: _____ / _____

Address: _____

City/State/Zip: _____

Contributions to CCHCC are tax-deductable

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

It's about time we disciplined bad doctors! **CCHCC Board Supports Agency Investigation**

Rep. Winkel, Legislative Audit Commission to Vote on Feb. 5

In a vote at their November meeting, the Board voted to support a Legislative Audit Commission resolution calling for an investigation of the Illinois Department of Professional Regulation (DPR), the agency responsible for protecting consumers from bad doctors.

DPR is in charge of the professional licenses of doctors in Illinois. To get a license, a doctor must prove education requirements, fill out paperwork, and pay a fee. DPR has the authority to revoke or suspend a doctor's license and get bad doctors out of Illinois.

However, the Consumer Health Hotline has received calls from local consumers who are frustrated that DPR did nothing with their complaint. Consumers' stories have covered a broad range of problems, including: investigations that stretch up to 8 years or more, without any activity or progress; the closing of cases without any notification to the complainant; and the failure of DPR during the so-called investigation to ever interview the consumer filing the complaint. In all of the cases that came through the Hotline, DPR never disciplined the doctor.

One of the most dramatic examples of how DPR does nothing to protect Illinois consumers comes from

Chicago. Last winter, the Chicago Sun Times ran an article under the headline "119 Women Sue Doctor: Say Surgery Was Faked." In the suits, former patients of Dr. Robert J. Lee alleged that he had performed unnecessary, invasive gynecological surgeries. Dr. Lee allegedly removed tissue during gynecological exams, under the guise that these women had polyps, in order to justify billing their insurance.

To date, DPR has done nothing with this case. While DPR has the authority to suspend a license during an investigation, DPR has allowed Lee to continue his practice.

Today, two and a half years after the first complaints were filed with DPR, and two years after the amended complaint of 119 women was filed in court, Dr. Lee still has his license -- and two more women have been injured, joining the suit last fall.

DPR's inaction on this case is not the exception; it is the rule. Dozens of consumers tell similar stories of atrocious acts; there are volumes of evidence; there are repeat offenders; and still no action is ever taken against the doctors.

In 1993, DPR's Medical Division had 1,481 complaints, and disciplined only a handful of doctors, most

Continued on page 6



Members of CCHCC join Kim Simmons of FAIR and others in a demonstration at the Illinois Department of Professional Regulation's offices in Chicago on December 11.

Public Interest Fund of Illinois Workplace Campaigns Draw to a Close

Throughout the year, CCHCC participates in several workplace giving campaigns as a member of the Public Interest Fund of Illinois. At this writing, several important campaigns here in Champaign County are drawing to a close. While it's a little too early to make any solid predictions, PIFI is right on target to reach its goal of increasing payroll gifts by 50% statewide. CCHCC would like to take the opportunity now to thank all of our PIFI donors.

One big reason for this year's success is that we hired a part-time staffer, Ruth Wyman, to manage the expanding corps of dedicated volunteers for the fall workplace drives at U of I, Parkland College, Urbana Schools, City of Urbana, and Wolfram Research Inc. Our thanks to Ruth, as well as to all who lent their support by stuffing envelopes, signing letters, and getting the word out to their friends and co-workers during the campaign. You all did a great job!

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

ADDRESS CORRECTION REQUESTED

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