What You Should Know About Health Centers

At the U. of North Carolina, students joke that if you don't have strep throat or mono, doctors at the campus health center will fit you with a set of crutches.

But poor health care is more than just fodder for jokes. UNC senior Kim Costello doesn't go to the health center anymore unless it's an emergency. She says a campus physician misdiagnosed a benign cyst as a cancerous breast lump and, on a separate visit, prescribed medicine that caused a drug reaction, then failed to recognize the problem. "I've never had any good experiences there," she says.

Student health centers have long been put in the same category as dining halls — cheap and nearby, but nothing to rave about. However, center directors insist student surveys of centers are mostly favorable. Judith Cowan, director of the center at UNC, says surveys there show 90 percent of students are satisfied with the care they receive. But the conventional wisdom of college students seems to render a somewhat different picture.

When Alexis Beshara went to a Rutgers U. health center for an athletic physical, she was shocked when a center worker told her she was pregnant. Later, she discovered the center had mixed up her drug test with a pregnancy test.

"I just told them, 'I know my body better than you do. Unless there was an immaculate conception, I can't be pregnant,'" Beshara, a 1990 graduate, told the Rutgers U. *Daily Targum*.

Budget cuts have forced centers to lay off physicians and limit services, leading to student complaints about long waits, poor care and misdiagnoses. Even more troubling are lawsuits pending in California and New York that blame health center negligence in the death of two students:

• Chandra Mizell, a student at the U. of California, Santa Cruz, died of a cerebral hemorrhage after using birth control pills which a health center doctor prescribed for her 17 days earlier. Mizell's chart at the campus health center revealed her mother had once suffered a stroke, a warning sign for doctors prescribing the pill. Both Mizell and her mother had antithrombin III deficiency, a rare blood-clotting disorder.

• Robert Allman Jr., a student at the State U. of New York, Albany, died after the campus health center's staff failed to realize he had ruptured his spleen. Allman's infirmary roommate told *Newsday* that Allman complained to the nurse about his stomach pains and she "brushed it off."

While doctors acknowledge that mistakes happen, they say misdiagnoses and other problems are no more prevalent in campus health centers than at hospitals or other clinics. Student inexperience and miscommunication are more likely factors in complaints, according to doctors and center directors who were interviewed for this article.

"The actual cases of misdiagnoses are not as high as you would expect from student complaints," says Dr. Bruce Vukoson, a 14-year veteran of the UNC's health center. "What they've got is a cold and what they want is an antibiotic. But it's not called for. Therefore if you don't give me an antibiotic when I've got a cold, you're a bad doctor."

WHO'S OVERSEEING YOUR CENTER?

Complaints about student health centers are disturbing, considering a regulatory system that is inconsistent at best. Most states require hospitals, nursing homes and other health care organizations to be licensed and inspected annually, but the laws vary from state to state and many of the estimated 1,650 campus centers are exempt from such oversight. While there is nothing to indicate that student health centers offer lower quality care than hospitals and walk-in clinics, problems in the centers raise concerns about the regulatory loophole.

Allman's death raised these questions in New York, where student health centers are outside the purview of the state health department. "These kinds of incidents certainly point out what would be a problem," says William Fagel, a New York health department spokesman. "There have been a couple of other incidents [at institutions] where really the school is the only oversight, where they're offering the same sort of services as a walk-in clinic." But even after Allman's death, the health department did not have jurisdiction to investigate.

North Carolina statutes require unannounced inspections of most health care organizations, including hospitals, nursing homes, home care agencies and ambulatory surgical facilities, according to Jesse Goodman of the state facilities licensure office. However, campus health centers are exempt from this oversight. The same is true in 39 other states.

Many of the larger centers are required to be licensed, because they are considered ambulatory care units, according to Don Peters, president of the American College Health Association.

Larger centers may opt to be reviewed by either the Association for the Accreditation of Ambulatory Healthcare or the Joint Commission on the Accreditation of Health Care Organizations. Both set high standards for member organizations, but accreditation is time-consuming, and, for many universities, prohibitively expensive. Only about 75 centers are accredited.

Should students be concerned about health centers that are not subject to state regulation or accreditation? Medical specialists are split over the issue.

"Problems happen, but some are preventable," says Ginger Whitlock, the director of ambulatory care accreditation services at the JCAHO. "I have concerns about those [centers] that have not been looked at by a third party and the level of care they are providing."

But ACHA's Peters doesn't think regulation of smaller centers is necessary. "The colleges that are not accredited do not provide major care. The care they provide there cannot put students at risk." And even if a university's center isn't state-licensed, the physicians and specialists administering the care must be licensed to practice in the state.

Peters says he is not aware of any push to regulate all student health centers and President Clinton's health care reform plan does not address the issue.

STUART TANNEHILL, THE POST CHRONICLE

The regulatory system for student health centers is inconsistent at best.

THE BUDGET QUANDARY

Budget cuts have caused some of the problems students address. The combination of rising health care costs and dwindling state funding has put universities — and health centers — in a bind. Cutbacks have forced student health centers to eliminate physicians, curtail services and charge for services normally covered by student fees.

The U. of Arizona, which has a student population of more than 35,000, was the victim of a 20 percent cut in state money for three consecutive years. Spiraling health care costs only made matters worse, according to Dr. Murray DeArmond, director of the health center at Arizona.

"It doesn't take long for cuts to affect services," DeArmond says. Between 1991 and 1993 Arizona unloaded seven of 20 full-time health facilitators, including a physician, nurse, physical therapist and nurse practitioner.

Students felt the cuts last year, waiting up to an hour and a half before being treated. Arizona junior Kimberly Kaylor went to the campus health center with the flu, only to be told to return in three days. She borrowed $100 to see a physician in Tuscon.

"The people are wonderful, well-trained and caring," she says of the center's staff. "But [the university] just doesn't have the facilities to serve all the students."

The university has promised more money over the next few years, and DeArmond is hiring back physi-

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