



## University of Illinois

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Peoria  
Rockford

Urbana-Champaign

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#### **College of Medicine at Rockford**

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November 14, 2001

Barbara Henley  
Vice-Chancellor for Student Affairs  
University of Illinois at Chicago  
3010 Student Services Bldg., MC-600  
1200 W. Harrison St.  
Chicago IL 60607-7165

Dear Dr. Henley,

I am the President of the University Medical Student Council (UMSC), the organization that represents the 1200 students of the four campuses of the University of Illinois College of Medicine (UICOM). While each site of the College – Chicago, Peoria, Rockford, and Urbana – has its own student council to handle issues specific for their students, the UMSC deals with issues that affect all four campuses.

At the most recent UMSC meeting, several concerns were brought forth from the Chicago, Peoria, and Rockford student bodies regarding the transition process utilized by your office for the MegaLife Health Insurance Plan. I hope to address these issues in this letter.

#### **Background**

Last March, Associate Dean Leslie Sandlow presented the proposed change in health insurance plans to the UMSC during our March meeting. This came as welcome news to many in attendance, especially to the Peoria and Rockford students since their coverage had historically been quite poor. (It is important to point out that the Urbana medical students have been covered under the MegaLife policy through the UIUC campus for quite a while.) Dr. Sandlow charged the council with disseminating information to the medical students at the Chicago, Peoria, and Rockford campuses regarding the anticipated change. In response to this instruction, the various campus representatives communicated to their constituents to expect a change in the health insurance policy beginning Fall 2001.

In early-July, I was made aware of the fact that the transition process was being handled through the UIC Vice-Chancellor for Student Affairs office, and that one person had been chosen to head up the

process at each medical campus. As you are likely aware, Dr. Patrick Tranmer was placed in this position at the Chicago campus, Dr. Linda Batek at Peoria, and Dr. Kathleen Kashima at Rockford. I spoke with Dr. Tranmer directly regarding this process and when medical students should expect to receive information from your office specifically about the MegaLife policy. He referred me to the office of the Vice-Chancellor for Student Affairs. I then contacted the office in mid-July to determine when students would be receiving such information. At that time, I was given assurance that the office would distribute detailed pamphlets to all UIC students by August 1<sup>st</sup>, before Fall 2001 classes started.

### ***Grievances regarding transition process***

While I do not know the situation regarding the UIC undergraduate students, the vast majority of the 900 UICOM students at Chicago, Peoria, and Rockford never received these pamphlets. In fact, it has been reported through the Health Professions Student Council that many students from the other UIC professional colleges (Nursing, Pharmacy, and Public Health) never received them either. In Rockford, Dr. Kashima had asked that her office be in charge of disseminating the booklets and information to the Rockford students. However, this request went ignored, and instead pamphlets were mailed to Rockford students along with a letter from Dr. Tranmer's department in Chicago that obviously did not pertain to the Rockford students. In late-September – well into the Fall semester – Rockford students received a new batch of pamphlets in their mailboxes that Dr. Kashima and her Student Health Committee were forced to decipher and interpret specifically for the Rockford students at an informational meeting. What further disappoints the medical students at the Chicago, Rockford, and Peoria campuses is that it was nearly two months into the Fall semester before ever receiving their MegaLife insurance cards.

### ***Grievances regarding coverage***

A continuing concern at the Peoria and Rockford campuses is the lack of coverage for preventive health, an issue that has plagued these students for a number of years. Students at the Chicago campus continue to benefit from the resources afforded by a larger student population (undergraduate combined with graduate/professional students). Hence, the deficit in preventive care through the MegaLife insurance is made up for at the Chicago campus by a well-funded Family Practice department and its ties to the Student Health Services fee. Obviously since there are more students overall at the Chicago campus, there is a larger pool of financial resources from which to draw. Unfortunately, since there are fewer students at the Peoria and Rockford campuses, this essential need does not get fulfilled. As a group, medical students are at higher risk of illness with potential exposure to Hepatitis B, HIV, chickenpox, tuberculosis, and other more common infectious diseases. Fortunately, much of the preventive care involving such disease – immunizations and prophylaxis for HIV-exposure through needlesticks – is covered at the Chicago campus through supplementation of the MegaLife insurance with the Student Health Services fee. However, this risk is the same for medical students at the Peoria and Rockford campuses, yet they do not receive such equal coverage because of a smaller number of students and hence a smaller sum of money from the Student Health Services fee from which to draw.

This important issue has yet to be addressed sufficiently despite the change in insurance coverage.

### ***Potential causes for poor transition***

One explanation for not receiving the MegaLife pamphlet could be that many professional students – regardless of campus – do not have updated addresses in the UIC database. However, this should have been foreseen long before the implementation of the transition process. A way to have avoided this would be to have provided multiple copies of the pamphlet to the Chicago, Peoria, and Rockford Student Affairs offices in anticipation of this problem.

Another explanation would be that students were not appropriately notified by their representatives to the UMSC. This is an inappropriate excuse in that all of our UMSC representatives are extremely responsible in carrying out their assigned duties. A common e-mail is distributed to all UICOM students following every UMSC meeting including the minutes of the meeting. I can personally assure you that this occurred following the March UMSC meeting and throughout the summer 2001. Furthermore, I was and continue to be in constant contact with Dean Sandlow regarding this, and all other, medical student issues.

A third explanation could be that, despite receiving the warning about the change in health insurance coverage, many students did not read it. This should have also been anticipated. Multiple means of advertising and communication implemented by the Vice-Chancellor's office could have averted such passivity.

In response to this lack of communication, Dr. Tranmer has been forced to travel to each student organization on the Chicago graduate/professional campus to disseminate this information. This has also been the case at the Peoria and Rockford campuses with Drs. Batek and Kashima, respectively. They have all done yeoman's work in fulfilling their positions. It is the opinion of this council, however, that these individuals would not have had to do so had appropriate measures been taken to provide such information to the students.

Most certainly, some of the problems with this transition process were out of the hands of the administration. However, many of the problems outlined above should have been anticipated, and much of what did occur with the transition could have been better implemented. It is for these reasons that the UMSC has chosen to address this situation. While the poor transition affected about 900 of the 1200 medical students – and I have no knowledge of what other UIC students were affected – this may seem minimal in the grand scheme of the 25,000 students that are enrolled in the UIC system. But there is no reason why any student should have been ignored.

The academic year is well underway and many of the problems have been smoothed out. However, it is always necessary to evaluate any large project upon its presumed completion. It is

hoped that the comments contained here within are utilized in such a manner. I appreciate your time, and please feel free to contact me if you are need of any further information.

Respectfully submitted,

Christopher Nelson  
University Medical Student Council  
President, 2001-2002  
UICOM-Chicago, class of 2002

cc: Michael Ginsburg – Assoc. Vice-Chancellor for Student Affairs  
Charles Rice, MD – Vice-Chancellor for Health Affairs  
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University Medical Student Council