

BARRIERS TO ATTAINMENT OF HEALTH

CARE IN WEST CENTRAL MAINE --

A CRITIQUE BY THE POOR

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BARRIERS TO ATTAINMENT OF HEALTH CARE
IN WEST CENTRAL MAINE
• • •
A CRITIQUE BY THE POOR

Conducted by the
Health Facilities Planning Council
11 Parkwood Drive, Augusta, Maine

under contract to
Maine Department of Health and Welfare

June, 1969

"IF YOU, AS A PROFESSION, DO NOT PROCEED TO MAKE AVAILABLE TO THE PEOPLE OF AMERICA THE BEST QUALITY OF HEALTH CARE YOU KNOW HOW TO PROVIDE - - TO ALL PEOPLE REGARDLESS OF GEOGRAPHIC LOCATION, INCOME, STATUS IN LIFE, RACE, OR ANY OTHER IRRELEVANCY, SOMEONE ELSE WILL DO IT FOR--OR TO--YOU. WE HAVE COME TO VIEW HEALTH CARE AS A RIGHT--NOT A PRIVILEGE--AND INEVITABLY IT WILL BE AVAILABLE. YOUR OPTION IS EITHER TO ASSURE THAT HEALTH CARE IS AVAILABLE, OR MOVE ASIDE AND LET THE SYSTEM BE DESIGNED BY OTHERS. I SUGGEST THIS PRINCIPLE NOT AS A THREAT, BUT AS A PROMISE. IF YOU ARE WILLING TO DEVELOP THE NEW INSTITUTIONS WE NEED TO ASSURE OUR RIGHT, YOU WILL HAVE THE FULL SUPPORT OF THE PEOPLE...."

- - U.S. SENATOR EDMUND S. MUSKIE, SPEAKING AT THE ANNUAL CONVENTION OF STUDENT AMERICAN MEDICAL ASSOCIATION, CHICAGO, ILLINOIS, APRIL 1, 1969.

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INTRODUCTION

This survey, made under a contract between the Maine Department of Health and Welfare and the Health Facilities Planning Council, called for the H.F.P.C. "to seek out and identify, throughout the Androscoggin River Valley, groups of significant numbers of people, who for geographic, ethnic, economic, historical, or other reasons may be expected to have unusual needs to be considered in planning a maximally effective health care system." It was determined soon after the commencement of the survey that primary attention should be directed to the poor, as they were the group which obviously had least access or understanding of the delivery of medical care.

The survey was conducted primarily by Thomas Shields of the Council's staff, with consultative guidance. It soon became apparent that because of the tremendous amount of territory in both Franklin and Oxford Counties (3,769 square miles), time would not permit an in-depth study of both counties. As more progress had been made in Franklin County, the decision was made to concentrate all activities in that county. However, since meetings had already been held with low income groups in Oxford County, a number of quotes from residents of that area are included in the narrative.

In all, conversations were held with more than 300 people, about 200 of whom fell into the poverty category. Meetings were held with Aid to Dependent Children mothers (ADC or AFDC--Aid for Dependent Children), both individually in their homes and in groups; Head Start mothers; other groups of low income people; and small groups of concerned citizens and the members of the Rangeley Health Council. Visits were made to the homes of poor people in the company of Community Action Program (CAP) workers, Family Planning workers, social workers, and VISTA volunteers.

Along the main highways and backroads of Franklin County talks were held with truckdrivers, foresters, mailmen, storekeepers, customs officials, retired people, housewives, mill workers, farmers, woodsmen, and a horse

trader--anyone who would stop and chat for a few minutes about the health needs of poor people. Door-to-door visits were made in some sections of the county. Town and county officials were interviewed, as were district court personnel and many, many people in various phases of the so-called health field. There was little contact made with politicians, most businessmen, bankers, and others who are usually the first to be sounded out in many surveys.

A number of hours were spent going through dockets in the 12th District Court in Farmington.

It should be noted at the outset that some of the statements made in this report indicate that there are people who have strong negative feelings about the only hospital in Franklin County and that some of these statements are not founded in fact. Some of these statements appear to be based on an inadequate understanding of the nature of the delivery of health care and an incomplete understanding of the legal processes involved in the collection procedures used by the hospital. Nevertheless, the fact that people feel the way they do is important and certainly presents, at least in their thinking, a barrier to the attainment of medical care.

MAINE

FRANKLIN COUNTY

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Franklin County - - "The good life"

The first settlers came to Franklin County in the late 1700's and in 1775 Benedict Arnold crossed through the northern part of the county on his famous expedition to Quebec. In 1883 it was incorporated as one of Maine's 16 counties.

The county, jutting down into the west central part of the state like a swollen finger, covers 1,789 square miles from Jay on the Androscoggin River in the South to the settlement of Coburn Gore on the Canadian border in the North.

The 1960 Census showed that the population of the county was 20,100 and indications are that it has not changed appreciably since that time. Most of the people--86.3 per cent of them--live in rural areas. Most of the population is in the southern part of the county and the forest-covered northern area has a population of less than one person per square mile.

Farmington, with a population of some 5,000, is the county seat and Jay and Wilton have approximately 3,200 people each. Only two other towns, Rangeley and Phillips, had more than 1,000 people at the time of the 1960 Census and the 20 or so remaining communities are very small. There has been a big out-migration of young people during the past two or three decades.

The county has a non-white population of only 0.1 per cent.

The only institution of higher learning in the county is Farmington State College of the University of Maine. This expanding school now has about 1,000 students.

Franklin County is an area of tremendous resources--some developed, some undeveloped. Leather, lumber and wood industries claim the largest number of employees. The modern paper mill in Jay represents a \$100-million investment by International Paper Company and contains three of the largest paper-making machines in the world. About 1,500 workers are employed there and half of the huge amount of wood used there is purchased from

independent suppliers in the area.

The "Toothpick Center of the World" is also located in the Franklin Co., town of Strong. There is a variety of wood products made in the county.

Boot and shoe and tanning factories also employ a sizeable number of people. Some people are also employed in agriculture, including canning. The newest cash crop to be raised there is sugar beets.

One of the most recent industries in the county, and in many ways the one with the most potential, is skiing. Sugarloaf and Saddleback are well known as fine ski areas and represent large financial investments. In addition to Sugarloaf and Saddleback there are two other mountains more than 4,000 feet high.

While the development of winter sports is something new, the Rangeley Lakes region has been famous as a summer resort for the past century. Throughout the county there are hundreds of lakes, ponds, rivers and streams which are free of pollution and contain a variety of game fish. The hunting is considered to be excellent, too.

Franklin County now has a flourishing four-season recreation business.

As you drive around the county it's easy to see why promotion booklets use the words they do to describe the area--"sparkling lakes," "towering mountains," "breathtaking scenery," "beautiful rolling hills," "vacation paradise."

But there's another side to the picture and it is not a pretty one. Many children cough and shiver in poorly constructed shacks when the mercury dips below zero. Children cry themselves to sleep with aching teeth that their parents can't afford to have pulled. Mothers debate whether they should spend money for needed food or medicine that the doctor prescribed. Parents with a sick child say they hesitate to take the youngster to the hospital because the hospital has been dunning them for

money and the last time they tried to get help there they were given a "hard time."

There are barriers to receiving health care as far as many low income people in Franklin County are concerned. And there are many, many low income people in the county.

In 1967, according to the Maine Office of Economic Opportunity, there were 5,600 families in Franklin County and, of these, 1,266, or 22.6 per cent, earned less than \$3,000. According to the 1960 census, there were 4,922 families in the county and 1,300, or 26.4 per cent earned less than \$3,000. In other words, while the number of families apparently increased by 678 from 1960 to 1967, the number of families with incomes of less than \$3,000 decreased by only 34. Furthermore, \$3,000 wouldn't buy as much in 1967 as it would have in 1960. (See charts of Franklin County Adult Income Information and Franklin County Population Data.)

In short, many of the people in Franklin County do not share in "the Good Life."

Housing - Half of it is "Substandard"

There is a great deal of substandard housing in Franklin County and it constitutes a significant health problem.

Statistics supplied by the 1960 Census and the Bureau of Vital Statistics of the Maine Department of Health and Welfare show that there were 9,125 housing units in the county and that more than 53 per cent of them or 4,850 of them are classified as "substandard."

4,175 of them were listed as "sound with all plumbing"; 1,949, "sound lacking some or all plumbing"; 833, "deteriorating with all plumbing"; 1,169, "deteriorating lacking some or all plumbing"; and 899 as "dilapidated."

In addition, 1,482 had no piped water; 2,636, no flush toilet; 3,404, no bathtub or shower; and 5,874 no furnace. There are many people in the county who have no idea what it's like to turn on a faucet to get water, jump into a bath tub, or use a flush toilet.

1,049 of the 2,630 single-family, owner-occupied residences, or about 40 per cent, are valued at less than \$5,000. (Again, these are 1960 figures.)

Most of us take the shacks we see here and there along a country road for granted. There are beautiful trees, lakes and brooks, and substantial houses in between the shacks and the main thing that bothers most people is the large number of junk cars that are abandoned in the yards of these shacks. Such is the case in Franklin County and anywhere else in Maine. But, in just Franklin County, if you could take the shacks that are present in and on the outskirts of all the towns, the clusters of shacks on the back country roads, and put them all together you would have an atrocious slum.

You can see out through the walls of many of these shacks and often a window pane is missing and a rag or a piece of cardboard is stuffed in the hole. Just imagine what it must be like in many of the 4,850 "substandard" dwellings in Franklin County on a February night when the temperature drops

to 20 below zero, and on hot days in July when many of these shacks stink to high heaven.

Who can estimate the number of ear and respiratory infections, the colds that last from fall to spring, the cases of pneumonia and hemorrhoids and other diseases that are caused by these cold and drafty shanties?

Several people mentioned housing as a health problem in the course of this study and three people suggested some form of self-help housing as a possible solution. One woman from Farmington said: "Why can't a program be set up to help them build their own houses. First they pool their funds and buy materials cheaper and then they all work together to build one house and then another and so on."

Dental Rot- --"the biggest health problem I have seen."

There's no doubt about the fact that low income people--at least in Franklin and Oxford Counties--consider the lack of dental care as their number one health problem. Children have toothaches and there's no money to go to the dentist even if an appointment could be made with one. Father's teeth are rotten and they ache and ache until he has to scrape up ten or twenty dollars and take a day off work to go have a couple more out. Mother, who once considered herself an attractive woman, puts her hand to her mouth when she talks because most of her teeth are missing. And for years Gramp has had a very limited diet because he doesn't have any false teeth to chew with.

In practically every discussion, in group meetings and during interviews in homes, the question came up as soon as health was mentioned: "What about bad teeth? Is that a health problem?"

More than half of the people who filled out questionnaires listed "dental care" in answer to the questions: "What do you think would be most helpful in making members of your family healthier than they are now?" and "What medical service do you feel you need the most?" One ADC mother from Strong had this to say in answer to the latter question: "Dental, eye glasses and funeral expenses if needed."

Despite the tremendous need for dental care, there just didn't seem to be the hostility or bitterness expressed against dentists that there was against physicians. Many low income people felt discriminated against by hospitals and physicians but this feeling didn't extend to dentists. For one thing there seemed to be an understanding that there just are not enough dentists in the area. And no doubt the fact people thought that somehow they could struggle by without adequate dental care figured into their thinking. Medical care, especially when it's strictly crisis-oriented,

is often looked upon as a life or death proposition.

There was also the clear understanding that dental care is delivered on a cash only basis. A man working in the woods in Avon understands that he has to have \$50 in cold cash clutched in his hand before he goes to Lewiston to have his badly abscessed teeth out. And the mother who was up all night with her young daughter who had a toothache knows that she has to borrow \$10 to pay the dentist before he will pull the two teeth.

The problems involved in providing dental care in Franklin and Oxford County are no doubt the same as in any rural area of Maine: 1) A lack of dental manpower; 2) Very few new dentists coming into the area; 3) Lack of fluoridation 4) Poor distribution of the present dentists; and 5) A large number of low income people.

There are only five dentists in Franklin County: two in Farmington, one in Wilton, one in Strong, and one who supposedly went to Rangeley to "retire." A Rangeley town official said that because of the need for dental care in that area, this "retired" dentist now works harder than he did before he "retired."

Free dental care is not available through Medicaid but it is available for some crippled children, state wards, and through the division of Vocational Rehabilitation.

Some mothers in Franklin County reported that their children have never seen dentists. In fact, one ADC mother from Strong said her four children--17, 14, 13, and four years of age--had "never been to a dentist."

An ADC mother from Rangeley said that both she and her daughter had severe dental problems. Her solution, as far as her own teeth were concerned, was to pull them herself. She said it takes time to loosen them up but if you work long enough at it you can eventually get them out. A couple

of other people stated that they had to turn to medical doctors to extract teeth.

A public health nurse reported that she spent a morning recently trying to help a working father come up with enough money to have his infected teeth extracted. Finally, after much running around, arrangements were made to borrow part of it from the Salvation Army. This nurse went on to explain how difficult it is to educate people to take care of their teeth. She added, however, that by "keeping at them" some low income people are now brushing their teeth fairly regularly.

In discussing health problems with low income mothers in Rangeley (both of whom obviously needed to have dental work done), one said that her husband had "had a headache for some time, probably because of bad teedh. He needs to have them out."

The problems of getting dental care are certainly not confined to low income people although they are less likely and, in many cases, less able to find a way to get dental care. Many people, however, share this problem. The manager of one town told me: "There is a lack of dental care but not only for low income people. I needed a dentist and two out of three turned me down."

Some youngsters are seeing dentists, in many cases for the first time, through the OEO Head Start Program. The obvious problem here is that it may be a "one shot deal" and unless a way is found to provide continuing dental care than the benefits obtained through the Head Start program will, in most cases, be lost.

One ADC mother from Avon said: "My oldest son goes to the dentist with Head Start. They cover expenses. My youngest son has never gone. My medical card doesn't cover it."

Many low income mothers and fathers obviously see the importance of dental care and find means to provide some for their children. A Farmington Falls mother of seven children said she had "been able to get dental care, even on the Fourth of July, but I've never had the money to do it on a regular basis. With dental care you let things go if you can but you never let them suffer....."

It seems clear that the best, and perhaps the only, answer to the overall problem at this time is fluoridation. However, the only community in Franklin County where fluoridation has been approved is Rangeley. Success in that community was spearheaded by the local health council and some energetic Registered Maine Guides (who happen to be friends of the State Director of Dental Health). Farmington, on the other hand, by far the largest community in the county, voted against fluoridating the water supply.

Including Rangeley, there are eight towns in Franklin County which have public water supplies. Another community, New Sharon, has natural fluoride in the water which it gets from a deep well. The other six communities, which do not fluoridate their water supplies, have a population of 9-10,000. Therefore, less than half the people in the county would be covered if all public water supplies were fluoridated. In addition, the state reported that no towns in the county have made arrangements for topical fluoride applications, a practice which would reduce decay by 25 to 30 per cent over a period of years.

A mother of five children from Rangeley asked: "How come some kids who drink well water don't have any cavities?" She went on to declare that "fluoridation will help."

And a young mother from Strong said: "I think in this town it (fluoridation) would be good as the town water isn't good anyway." Another mother from Phillips added that it would be "good" if the Phillips water

supply were fluoridated "since they leave all the old dead fish in the water and it tastes awful."

There is a lot of misunderstanding about fluoridation. For example, a young employed man from Strong had this to say about fluoridation; "I don't know much about fluoridation, but from what I've heard about it, I would think it would be better to leave the water alone. The ground has purified the water so why pollute it so you can't stand to drink it. For instance, there have been quite a few times the town hasn't been able to drink the town water because there's too much chlorine in it."

Here are some general comments on dental care:

Head Start Community Aide-Phillips:

"I think the most urgent problem is more adequate dental care. I realize that poor teeth are probably caused by poor nutrition, poor prenatal care and a lack of brushing, but lack of dental care is the biggest health problem I have seen...I think fluoridation would be beneficial. Dental care is very hard to get. There are not enough dentists to go around unless you are a regular patient. If you have a bad toothache and your face is swollen, he will at least pull it...We have gone to a family doctor for extractions. The problem of fillings I couldn't answer."

Community Action Director, Oxford County:

"Low income people don't see the necessity for a preventive type of thing. Same thing with dental care. As long as they don't have a toothache. They can't afford to. Don't have any choice. One thing we don't need is more info on how bad low income children's teeth are if nothing is going to be done for them."

Low Income Mother--Strong:

"That dentist doesn't fill teeth. He just takes them out. It's quicker and he can make more money faster."

State Social Worker-Norway:

"No one has come up with any way yet to provide dental care. Perhaps a scholarship with strings attached so a dental student would come to Maine after he graduates."

Low Income Person-Norway:

"Almost every poor family has dental problems. Can't get teeth out. Costs \$100 or more. You could die in agony before they would touch you."

Low Income Mother-Greenwood:

"Most people can get to a doctor if they need to but don't always feel they can afford eye and teeth examinations unless an emergency arises."

ADC Mother-Harrison:

"I wish the state would fix our children's teeth. The same as they do the wards. Some of my children have never been to a dentist."

Low Income Mother-Norway:

"Sometimes you can get them out (teeth) but what are you going to put in. Vocational Rehabilitation will pay for teeth if you need them for your job, but if you work in a shop, they don't think you need teeth. You have to smile at your boss with no teeth."

Low Income Mother-Otisfield:

"Clinic facilities at Norway would help those not on state aid and dental care is badly needed but too expensive. We need more general doctors. They are all overworked."

Low Income Mother-Kingfield:

"I think something should be done with the dental problem. Most children don't get to go to the dentist due to money problems. A clinic would be nice."

Mother of Four Children-Farmington:

"I would like to see a dental clinic for my children. It seems I never get the dentist paid."

Low Income Mother-Phillips:

"You can't get dental care when you need it plus the dentist won't pull teeth."

Low Income Mother-Strong:

"Can't get dental care when needed. I go to Augusta for dental care for children. When I or my husband have toothaches we wait until our next trip to Augusta."

Mother of Two Children-Strong:

"I find that if I go to the same dentist and stay with him I have much better luck than those who don't see a dentist regularly."

Mother-West Farmington:

"It seems to be a task to get dental work done unless it's on a cash basis which forces us to let our children's teeth go without care longer than we feel we should. "

Low income Mother -- Salem:

"Can't get dental care. Not unless you are having a toothache and need it pulled real bad."

Member of Rangeley Health Council:

"A lot of children need dental care but by the time they are eight years old or so they have run up dental bills that are so high...And even with a clinic it's very hard to get low income people to bring their children in. This is the problem."

ADC Mother-South Paris:

"An ADC mother cannot get dental work done."

Mother -Greenwood (Not low Income):

Norway is where our dentist is. I can always get in whenever I call. He is very nice about payment also but dental work is so expensive it's hard to have everyone in good shape always."

Low Income Person-Norway:

"There's no teeth on my street. Everyone has had them pulled but no one has any teeth to eat with."

State Social Worker-Norway:

"There is a need for dental clinics for the whole family. Dentists don't feel that they have time for it."

Public Health Nurse-Franklin County:

"Would like to have lots of money for the dental needs of school age children and adults..Local health councils help some but they never have enough money for dental needs."

Low Income Mother-Norway:

"Dentist wants to know 'Do you have money? Who's going to pay?'...What about dental insurance?"

F.C.M.H.--"We follow all the legal processes to collect..."

About halfway through the survey I met with Kenneth Swett the administrator of the Franklin County Memorial Hospital.

Mr. Swett mentioned that "problems exist" in mental health and that there is a need for more psychiatric and counseling services in the area. He said that the hospital may be able to do more clinic work when space is available. He said there was a pre-natal clinic a year or so ago in which the patients were "screened" and those who were able to pay did so and those not able to pay were not charged. He added that a pre-natal clinic is now available but "not on a formal basis."

Swett said that eventually the hospital hopes to be able to do some rehabilitation work too. He said that a monthly orthopedic clinic is now available and that "hopefully it will expand some."

Swett mentioned that there had been some discussion with the director of Senior Citizens on how to provide physical examinations for these older people. Some of them haven't had physical examinations for some time and, Swett said, "people over 65 should have regular physical examinations."

I asked Mr. Swett if hospital people had seen any evidence of malnutrition. He said he had not seen any signs of malnutrition but "We see some kids in pretty bad shape. Some very young kids show signs of anemia and lack of care," he said. "Once in a while we get worse cases--mal-treatment and so forth."

"Some older people have troubles--particularly males. Poor old fellows. They come in here and when they leave a week later you'd never know they were the same people. You talk about Kentucky hillbillies, we've got them right here in this state...Elderly people are not getting care. Senior Citizens are finding out needs. This is a group that needs

help. No one is providing it."

"A lot of these people are proud," he continued. "It's the old stock.. They don't want to get involved with programs. One man wouldn't use Medicare."

Swett said that in Franklin County there were "no organized social workers. Not to my knowledge. Public health nurses act in that area (social work)," he added.

Swett touched on the problem of attracting physicians and dentists to the area: "Need a selling job...They come here for hunting and fishing. A committee of local people haven't had much success. Need the personal approach. We subscribe to the local paper for them."

I then asked Mr. Swett what the hospital's policy is regarding people who can't pay or have trouble paying their bills. "Woodsmen have a need for monetary assistance. They work on a hand-to-mouth-existence. If they sell a cord of wood they have the money. It's hard for them. Many young people--late teens or early 20's--haven't got a penny. No insurance. We take them. They agree to assume responsibility. We let them tell us what they can afford to pay. Some mothers have had four or five children and haven't paid a cent. We take the steps that have to be taken--attorney, small claims court. If they come in and talk, we'll work something out. We've never refused anyone, regardless of stories. Don't know where these stories start. Never been anybody refused service. We follow all the legal processes to collect if the people have it..If they don't, we write it off."

Family Planning - "A Vicious Circle of Poverty and Fertility..."

One of the more successful programs aimed at attacking the causes of poverty as well as improving the health of low income mothers in Franklin County is the family planning program funded by the local CAP agency.

Until this program was launched, very few low income families in Franklin County had access to family planning information and medical service. And many of the poorest families in rural areas---the people who needed the information and medical service the most--had the very least chance of ever getting it. So many of these families were just getting bigger and bigger, and poorer and poorer.

The report issued by the President's National Advisory Commission on Rural Poverty had this to say:

"A vicious circle of poverty and fertility is at work. Because these people are poor, they do not know how to plan their families nor do they know where to turn for help in planning. Because they do not limit the size of their families, the expense of raising unwanted children on inadequate incomes drives them deeper into poverty. The results are families without hope and children without future.

"Given the opportunity to plan their families, the rural poor at least have a chance of emerging from poverty. Without family planning, the possibility of reducing poverty in rural America (or in urban America, for that matter) becomes more remote. The success of programs dealing with employment or education or health in rural areas depends in considerable degree on the ability of the poor to control the size of their families.

"From the health point of view the characteristics of the rural poor are clear and grim. Not only do the rural poor produce far more children than they can afford, but they have a higher rate of stillbirths, premature births, and illnesses and deaths among both infants and mothers...

"They (low income people) are the people who desperately need information and medical help in order to plan their families--and they are the last to get it. Yet family planning is one part of health care which for the least expenditure can do most to prevent the wastage and tragedy of unwanted pregnancies. The cost-effectiveness of family planning, according to studies conducted in the Department of Health, Education, and Welfare, is greater than that of

any other health measure available.

"The notion is widespread, especially among more affluent Americans, that either the poor want more and more children or just don't care how many they have. This notion has long been a chief obstacle to any program for providing family planning services under medical supervision to the poor and the medically indigent.

"Common as this notion may be, it is no longer true, if it ever was. The poor do tend to have more children than people with adequate incomes, but the evidence is overwhelming that many of the children born to the poor are unwanted...

"Where family planning information and services under medical supervision have been offered to the rural poor by both public and private programs, participation has been high and the proportion of women continuing the service has remained high. In many of these families, a family planning program brings an aspect of modern medicine for the first time."

In the words of Clinton Conant, director of the local Community Action Program:

"Family planning is one of the things that really attacks the causes of poverty. Some families have had a child every year or so until family planning came in. This is the biggest problem of some of these families. Now most of them are finding a way of managing with family planning..It gives them a new outlook. And you can start working with them on other problems...It's one of our best programs. We've noticed a big change in attitudes."

The first family planning clinic sponsored by the CAP agency was held in January, 1967. It was one of the initial requests of the CAP board of directors.

Referrals to the program are followed up by a community aide who arranges for the patient to attend a Nurse's Clinic where reproduction and the various methods of family planning are discussed. Next the patient attends a clinic conducted by a physician and attended by a nurse. She receives a physical examination and a Pap smear screening test for cancer and the method of birth control chosen by the patient is prescribed. All patients receive supplies provided by the clinic, as well as check-ups as

directed by the physician.

A patient's financial eligibility is determined by O.E.O. guidelines. Dr. Paul Brinkman is the medical director. He is assisted by Dr. Roger Condit and Mrs. Ree Wells, R.N.

The CAP family planning program found health problems right from the start: among the first 32 people screened there were four positive Pap smear tests which resulted in two serious operations. A physician told CAP officials: "This is a case of saving lives."

Here is a breakdown on women who have been served by the clinic from January 1, 1967 to May 31, 1969 (*see next page):

- 165 patients have attended the nurse's clinic
 - 11 dropped out after the nurse's clinic
 - reasons:
 - 7 not interested
 - 2 pregnant
 - 2 positive Pap smears

- 151 patients attended the doctor's clinic
 - 38 dropped out after doctor's clinic
 - reasons:
 - 16 not interested
 - 11 moved
 - 3 pregnant
 - 8 hysterectomies

- 121 patients are now being served
 - 236 Pap smears have been taken
 - 14 Pap smears were suspicious and positive
 - 4 D and C's
 - 8 hysterectomies
 - 2 further follow-up Pap smears negative
 - 1 cobalt treatment

--Methods used by patients

- 82 pills
- 23 IUD
- 7 diaphragm
- 1 foam

Everyone to whom I talked was high in his or her praise of the CAP family planning program. Dr. Helen Provost, director of the Division of Maternal and Child Health and Crippled Services of the Department of Health and Welfare said: "It's well operated...very good job." A public health

nurse said: "Many of these families want and need family planning... They have lost control of the size of their families." A nurse at Franklin County Memorial Hospital said: "Family planning has discovered a number of cases of cancer in its early stages. A number of women have had hysterectomies."

The importance of the program was evident in comments made individually to me during interviews. Some of these mothers, for the first time, saw some hope of being able to cope with things. This was a completely voluntary program that they understood and wanted to take part in.

In fact, one mother who would probably be considered "unreachable" by some social workers and public health nurses has been "reached" by family planning. She takes her pill religiously every day and at the same time--precisely five o'clock.

* These figures are from Dr. Paul Brinkman of Farmington who, until recently, was the director of the program. He said the number of positive Pap smears was "way above normal." He said he was "amazed" that the percentage ran so high, but that there was no question about the accuracy of the reports. He attributed the high percentage of positive Pap smears to (1) a lack of prenatal care; (2) the high average age of the women taking part--30 to 35 years--and that cancer is more prevalent in this age group than younger women; and (3) the fact that 80 percent of these women had never had Pap smears before. He said he thought that during the second year the percentage would "go back towards normal." Dr. Brinkman described the program as "very, very worthwhile."

R.N.'S - - "We try as nurses..."

I spent one morning talking to several registered nurses at the Franklin County Memorial Hospital. They spoke very frankly on the hospital's image and what they saw as the health problems of the area.

"I've been embarrassed when some of these low income people come in," a nurse said. "One man came in and three doctors told him there was nothing wrong with him--but he still couldn't walk...We give so many people the brushoff...Our public relations hampers us in the way we approach things.. we try as nurses to give them care."

Another nurse said, "You have to have a doctor to make admissions. The doctors do the filtering. Many low income people have fears that doctors will refuse to see them if they owe money. Sometimes they have to try two or three doctors before they can get admitted. They have to shift from doctor to doctor if they owe money. This makes them feel unwanted."

"Some pay 25 or 50 cents a week. Some just don't care. Many of these people need assistance. Many times it's a matter of fear or ignorance and not knowing about services."

One nurse claimed that some low income people have a "high tolerance of pain." And sometimes, she added, "it's terminal pain."

"Some of these people feel that the hospital is still a place to come to die," another claimed. "Some still harbor this feeling. It's a last resort place. There are a lot of fears...Maybe the hospital needs to go out with clinic approach. Maybe it should be teamed up with Clint Conant's outfit (Franklin County Community Action Program) which has a good relationship (with low income people)."

"Of course, the time we put a man in jail at Thanksgiving time is coming back to haunt us. That's a black mark against us. The hospital didn't know he was being jailed. This shakes the public attitude and especially that of low income people. A consultant said our public relations was

rotten."

One of the nurses said that if it's an emergency a person is not even asked if he has money or insurance when he comes to the hospital but if it's a laceration they might be stopped at the office and asked to fill out forms. "Maybe they are bleeding and are more interested in getting a hand cared for. It's aggravating if they stand. This is personal to them."

"If they don't have insurance it's pretty hard for them," she continued. "In the old days, they used to have wards....A lot of physicians are lenient."

One R.N. had these thoughts: "Motivation is important in all areas---- including health...People in upper social levels want to keep low income people there. Some have motivation and come out of it. It must be grass roots motivation and sufficient to keep the ball rolling. You need an outfit like Clint's to keep things going." She went on to relate how a few hospital employees looked down on low income people and added, "As long as people turn their noses up there is going to be trouble."

Another nurse said that many low income people "are going to live that way anyway." She said that the pay at the local mills is "so very small" that she didn't see "how they support a family of children."

One said that it was evident during the family planning clinic that "there are still some who don't know how to read and write. There are poorly educated pockets the further up you go.....They don't have the money to come down.....There is a need for key people in social groups who are aware of programs. Many don't realize the different facilities they do have available."

Much of the discussion centered on the need for clinics. "We really need a pre-natal clinic. Some (low income people) don't think it's necessary. It used to be that pre-natal care went with the delivery fee. Perhaps the lump sum policy should still be followed."

According to another nurse, "We have many mothers with no pre-natal care. Many problems are caused by this. Say a normal delivery costs \$150. Then if they don't get proper or no pre-natal care then they may need Caesarean section which along with drugs and so forth may end up costing the patient double or triple the costs of a normal delivery. Even when clinics are available this is a big problem."

"They need pre-natal care and instruction on how to use doctor's instruction," she added. "Some teenagers have no pre-natal care at all. It's the old problem of stigma. Perhaps we should set aside a day a month for unwed mothers or something."

She pointed out that many young married couples are unprepared to face the "burdens of raising children...They lack a general knowledge that is needed. Sometimes they bring sick children in here and run."

"Some low income people refuse clinic care in Lewiston, Waterville and Portland because of traveling distance. They don't know how to get transportation or who is going to care for kids."

Another nurse added that getting to the hospital for emergency care is not a big problem...They come in trucks. The men work in the woods. They come in lumber trucks. Quite often they are brought by neighbors. A state police cruiser might bring them in if it's an accident. Most have transportation."

One nurse said that there were cases of "borderline anemia" and a lot of patients need assistance in nutrition. She added that they may need assistance in planning the use of surplus foods and that perhaps the hospital should get involved in it. Old people, she said, have difficulty eating food because many of them lack dentures.

A nurse commented on how, when she went to the county fair, she saw a lot of low income people with candy. "They have more money to spend on

junk," she said.

"There is," one woman said, "a need for nutritional education."

Low income people often have trouble finding a physician and sometimes they end up calling the hospital. "Many of them don't realize we can get a doctor. It may take one half hour but we can get someone. We have people on call. The sheriff's office or State Police call in and say they have cases rolling in....The doctor we get may not be the doctor of their choice and this sometimes leads to poor relations."

I asked a couple of the nurses about hygiene. "We don't see lice too often. We see a lot of dirt that's been there longer than today. Basic hygiene leads to health problems. We've had some OB cases who have been invited to take showers...You know proper clothing and how to care for it is important, too. They need to know how to buy the right size shoes and how to take care of them. They need to prevent wet feet so they won't get pneumonia."

One of the nurses claimed that "mental and emotional disturbances are the upswing..There is psychiatric care once a month. The doctor sees those who need treatment...There is an increased number of threatened suicides. Also there are multiple anxiety reactions and an increasing number of individuals who are admitted for alcoholism...It's a symptom of our society."

State Public Health Nurses - Only three in the whole county

There are seven State Public Health Nurses in the Androscoggin Valley of Androscoggin, Oxford, and Franklin Counties. Three of them have Franklin County as their territory--all the way from Jay in the south to Eustis and Rangeley in the north. The following comments are from the State Public Health Nurses in Franklin County and other State Public Health Nurses in Augusta and the district office in Lewiston.

"You can't place low income people in a slot," one of them said. "The mothers are awfully good material but I don't know how you get through to the fathers. There may be a young father with six or seven children. Some of the fathers are just not doing what they should. They just go out and build another little shack."

I asked the same nurse if she thought there was discrimination against low income people and if they had difficulty being admitted to the Franklin County Memorial Hospital.

"I don't find this is a problem," she said. "There is discrimination against certain families but not because of their incomes. The discrimination is inherited. They feel inferior. It's a one-sided thing...That's a poor excuse if they can't get into a hospital. A family would never be turned away. Some people have owed money for years and years. They have owed the hospital for years and years and they won't pay. I don't blame the hospital at all. This is a complex on the part of low income people--a reflection of their own guilt feelings about not paying. They have accepted charity and unpaid bills for so many years. Many have no money for insurance. The hospital may encourage them to pay \$2 out of their income or wages. They won't. I'm not at all sympathetic to fathers. Most of them handle the finances."

"Hospitals have to accept them. I don't know of anybody being refused...I know you can't get doctors sometimes. I do know that happens. There's always a doctor on call at the hospital. Some don't want to bother to come to the hospital."

Another PH nurse had this to say: "You know the business office and the medical staff go separate ways. You can't hold them (if they don't pay their bills) but the patients don't know this. This is not a brand new problem. The business office is hard on people who can't pay bills."

The first nurse went on to say: "Farm wages are down to a rock bottom right now. It takes two of them to work to make a week's pay.. And woods work is almost nil now (during the winter). I don't know how some families survive."

All the nurses I talked to mentioned the lack of public transportation as a "major health problem" in Franklin County. According to one of them, "There are all sorts of clinics and specialists available through Maternal and Child Services, Eye Care and Special Services, but no way to get the kids to the services. The facilities are available but the father won't take a day off from work. In fact, most are eligible for some type of service. Transportation--that's the big problem."

"Sometimes volunteer groups from health councils take people to clinics," another claimed. "Most people have cars but the cars are not dependable. The buses don't run right. Sometimes neighbors will help. The appointments never come at the right time. They (low income people) will sometimes take time off for some things but not health care."

I asked the nurses if they saw any signs of malnutrition in the county. "No, I wouldn't say so," one said. "We run into a lot of youngsters who do not have proper diets but, to my knowledge, no diagnosed cases of malnutrition. If there were better nutrition it would improve their mental condition

in many cases. There is an excellent hot lunch program but the needs of pre-school and infants might be lacking. Of course we have vitamins which are available to anybody."

Another nurse confirmed that "nutritional needs in the area are very big. I'd like to see the food spread around more. CAP has done good with its surplus food program. Food stamps are more practical. Leaves more to the discretion of low income people...I get so upset at nutritionists. They say a child must have this and that but the parents can't give them these things. Nutritionists don't seem to realize this."

As expected, there were comments on the need for dental care. I asked one of the nurses what single thing would do the most good to improve the health of people of Franklin County. "I would like to have lots more money for the dental needs of school age children and parents," she replied. She added that the lack of dental care is a big problem for elderly people. "A lot of them don't have dentures." She also said that "elderly people need someone to listen to them as much as anything....."

"Emergency dental care is a problem," another nurse said. "The Salvation Army is awful good if they have the funds."

The high costs of drugs came in for some discussion. "I'd like to buy medicine for people without mortgaging their souls," one reported. "You can't charge medicine. They take money away from their grocery bills or go without it."

The nurses pointed out the need for, as one put it, "a regional hospital with clinics. It should be large enough to offer specialists and not a small one that everyone is going to by-pass. If it's another small hospital they are not going to use it."

There was little, if any, coordination between PH nursing and the Androscoggin Valley Home Health Agency. It was easy to get the impression

that the Division of Public Health Nursing felt threatened by the rapidly-expanding home health agency.

Here are some comments by PH nurses on this:

--"A lot of people are going in a lot of different directions."

--"There is dissension in the ranks and squabbling over what agency sees which family. Too many agencies try to take care of the same problem. It's the families that get hurt."

--"It's too bad more medical people don't make referrals to me. Doctors don't seem to realize what public health nurses can do."

--"All of the services have gone separate ways."

Unmet Health Needs-The Social Workers' Viewpoint

In early June I met in Lewiston with several social workers who cover Franklin County for the Maine Department of Health and Welfare. During the course of the survey I also talked to other social workers out in the field.

Again, as in my interviews with low income people, the lack of dental care was mentioned as soon as the discussion began. Social workers hear this plea time and time again: "How can I get my kids' teeth fixed?" One social worker said that since practically no resources are available, she feels quite frustrated when a client asks her about the availability of dental care.

The social workers told me that poor people "not on Title 19 don't get medical care. Their medical needs are just not being met." Consequently, care for these people is on "an emergency basis only."

There is a barrier to hospital care caused by a lack of finances. One social worker stated it this way: "They (low income people) can get help once from the hospital (Franklin County Memorial Hospital) but the hospital makes it very plain that that's it unless the bill is paid. If the bill is not paid, "the next time around the hospital is likely to say 'Why don't you go somewhere else?'"

According to one social worker, the hospital has been known to urge low income people to borrow from finance companies to pay hospital bills. They mentioned that many accounts are turned over to lawyers for collection and that, in one case at least, a father was "put in jail." Another man "swore out a poor debtor's oath" when he was being pressured for payment.

"I have a feeling they get grilled (at the hospital), "one social worker said. "It's too humiliating. They have pride. You can say what you will about lack of motivation but they do have a healthy share of pride.

It's not unusual for them to owe everybody--all the doctors--but they still have some pride left."

The social workers claimed that "low income people definitely hesitate to go to the hospital if they owe bills."

"It's a small hospital with no clinics", one of the women said. "I don't think Franklin County Memorial is any different than any small hospital. You have to have \$50 or you don't get in. We're more aware of them because we work there." Another worker added that some families in Franklin County have been forced to go to Skowhegan and Waterville hospitals for care.

In the words of one social worker: "Low income people just don't have the money to negotiate anywhere."

A couple of the social workers came to the defense of physicians at this point in the discussion. They described the physicians as "mighty hard working..." and "very kind and very generous." They said that they "never heard anyone say they couldn't get treated (by physicians) because of a lack of funds...Not when it came right down to a matter of life or death." If there was ever any problem in regard to getting care without funds the problem might stem from the nurse or secretary in the physician's office, one worker said.

Another woman had a different view. She said that "doctors really de-grade these people. One doctor told a family to go home and clean up. And that finished medical care for that family."

The lack of clinics at the hospital was mentioned by the social workers as a big problem. There is a tremendous need for a pre-natal clinic.

The social workers said that they have not seen any signs of malnutrition in Franklin County. They added, however, that there certainly is a lack of good nutrition. Children in many cases drink canned milk--"if they are lucky to get it." They also eat "lots and lots of starches" resulting

in "pusssgut--fat, pussy kids."

The social workers said they looked upon "the complete lack of hygiene" as a health problem. They told of homes with urine and feces on the floors and the real need for education in basic hygiene. The Community Action Program people have worked hard--"as hard as we work --but as soon as you leave them alone (low income people) they revert right back." The workers said that pinworms have apparently been a problem in at least one area (Rangeley).

The state workers were high in their praise of the Franklin County CAP. "CAP has been exceptionally good", one worker stated. "They are aggressive but you have to be to get things done."

It was impossible to get through any discussion without someone mentioning the high cost of drugs and this session was no exception. "They just don't have the money to buy drugs," said one social worker. "If they talk with town officials, they will authorize prescriptions. I think any of the towns would help out."

The lack of public transportation was described as another health problem. It's extremely difficult for many mothers to find transportation during the day when the husband has the car or truck at work. Sometimes the mother is able to pay a neighbor a couple of dollars for transportation--if the neighbor has a car.

I asked the social workers if they thought there was an increase in mental problems among the residents of Franklin County. They seemed to feel that mental health services are now more readily available and better accepted by the general public. As one social worker put it: "There hasn't been an increase in mental problems but an increase in money to pay for it."

They also mentioned the "sense of values" and the "ways of managing" of low income people. "A lot of them are woods workers," one woman said.

"They have a good week and they are 'nigger'rich. One family bought a second TV set."

The economy of the area also came in for some discussion. "It's a poor area with the cost of living as high here as anywhere. The people have more medical needs with less ability to pay for it....Heaven help us if all the eligible cases are ever referred to us."

The social workers felt that the Medicaid program should be expanded and the sooner the better. One commented: "Many low income people can function adequately until there are medical problems--then they are licked. Medicaid has not been abused to any great extent. It does so much good."

"Title 19 is the answer," one woman stated. "The answer is "MONEY," another added emphatically.

The Last Outpost - "Just keep the road open in the winter."

I made the long drive from the southern part of Franklin County to Coburn Gore on the Maine-Province of Quebec border. The stretch of Route 27 from Kingfield to Coburn Gore goes through what has to be some of the most beautiful scenery in Maine.

Either 10 or 11 families live in this small unorganized township, depending on whose count you use. Two stores, the customs stations, and several houses make up the community. The most prominent activity seemed to be the pulp trucks loaded with huge logs which come wheeling into town.

I asked a French storekeeper where he went for medical attention. "If it's something serious I go to Kingfield, otherwise I go to Megantic. They have a hospital there. It's brand new--only about four years old--and has 75 beds."

"We are lucky. We never go to the hospital. My family, I mean. Everyone in this town is all right." he said.

When I asked him what he would do in the case of a serious accident he replied that there is a nurse in town, the wife of a customs official, and that she might help out. He said it's 20 miles from Coburn Gore to Megantic (hospital), 55 miles to Kingfield (physician), and 50 miles to Rangeley (physicians). He said much might depend on whether or not the injured person were French. "If he's French we'd call the ambulance from Megantic. Otherwise we'd call the one from Rangeley."

The storekeeper said a public health nurse used to visit a family there which had a boy with a "bad leg." He said the "nurse from Augusta used to come three or four times a year." The family moved to the Stratton area a couple of years ago and since then the public health nurse hasn't had to make visits to this border town.

When I asked this man about the health needs of low income people he said that as far as he knew no one in the township had any difficulty receiving care from physicians or at hospitals. However, he added that he didn't know if anyone in Coburn Gore could be called "poor." It was interesting that he added that "I'm sure low income people would have trouble getting care."

The other storekeeper in Coburn Gore, who did not appear to be French, listed two health problems--a man-made bog on the outskirts of the township and the lack of a place to dump rubbish. On the wall next to the door he had tacked a copy of a bill passed by the Maine legislature which provided for a dump in the community. He blamed the county commissioners for failure to act on the matter. "There's no place to dump anything. My cellar is full. I can't dump it out in the back yard. I'd be arrested. What are you going to do about it? It's a problem. I'm going to dump it in the middle of the road and see how they like that. Then I'll resist arrest!"

He said that there were no unmet health needs in Coburn Gore. He didn't think the isolation of the community presented any great problem--even in the middle of the winter when the road might be clogged for a brief time. "It's not as bad as some people think," he claimed.

The final two people I talked to, however, had a different viewpoint--especially as far as the road to Stratton was concerned. This couple, the immigration agent and his wife, had many, many complaints about Route 27.

"Just keep the road open in the winter, " he said. "That's all we ask. That road creates medical problems. It's the biggest joke in an area where I'm paying the highest taxes I've ever paid...There isn't a progressive state in the country that would allow that road."

He said complaints had been lodged with the State Highway Commission and that one of the commissioners had come up to talk to them. They seemed to have gotten little satisfaction from the commissioner's visit.

This immigration official said that one hill--he called it "Ledge Hill"--about 12 miles from Coburn Gore was particularly bad. He said that "hardly a single day goes by" when a loaded pulp truck doesn't have to back down that hill because the driver hadn't been able to gain enough speed to make it to the top. He said this made for a very dangerous situation and that the natives of the area were aware of it and always afraid and on the lookout for a truck which might be coming down the hill--backwards. Other people traveling along this road would not be aware of this danger, he said. He added that during the past winter "when the snow was up to the eaves of the house" Route 27 was "hardly wide enough to get through." Apparently there were a few days when it was impossible to get through.

He was high in his praise of the Frenchmen who drive the pulp trucks. "They really know how to drive," he said. "They have to be good drivers to survive," his wife added.

This man said that the road up as far as Eustis was "kept clear for the skiers" but little attention was given to the highway north of Eustis despite the fact that many skiers from Montreal and Quebec travel south over it to get to the Sugarloaf ski area. Sugarloaf Mountain is located in the Kingfield-Stratton area.

"When that road is clogged," his wife said, "you really begin to realize how isolated you are. It's frightening."

The couple and their son, who attends M.C.I. in Pittsfield, had been in Coburn Gore for two years. They have moved around the country a great deal and the last place they lived was Southern California. It was quite a switch for them--Southern California to Coburn Gore.

"This is a nice place to live but you wouldn't want to be sick here," he said.

They both claimed that there is prejudice against the French and that this is one reason why many people would prefer to travel the extra distance to see American physicians. There is also a language problem and the fact that some people do not want to be treated in a "foreign hospital."

They said that as far as they knew there was no one in Coburn Gore who knew first aid. "I've got some bandages in the office that were packed in 1942," he said. "I doubt if there is anyone here who knows the new way of applying artificial respiration," his wife added.

The woman told how she "gave oxygen" to a heart attack victim during an ambulance ride to the hospital in Megantic. The man, who worked in the customs office, had an attack and laid there for some time until an ambulance arrived with only a driver in it. There was no one trained to handle the oxygen apparatus so she went along to do so.

I asked them about the health needs of low income people. They said that there was no one in the community who couldn't manage and added: "A person shouldn't be here if he's poor."

Since they seemed to be familiar with physicians in other parts of the county as well as the Franklin County Memorial Hospital, I asked them if they thought the health needs of low income people in the county as a whole were being met. "I can't see that the doctors or hospital do any charity work," the husband replied. His wife went on to tell about a county hospital in Texas that provided free medical care for poor people.

"We need a good, well-equipped hospital in this area," she said, adding that she hoped it wouldn't be any further south than Farmington. "It would be one thing to drive 50 or 60 miles and know there would be a surgeon or whatever you need when you get there....They only have one

surgeon on the staff at Megantic. You might not be able to get him."

After looking around a great deal they selected a Rangeley doctor as their family physician. "He even got me to quit smoking." the man said. They were very high in their praise of him.

"We have a real problem getting dental care," she said. "We've had trouble finding a dentist who would take us. Going to a dentist (in Maine) involves taking a day off, staying overnight in a motel and taking our son out of school for a day. We are going to a dentist in Megantic now. He's young and up on everything...Young people's teeth around here are terrible. Don't they ever get them fixed?"

Her husband went on to tell about two young girls who came into his office to fill out some papers. One of them, about 15, didn't have any teeth and the other one wanted to have all of her teeth out.

The woman also pointed out that there seemed to be a need for family planning.

"But in many ways it isn't bad here," she concluded and mentioned her new coat. It was made from furs from beaver which her husband had trapped last winter.

Home Visit in Farmington Falls--"You get the point after a while."

Mrs. Y., who is in her mid-40's, is the mother of seven children and would certainly be classified as "medically indigent" although she might not be placed in the so-called low income category. She is not connected with any welfare program. It was apparent, however, that she had had much trouble paying for the family's medical care.

Mrs. Y. does not have a family doctor and stressed that she could not get appointments to see physicians. It is, she said, "very hard to get a doctor." The physicians in the Farmington area "are too busy...don't have time to see you...(but) if you get a hold of a doctor, he would see you if it's anything serious....you would be lucky if you could get one in an hour.. otherwise you would die....you get fed up after a while."

"Unless you've got insurance, it's impossible to get into a hospital here. First thing a doctor asks you is if you have it. A lot of people say this. If you say 'no', they put you off. Doctors keep asking you if you've got it. You get the point after a while. In a real emergency they would probably take you. A lot of these cases are not emergencies to start with, but in a few years they are."

"I don't think the Farmington hospital is that good," she continued. "They are short staffed as far as nurses are concerned...I'd go to the Osteopathic Hospital in Portland. Wouldn't trade that place for a million dollars....They say 'don't worry about money, we'll find out what the trouble is.' You just don't hear that up here."

"Many doctors," Mrs. Y. said, "are not aware of mental needs. Half of it is nerves. This is a lot of your sickness. Doctors don't take time with a new patient to learn how they feel....some doctors are very careless."

I asked Mrs. Y. if she would take members of her family to medics or paramedical people or some sort of "sub-doctors" if they were available. She replied that she would be in favor of anything. "They would be as good as a doctor." She said she "would think that the doctors would want all the help they could get."

Mrs. Y. said the Farmington area needs a general clinic for people who just don't have the money. She said many people go to Lewiston when they don't have the money.

Mrs. Y. concluded by saying that despite the problems she has had obtaining health care for herself and her family she thought she had been "very, very fortunate."

Home visit in Industry--Court Summonses and threatening letters

Mrs. M., who is 22, and her husband, who is 31, and their two children, one a year old and one four years old, live in a small three-room shack without running water, toilet facilities or electricity. They had electricity but it had been turned off because they couldn't pay the bill. The shack or hovel was very dirty and poorly constructed. It must be very cold in the winter because you can see through the walls in places. It would certainly be an understatement to call the shack a substandard dwelling.

The family receives no welfare of any kind at the present time. At one time Mrs. M. Was separated from her husband and received ADC but this, of course, was discontinued when she went back with her husband. She is, however, on the family planning program operated by the Franklin County Community Action Agency.

This family gets water from a nearby well but Mrs. M. said she has to carry it. Apparently her husband won't. Mr. M. works in a sawmill some distance from their home and since he does not have a car he has a great deal of difficulty with transportation. I got the impression that Mr. M. did not need much of an excuse to stay home and misses a great deal of time from work. Mrs. M. indicated that Mr. M. had a drinking problem and that he has assaulted her in the past.

The couple's four-year old daughter, although dirty, seemed at least to be healthy. The year-old however, did not appear to be in very good health. The child could not walk and appeared to have difficulty in even crawling. Mrs. M. said she has been told that the youngster should be in a walker but she doesn't have one or the money to buy one. In the words of Mrs. M.: "I wasn't getting the right food while I was pregnant, so he can't walk. He is still not getting the right food!" Mrs. M. said she was told at a clinic six months ago that the boy had asthma but she's never had any

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money to buy any medicine for him. She said she planned to take him to a clinic in a couple weeks "if I have transportation."

Mrs. M. said she had no pre-natal care whatsoever. She said that when she started to deliver, the hospital "wouldn't take me because I owed them money." She said that finally her father and mother called the hospital and threatened to "make trouble" if the hospital didn't take care of her. Finally some arrangements were made, apparently through the selectmen in New Sharon, to pay the hospital bills for delivering the child.

Mr. and Mrs. M. have a great deal of difficulty in getting medical care. Mrs. M. claims that doctors refuse to see them and that when she has gone to the Franklin County Memorial Hospital the people there were "ugly" to her. She added that when her husband had to go to the same hospital recently for X-rays, "they gave him a bad time."

This family has had a great deal of difficulty paying doctors, the druggist and the hospital. And there appears to be no doubt that they have been harassed unmercifully because they have been unable to pay these bills. Mrs. M., at my request, showed me four court summonses for non-payment of bills at the Franklin County Memorial Hospital. She said that they were being taken to court again the following week for another bill at the hospital. She said she was unable to get any medicine at a drugstore because she owes them money. At one time the couple had agreed to pay \$5 a week on one of her bills but had been unable to do so. She added that she had received many collection letters from an attorney for the hospital.

Mrs. M. said that the local health nurse stops by "when she has time." I couldn't see that this family had been helped very much by any public health nursing.

Apparently Mrs. M's health is not too good either. She said that she

"passed out" a couple weeks ago and was taken to a Lewiston hospital for some condition. This problem was quite vague. She did add, however, that she had had a headache since January. "I must need glasses or something," she said. She said she takes anacin and aspirin for this constant headache.

A social worker told me that this case, among other things, points out the tremendous need for a prenatal clinic in the area.

(A month or so after this interview a social worker informed me that Mr. and Mrs. M. suspected that they both had VD and that they again had difficulty in making an appointment to see a physician. Finally, one did agree to see them.)

Home Visits in the Rangeley Area - The financial barrier...

I visited the homes of several low income people in the Rangeley area. During one visit, I talked to two mothers who were in their late 20's or early 30's. One had two children and the other three, and they both lived with their husbands.

The home in which I visited these mothers was little more than a bleak shack. There was a wood stove for heat, no running water and no indoor toilet facilities.

Both families had severe dental problems. One of the women said her husband had had a toothache for some time "probably because of bad teeth. He needs to have them out." Both women obviously needed to have their teeth extracted.

The two mothers had little or no pre-natal care when they were pregnant. They said they "put off until the last month seeing a doctor." One said she "waited until the baby was due and then called the doctor at the hospital."

The same mother said that when someone in the family is sick and goes to a doctor, "half the time the doctor prescribes pills, but I don't have the money to buy them."

The two said they hold off going to a doctor because of a lack of money. Both added, however, that they would go to the doctor "if it was real bad."

One mother said that one of her children "has an ear problem and needs to see a specialist" but hasn't yet and probably won't in the near future because of a lack of money.

Another visit was to the home of Mrs. P., an ADC mother who is in her late 50's. Her husband died about two years ago and only one of her ten children--a girl in grammar school--was still at home. The rest are

grown up and have left home. Mrs. P. now lives in a small trailer.

Mrs. P. first stated that she didn't think she had Medicaid any longer because she thought she had a letter to that effect from the Maine Department of Health and Welfare. She produced a form letter which listed several conditions and boxes to be checked if the conditions applied. The particular statement checked stated that she would be getting more money but she thought that all the statements applied to her including one saying that she no longer qualified for Medicaid. She was, of course, relieved to find out that she could still receive free medical care.

Mrs. P. said that lack of dental care was a major problem. She said that a local physician told her a "long time ago" that she should have her teeth pulled but, as she put it, "I didn't see the money." Her solution has been to "pull my own teeth." Mrs. P.'s daughter also has some unmet dental needs.

She also mentioned that drugs are a problem because they are so expensive and she has "to pay the full cost." Mrs. P. said that ulcers were her worst medical problem.

Mrs. P. told how she "tried desperately one time to get a doctor to come to see a neighbor who was sick." She said the first two physicians she called refused but the third agreed to come. She said the sick neighbor's home was "dirty and smells real bad" and that the couple living there drink a lot and have verbally abused physicians when they have called there in past.

Mrs. G. is a 28-year-old mother of five children ranging in age from one and one-half to seven years. Her husband works in the woods and they live in an extremely run-down home with several junk cars around it. You had to be very careful crossing the porch because of missing boards. A couple of windows were broken out and replaced with rags and cardboard.

In the past, Mrs. G. has received pre-natal care at a clinic at the Central Maine General Hospital in Lewiston. She said she pays \$5 for all office calls and medication and pays one half of the delivery and hospital bill. She said she travels back and fourth for checkups and then goes down and stays at the home of a relative in Lewiston during the last two months of pregnancy.

Mrs. G. always takes her children to the Child Health Clinics in Rangeley. In fact, she walks a couple of miles to town to do so.

She said that her children were in good health outside of having had no dental care (one of her children). Mrs. G. had several teeth missing in the front of her mouth and said that someday she hoped she would be able to get a set of false teeth. She added that her husband had colds a good part of the winter and estimated that he went to a doctor 10 times.

Mrs. G. said that her sister-in-law was refused care by a local physician because she didn't have any money. She then went to a second physician who treated her despite the fact she didn't have any money.

"Sometimes Dr. _____ won't take you in if you have no money. Dr. _____ always takes you in--money or no money," she said.

Other low income people I talked to in the Rangeley area reinforced my claim that poor people feel that there is a financial barrier to dental and medical care.

One mother I talked to, however, was quite critical of a couple of local physicians but said she had "no problem getting into hospitals." She worked part time and her husband had regular full time employment. She has five children and has "seen a lot of dental problems." She said she takes her children to the dentist for regular checkups and is pleased that Rangeley will have fluoridation. "It will help," she added.

Conversations on a Summer Day

One technique used to obtain information was just drive around the county and talk to anyone who might be available. After a brief explanation of the purpose of the survey, most people opened up immediately. Health care was certainly a matter that they were very much concerned with and had definite opinions on.

My first stop on July 8th was at a variety store in North Jay. The man who ran the store was in his 40's and was doing a brisk business in beer and Italian sandwiches.

He led off with this statement: "It's impossible to get a doctor here. I go to the Farmington hospital. Only takes 10 minutes on the new road. You can always get help there. I have a 12-year-old boy and he has broken his arm two years in a row."

"Now the new hospital--What the hell good is it going to be? They ain't going to have anything in it. Let's face it, if you have anything serious you're still going to Lewiston or Maine Medical."

I asked him if he had any problems getting dental care.

"One dentist, Dr. _____, charged \$18 to take out a tooth. Now there ain't a man living who is worth that much to take out one tooth. The dentist I go to used to charge all kinds of money, but I told him one time that his prices were just too high. He went down some but the other dentist is still ridiculous."

What about health care for poor people?

"Well, the doctors are good about it but from what I've heard they have a damn tough time at the Farmington hospital. I guess they have to sit down for an hour and give their life history. They want to know how they are going to be paid...Poor people would play hell getting care at Farmington hospital. It ain't right. Poor people need help

the same as everyone else. It ain't fair they can't get it at Farmington hospital."

"I'd be glad to help put some money aside to help these people. If you've got money today you may not have it tomorrow. You never know. Some of these people have worked hard all their lives. Just getting by. Look what it costs for a day in a hospital. I see fathers come in here with \$65 pay checks with six or seven kids. How in hell do they manage? And the people who live on the state only get enough for feed. Sure doesn't cover rent or clothes or anything."

The next person I talked to was a woman who lives on Route Four on the outskirts of Farmington. This woman, who was in her late 40's or early 50's spent six months last year in the hospital in Farmington, Waterville, and Portland.

She said the local hospital is a "very good one but they just don't have what they need. Don't know what we'd do without a hospital. The doctors here are right out straight. They are exhausted. Same way with dentists. There are no specialists here so you have to go outside the area--which is a hardship."

I asked her if she thought the health needs of low income people were being met.

"Of course poor people don't have the money for specialists. But poor people can go to the hospital. They have to work out finances. As long as they agree to pay one dollar a week it's OK. Some won't do that and the hospital has to have its money. There's no discrimination if that's what you mean. Course some people can pay."

Next I talked briefly to a woman who ran a small grocery store in New Vineyard. Her biggest complaint was that physicians were not available when her husband was not working--on weekends and during the

evening.

This woman said she didn't think low income people had any difficulty getting medical care through physicians or at the hospital. She added that dental care was a big problem and that because the local dentist won't take any new patients and has a six month waiting list she takes her daughter to Portland for dental care and she goes to Madison.

The next person I talked to was a retired man in his 70's who lived alone in a small trailer. First he squinted at me and said, "Whatcha up to young fellar?" After a brief explanation, we talked for some time. Here are his comments:

"I haven't felt well for some time. Had an operation couple years ago. They took something out of my kidney. Don't remember what they call it. I feel pretty rotten all the time. Been to two different doctors in the past couple months and they both said I'm all right. Maybe I am, maybe I just think I'm not. Doctor costs like the devil. He wants \$4. And if you're foolish enough to go to a druggist you pay him \$5 or \$10. Baloney! Hell!"

I asked him about Medicare. Doesn't that help?

"You get a percentage. Had Blue Cross-Blue Shield. Dropped that just lately. Couldn't see it. I'm on Social Security and that's all I get. Less than a decent week's pay. Either \$93 or \$89. I can't remember twice around a stump. You can't get much lower. That don't go very far. Can't throw no pink tea parties on that, neighbor!"

I asked him what he ate.

"I eat a lot of cereal. Once in a while I have a can of beans and some hot dogs. Sometimes I get eggs from a woman up the road. She gets 60¢ a dozen for them. Don't blame her a bit. I drink hot water. Can't afford tea or coffee."

"I'm so lonely. My wife is in the cemetery. She died in 1963. Got some children but they got all they can do to get by. I saved a few pennies but that's going fast. I don't know what to do. It's too much for me. I wasn't in World War One or World War Two so ain't got that to lean on...I just don't know, neighbor....You know, with just \$25 a month more I could get along comfortable. But you have to take what they give you..Like it or lump it. And they don't make any allowances for up and down in prices. I'm just plain out of luck."

He was high in his praise of the Franklin County Memorial Hospital. "Got no kicks there. They are good people."

I asked him if he had ever given any thought to joining a Senior Citizens group.

"Nope, that's all rubbish. I leave it alone. Most of it is someone looking out for themselves."

I concluded the conversation by asking him what he considered his biggest health need.

He thought this over a minute and replied: "Groceries and fuel."

A few miles further down Route 27 I talked with a woman in her 60's or 70's, a life-long resident of nearby New Sharon, who was the mother of 14 children. Three other children had died. She now lives alone and said she is in good health. Her comments:

"It's impossible to get a doctor to come to the house in New Sharon. They are even miserable about going to a home in Farmington. If you are real sick you can't always get in a car and go to a doctor's office. Doctors just aren't the same. The New Sharon doctor died--Old Doctor Floyd. No one to replace him. He was great. I remember one time he was going to go on a trip to California and I was about to deliver. You know he stayed in New Sharon. He wouldn't leave until I had the baby. He put off his trip.

I had my baby then he left. A doctor wouldn't do that now. My husband was a day laborer. He worked hard. Old Doctor Floyd never sent us a bill. Never any question about it. He knew my husband would pay it. My husband would chop two or three loads of wood and pay him..Doctor Floyd was always there, day or night. 'Taint nothing like it is now. Don't catch doctors like that now."

I asked her if low income people she knew had any trouble getting hospital care.

"It's too hard for them to pay hospital bills. Don't see how a poor man who works a day at a time can pay hospital bills. It's impossible to pay them. That's the thing--the hospital bill. One of my sons has insurance and that helps some. My children have always paid their bills and so they don't have any trouble getting into the hospital. One of them did get a letter saying he had to have something down. A poor man would have to pay before he went in. I think you can get in if your credit is good but they question others."

"I went in to the hospital to pay a bill for my son. He works and his wife doesn't have a car so sometimes I take the money in for him. His wife was in the hospital for a couple of hours and they wanted to charge an all-day rate for her. I wouldn't pay it. The man said that they had to charge the hotel rates. I said that my son works in the woods and doesn't make enough to pay hotel rates. Finally, he gave in 'cause I made it clear that I wasn't going to pay the full rate. So I just paid for three hours."

"The town has to help them if they are poor enough. Town doesn't want to.....If one of my kids was sick, regardless of how much I owed the hospital, my child would get help one way or another. Don't know if other mothers would feel the same way...Some people get help who shouldn't and others don't get help who should."

I asked her about dental care for her children and grandchildren.

"They don't have the care they should. They have a Head Start program which pays for some. One of them had four teeth out in Lewiston. A dentist charges \$4 or \$5 a tooth now."

"A poor man can usually manage somehow to get to a doctor but the cost of teeth they just can't take care of," she concluded.

I then stopped to talk to the manager of a woodturning plant which employs about 50 people in New Vineyard.

The man said that on the one hand you've got "intelligent people who don't seem to want to be healthy and you've got unintelligent people who don't know how to be healthy." He said it may be easier to deal with the latter group.

He said it is necessary to go in and train these people--change their habits. This effort, he said, would take "patience, time, and money. If they are in a rut they want to stay in the rut. It's difficult to get them out of the rut." He went on to tell about a workman who "smelled terribly" and how, over a period of time, his co-workers got him to clean up.

He mentioned Avon Valley--"Happy Valley" as he referred to it--and that there was intermarriage and that they were "definitely low mentality people--just as low as any people in the South."

"Laziness is a major factor," he said. "There are people who could change but don't because of laziness."

He mentioned that about 100 people are covered by the Blue Cross and Blue Shield plans that his employees have.

I also talked with the secretary at the woodturning plant. "Dental care is the real need," she said. "A lot of these people just let their teeth fall out."

She said that Public Health Nurses and the Franklin Area Counseling Service help poor people. "Public Health nursing keeps track of some of these low income people. These people have to ask for help and have to be willing to accept it."

She said that the surplus foods program recently begun by the CAP agency is an asset too. The population of New Vineyard is about 400.

She also mentioned the "antiquated sewerage" system that the community had. She said that a facility for mentally retarded people in the town dumps its sewerage into a brook.

I next met with Lawrence Wattles, New Vineyard health officer at his farm. Wattles is also a selectman and very much concerned about health matters. He pointed out that there is a tremendous need for home health nursing and was high in his praise of the Franklin Area Nursing Service and the Androscoggin Valley Home Health Agency.

Wattles, as health officer and selectman, has had difficulty in determining just what resources are available. "If a person is sick and needs help" he said, "he shouldn't have to worry about which of 20 agencies could help." He suggested that there should be one central clearing agency that a person could turn to get information. "If the groups were all together in one central place it would help," he said. He added that maybe the CAP agency or the Extension Service might help to coordinate things.

Wattles also pointed out that there is a lack of cooperation among some agencies in the country.

I asked about pre-natal care in the New Vineyard area.

"By and large a lot of people who need help are not able to get transportation. It's hard for them. There are children at home."

I then asked him if low income people had any difficulty getting into the Franklin County Memorial Hospital.

"No problem if towns will give OK. Sometimes there is a residence problem. You can contact Health and Welfare except on weekends. That's about all you can do...It could be difficult for low income people to get into the hospital....Some cases go to small claims court. They don't do it arbitrarily. It's not an arbitrary thing."

He said the surplus foods program is a help. He pointed out, however, that some people on welfare may have a larger income than some mill workers and are eligible for the commodities while those working in the mill, which pays minimum wages, are not eligible.

And Wattles cited the case of one older man who said he wanted surplus foods to save money because of the "high cost of liquor."

"At least he was honest," the selectman said.

My next stop was a garage just outside of Farmington on Route two. A middle-aged couple ran the business and the husband was busy so I talked to his wife.

Her first complaint was that "You can't get into a hospital when you need to..You have to have a doctor sign you in."

She went on to say: "You can't get a doctor to come to your house any more. I know an old man who was sick and had a high fever. They had to get him into a car and take him to the doctor's office....I don't know if it's because they are too busy or it's just a new policy. It's not just here. This is true all over."

I asked her if she thought the health needs of low income people in the area were being met.

"I just don't know," she said. "The rates are so high. If there is no insurance I don't know how they would get help...Drugs are a big problem. It's just robbery for the poor people on a pension. I guess Senior Citizens organizations get drugs at half price but I hear that some people can't

afford to belong to Senior Citizen clubs. Not all of the older people are in those organizations."

"Another thing--I don't think doctors should all take the same day off. That's pretty stupid. I think they should alternate so you could at least have one doctor on duty so you wouldn't have to crawl around."

The last person I talked to was a 68-year-old man who was lounging on his front lawn. This man was amazed when I told him about this survey. After a few moments of suspicion on his part, he invited me to stay and listen to his whole story.

This person had been some sort of a skilled machinist until one day three years ago when he started having vision problems. He had to quit work and started going to local physicians and then to neurosurgeons in Portland.

"I'm pretty bitter about the doctors up here. I don't think we've got a doctor in Farmington. You really hit me in a sore spot. I've sat around for three years. I just can't get any relief. I'm getting out of this part of the country. Going to California. Sold all my stuff in the barn yesterday....I've got to try to get some relief."

"I just can't do anything. I go to bed early at night and sleep late in the morning. Have to take a nap in the afternoon. My wife is one in a million. Don't know what I'd do without her. She has always handled the finances. Got wonderful credit thanks to her."

"It's hard to grasp the difference in hospitals. There's something lacking here. They have got some good people. Known them for years. But something is missing," he said.

"You know if a man has a fever or something, he can't always get in a car and drive to a hospital. Doctors won't come to your home anymore."

"I don't think doctors are as good nowadays," he continued. "They don't have the interest.... We've got some money-mad doctors..Some of them make

a flamboyant display of wealth. It's ridiculous....I think Health and Welfare should do something about all the doctors taking Thursday afternoon off. What if we had an emergency? I don't understand it...The doctors here have the same kind of ring that lawyers used to have. New doctors have to get into this group."

"We've got to have a dentist too," he said. "We are hurting for another dentist. My wife has an awful face full of teeth. It costs \$7 just to have a dentist look in a mouth. And you have to wait a year."

I asked him if low income people had any difficulty getting care at the hospital in Farmington.

"They pay or they don't. There are very few deadbeats at Farmington hospital. They use small claims court. You can read them in the paper."

A couple of days later I stopped to talk to a Maine Forest Service employee in Eustis.

"Liquor is a big problem," he said. "People who could pay their bills don't. It all evolves around the bottle...Many people are not feeding their children right...They could raise their food but they would rather go fishing. There's no reason why people shouldn't have berries all winter in this county...And there's work available for anyone who wants to work."

A man living on a back county road who described himself as a "horse-trader" said that as far as medical care is concerned "there are some people who ain't getting help" He also found some fault with the credit policies of the F.C.M.H. "It ain't no good to take those people to court. What are you going to do, put them in jail?"

A retired man who lived in Eustis said that in New York, where he lived until a couple years ago, "they seem to take care of low income people." He said there are clinics available that people there could go to. "Social security is my only income," he went on to say. "Food prices keep

going up..."

A storekeeper in Stratton said that he and his family go to Rangeley or Kingfield for care by physicians. "One time I took a man to a Rangeley doctor. The doctor asked me to take him to Farmington. He died two hours after I got him there. Had a heart attack."

A post office employee in Kingfield said that "nursing home facilities are a problem for people in the low income bracket. They can't afford it." He said that he "didn't know of "anyone who needs care who is not getting it." A majority of people in the Kingfield area go to Farmington for hospital care but "go all over for dental care."

He said the one drawback as far as F.C.M.H. is concerned is that people have "more confidence in specialists who aren't available in Farmington."

He said that there is also a problem in the Kingfield area with "low, low income families who live in shacks and have animals living with them. It's bad...There are also families which lack a proper diet and this will show up later in life."

A storekeeper in Kingfield said he didn't feel that people were "very bad off up here. Why complain?" He said there was no one in the area "who can't support themselves or can't find medical attention if they need it.... There's no problem. They can get health care when they need it..It's their own damn fault if they don't....Lots of them are too damn lazy...A lot of them buy booze when they should be buying clothes for the kids."

"A good percentage of the people here have got insurance. The mills both have Blue Cross...I have a hospital insurance policy. A few years ago it was good, now it's not so good. Doesn't cover everything...Medical costs are awfully high. Guess they are going up."

He added that the surplus commodities program seemed to be helping low income people. He said some poor people have charged food at his store and "the bills have dropped because they simply haven't had to spend so much on food since they began getting surplus commodities." He mentioned one family with seven children which "couldn't seem to get ahead before" but now seemed to be able to pay the grocery bill. -54-

Comments - "More Discrimination Here than in the South"

Rangeley Town Official

"All three doctors here take Wednesday afternoon off. That leaves us without coverage. Now you would think they could get together and stagger their afternoons off."

Town Manager - Franklin County

"We don't see that there's any need for surplus foods. We've bucked this thing for quite a while...There are no hungry people here...Poor old people trying to live on \$45 or \$50 a month. Don't know how they are going to live on it...Then you get some old bag on ADC and you have to support them. ADC is the biggest Goddamn racket in the country today."

Resident of Rangeley

"Why can't they stop fighting long enough to build one hospital?"

Town Nurse

"The hospital (Franklin County Memorial Hospital) is good about throwing them in jail. It's hard to get in the hospital without insurance..Doctor verifies that you are able to pay. If no insurance of any kind, where do you turn?"

Town Manager - Franklin County

"There's no question about it, some (low income people) are hounded to the point they are jailed."

Public Official - Franklin County

"There's more discrimination here than in the south...Every new doctor here gets the patients that other doctors have shunned off. They pick up those from every other doctor...Reason they (low income people) do shop around is because of discrimination."

Hospital Official

"You can get health care if you speak fluently...But what about people who are not confident...or do not have the ability to speak..The overtaxed physicians put off the people they can--the meek, the poor. It's not the doctor's fault."

Social Worker

"Some families are swamped with baby bills. One mother had five children in six years. She referred to her children as, 'This one is paid for, this one isn't.' Family planning clinic has helped a great deal."

Director of Franklin County Community Action Program

"Public Health is doing a fine job with pre-school clinics. Everything we picked up with Head Start physicals had already been picked up by public health."

Social Worker ---- Franklin County

"I would have no trouble getting medical help, but those who just don't have the money are treated very poorly."

Low Income Mother - Avon Valley

"No, I don't think we are treated right because if you don't have insurance, they don't want anything to do with you."

Low Income mother - Strong

"Sure, you can sometimes get help, but it all depends who sends you, and who's behind you."

VISTA Worker - Franklin County

"A lot depends on which doctor is on duty. One time I took this person down to the hospital and the doctor started screaming. He said, 'You can't just drop in like this. Come back in three days to my office.'"

Low Income person - Avon Valley

"Doctor's fees are much too expensive for poor people. Also, they love to give prescriptions, and they are way out of line in the money way."

ADC Mother - Norway

"We need a doctor who is interested in people instead of pocketbooks."

Social Worker

"It used to be that old people didn't mind going to nursing homes. They didn't mind going to live with old Aunt Hattie. It was like visiting a neighbor. It's not the same now with the new institutions. All the rooms are the same. Like a hospital. Now the old people don't have much contact with the outside."

Low Income Mother - Avon Valley

"Why can't they have one place in the county where doctors would be available 24 hours a day--for emergencies."

Low Income Person--Norway

"I called to see if the doctor would see me. He was outraged. He said, 'I'm not running a charitable organization.' I didn't ask him again."

Social Worker - Franklin County

"One woman in our family planning program had a positive PAP test. I made an appointment for her at the hospital in Farmington. A couple days later a sheriff came to her house, in front of neighbors and everyone else, and served a subpoena on her for a bill not paid. It turned out that she had receipts and proof that she had paid the bill so the sheriff called the hospital from her house and wouldn't serve the subpoena. She did have a cancer and is going to Maine Medical Center...serving subpoenas is a very common practice."

Senior Citizens Official

"One new doctor down in Livermore Falls charges \$50 for a Sunday call. He's not going to last long. He can't. That's outrageous. He charges \$25 during the week."

Low Income Person - Norway

"We need better doctors who are interested in people instead of money."

Social Worker - Oxford County

"You're lucky if you've got one boy who had an eye poked out with a stick. Then they will take care of it (Eye Care and Special Services). But if you are just myopic, forget it."

Low Income Mother--Phillips

"In my home we always wait until the last minute possible before calling a doctor as we know there will be a waiting period anyway, and usually sarcasm

from the doctor on some little thing. I feel this is his way of letting me know that they don't really care for me or my family....I feel low income people are looked down on by doctors in this area."

ADC Mother--Phillips

"No, I don't think that low income people are treated fairly as far as medical care is concerned. If you don't have insurance, they don't want you as a patient, and if you are on ADC they are reluctant to take you as they say it takes so long to get paid. And there isn't any help on medicine so that it takes most of the ADC check each month for prescriptions.

Head Start Mother - Greenwood

"When I call the doctor, he makes you feel awful. Not very nice. I hate to call him up and go to see him unless my husband is with me. He's not so ugly with a man present."

Low Income Mother - Rumford

"If you have a sick child and no money to pay the doctor, you wait sometimes for the child to get well. Sometimes they do, sometimes they don't!"

Low Income Mother - Otisfield

"There's no discrimination against low income people. Not as long as you can pay then and there for the help you need."

Low Income Mother - Greenwood

"My boy was sick so I called the doctor (at night). He said, 'My office hours are from two to four'. I said 'Bully for you' and hung up. "

Low Income Mother - Harrison

What Medical service do you need the most?

"A clinic that would accept the poor."

Senior Citizens Official - Franklin County

"People do not appreciate the doctors here. It's a good group of doctors. Down in Androscoggin County you're just one of the sardines in a can. Most places here they will come to your homes."

Low Income Mother - Norway

"Doctors and lawyers have a racket. If you don't have money you feel dumb. You feel that high. They are so rude. You could be dying and they want to know who is going to pay the bill."

Oxford County Community Action Program Outreach Worker

"Know a disabled vet. A woods worker. He's out of work and has three children. He had been paying on the bill, but Bridgton hospital sent him a bill saying 'pay your bills or not be admitted again!' The notice said no more care until the bill is paid. Now, you don't know if his children are going to be sick. What if they are?"

Low Income Person - Norway area

"Sure, he'll see you if it's a matter of life or death. If you are bleeding to death. Otherwise you have to be sick at the doctor's convenience."

ADC Mother - West Farmington

"There is discrimination. Once a doctor or dentist knows you are living on state aide, they aren't so willing to help out with their services."

Social Worker - Oxford County

"One is doing the work of two doctors. There are just not enough doctors. If there were more doctors, there would be more help available. That doctor has been sick several times. They have health problems too."

Director of Oxford County Community Action Program

"Elderly people wait until they are 65 (and have medicare). They hold off if they are 62 or 63. They keep holding off, and by the time they go to a doctor they are so run down. Perhaps they have a growth."

ADC Mother - Avon

"We need help with dentists, medicine, and also eye glasses and things of this sort. There is no help for these things whatsoever if you're on ADC."

Low Income Mother - Strong

"I think the more money you have, the better you are treated in some hospitals. But the less you make, the worse you are treated. Some times mothers on ADC are not treated too well."

ADC Mother - West Farmington

Do you feel that anyone in your family needed to see a doctor during the past year and didn't?

"Yes, two members of my family should have, but the shortage of money wouldn't allow it...Surplus foods enables me to buy more of the necessities my children need."

ADC Mother - Kingfield

"I think drugs are very high. There is no money in the budget for this. In many cases you have to do without, because they are so high, and there is no money. I think this part of the budget should be revised. I think your drugs should come under the green card (Medicaid card)."

Low Income Mother - Kingfield

"I feel a lot of people benefit greatly and have much better nutritional diets because of this program(surplus foods)."

Low Income Mother - Kingfield

What would you do if you or a member of your family became ill in the middle of the night?

"Call the doctor and be told to give them aspirin and wait 'til morning."

Ex-ADC Mother - Kingfield

"I feel there should be an emergency fund for extra special things. Especially if an A.F.D.C. mother is in a hospital for a length of time. There is no money to have a babysitter for the child. Then the mother won't go to a hospital and therefore endangers her life and the children lose her."

Low Income Mother - Kingfield

"I feel the doctor-patient relationships could be improved to be more personal and more individual interest by the doctors. There definitely should be a way for children to get eye glasses when the parents can't afford it. Dental care is a big problem in this area."

Resident of Strong

"I have never had any trouble myself, but while in the hospital I saw some (discrimination). A woman came into the hospital sick and was turned away because she couldn't give them \$100 before entering."

ADC Mother - Norway

"My daughter needs her eyes tended to but I haven't done anything as of yet because she needs a specialist and hasn't had the transportation.. In case of an emergency (and you need a prescription filled) and there's no money in the home, what is anyone supposed to do? I think this happens quite often in many homes, especially ADC mothers. It's very hard in this town to get help from the town manager. I feel there isn't as much medical and dental assistance available to the low income bracket people as the other class."

Oxford County Community Action Director

"I'm concerned about the non-welfare low income people. They are worse off than the welfare recipients. No welfare. No insurance. ADC mothers have Medicaid."

Social Worker

"Many people are dissatisfied with hospitals(Franklin County Memorial Hospital). They are mistreated there and when they have to go there, they have to wait and wait and wait. I heard that one woman died on the couch while she was waiting."

VISTA Worker - Oxford County

"The Rumford Town Manager says that there are only 11 poor families in Rumford. That's a town of 10,000. The only ones he thinks are poor are the ones on his books. This self-righteous attitude of town officials has got to change."

ADC Mother - Norway

"Why do eyeglasses cost so much?...St. Mary's has an eye clinic, but they want to know ability to pay."

Low Income Mother - Greenwood

"Have to pay before you go to the hospital. Pay down..Then the rest before you get out...I had an awful time getting out of one in Norway."

Head Start Mother - Phillips

What medical service do you feel you need the most?

"Doctors that will see you when you need them--not so much later that you end up in the hospital. When my family is sick I want to be able to see them immediately...There are always forms in the hospital to be filled out--regardless of your condition at the time. "

Head Start Mother - Greenwood

"The major problem is that people don't know what's available. I didn't until I got involved with Head Start. Unless you're out and around and know these people you don't get the help."

Head Start Mother - Greenwood

"You have to wait two months for a doctor's appointment. Now how do you know two months ahead if you are going to be sick."

Senior Citizen - Wilton

"I don't understand how selectmen can be against surplus foods for those who need it."

Low Income Mother - Norway

"Hate to get doctor out of bed. He's so rude to you. When you get there you wish you hadn't come."

Oxford County Community Action Director

"If a low income person has a sick child, when do they make the decision to take the child to a doctor? How long do they wait? What do they do if they don't have any money?"

Oxford County Community Action Worker

"I know a guy who is making \$50 a week and has four kids. He's not going to take welfare, except for surplus foods. What about his medical needs? How would he pay for them?"

Social Worker - Franklin County

"Many low income people don't like that doctor. If they have dirty hands or something, he gives them a lecture so they don't want to go back."

Low Income Person - Norway area

"She never turns anyone down. Never received a bill from her...Half the kids in high school class were never paid for."

ADC Mother - Avon

"I don't think low income people are treated right because if you don't have insurance they don't want anything to do with you."

Head Start Mother - Bryant Pond

"We don't have insurance and have found it difficult to get into Norway hospital without paying something down."

Low Income Mother - South Paris area

"I know it costs \$4 at the hospital for emergency care. But what if you don't have the \$4?"

Low Income Mother - Strong

"I'm not satisfied with the care. My solution is to travel to old family doctor in Augusta."

ADC Mother - Norway

What would be most helpful in making the members of your family healthier than they are now?

"More cooperation with the doctors on call at the hospital. Unless it's an emergency they don't like to be bothered."

Head Start Mother - Greenwood

"If we could just get help with eyeglasses. I have four in my family with glasses. That's a terrible expense."

VISTA Worker - Franklin County

"There's one family that I haven't been able to make any progress with. They throw garbage out the back door. Not even an outhouse. They just go out the back door."

ADC Mother - Avon

"They say 'go to a doctor or hospital'. Sometimes when you are sick you can't get to a doctor or hospital."

VISTA Worker - Franklin County

"Low income people feel that they need a decent hospital that they feel they could go to and get help."

Low Income Person - Norway

"Bridgton hospital far ahead of this one. They never bugged me for money. You could be in labor and they wouldn't take you here. Not if you don't have \$100. They will send you to Lewiston."

Low Income Person - Norway

"You can't get a doctor here. The only way you can get to see a doctor is to go to the hospital and pay \$6 for an emergency room--or you can go to Lewiston or Portland."

Low Income Person - Norway

"Old people are half sick all the time."

VISTA Worker - Oxford County

"The biggest problem with any sort of a mobile health unit would be to get people to use it."

Low Income Mother - Salem

"The cost of drugs has gone beyond my budget. If we need a prescription filled, I have to take the money out of some other household expense."

Low Income Person - Norway

"Stevens Memorial Hospital in Norway is just a money racket place. If a doctor is needed you have to pay \$4 for emergency room plus cost of doctor and prescription."

Nurse - Franklin County Memorial Hospital

"One public health nurse told me she spent the whole morning one time trying to raise \$50 for deposit for dental care. She got \$5 here and a couple dollars there. That's a poor use of a public health nurse."

Senior Citizens Director

"We're trying to get free health checkups for Senior Citizens. Some of them haven't had checkups for 10-15 years. The doctors are most cooperative. We'll provide transportation to Franklin County Hospital."

Public Official

"Those prescriptions are terrible. Poor people need low cost drugs."

ADC Mother - Strong

"I feel we should get our drugs paid for because they cost more than the office call does."

ADC Mother - West Farmington

"I wish they could have a special rate for drugs for low income families, especially when they are purchased through prescriptions."

Low Income Mother - Kingfield

"The cost of drugs is way beyond reason. Most people go in debt to pay for needed medicines."

Public Official

"There is definitely a need for some kind of study with facts. We need the information. We know these things are so but we can't convince anybody else. An independent study would help."

Low Income Mother - Strong

"There's been times when I should have gone to a doctor but I didn't because there's no one to care for the kids. I can't leave them."

Public Official

"I was at the Franklin County Hospital when they brought in an emergency case. A guy's arm had been cut by a chain saw. They kept him standing there while they tried to find out who was going to pay the bill. They wanted someone to sign before they would treat him. I almost got up and agreed to sign myself. Finally the guy with him agreed to sign...I don't feel the same about contributing now."

County Official

"You're talking to the wrong person. I've got no use for the hospital. They call themselves a charitable institution. Boy, that's a joke."

Low Income Mother - Farmington

"If someone is sick the doctor will tell you to give them aspirin and bring them to the office tomorrow."

Low Income Mother - Wilton

"Sometimes the doctor will refer you to a clinic if you have a doctor."

Low Income Mother - Farmington

"Some ADC mothers want to give up ADC but they can't if they are going to lose Medicaid."

Low Income Mother - Kingfield

"There is discrimination among the poor as far as medical care is concerned."

Public Official - Oxford County

"This is the forgotten county. People just don't know about Oxford County...Legislators are not at all concerned...We tell a town manager he's got poor people in his town and he just laughs at us."

Public Official - Franklin County

"We need some way of providing continuing medical education. Low income people have no regular doctors and are only concerned about emergency needs.. There are no full medical services, no blood checks...Doctors are not so scarce for us but it is a problem for low income people. Perhaps some type of clinic would help...There are some real pockets of poverty here."

Low Income Mother - Norway

"My daughter needs her eyes tended to but we haven't done anything yet because she needs a specialist and we haven't had the transportation."

Senior Citizens Official - Franklin County

"We found one woman who hadn't broken bread with anyone in two and one-half years."

Ex-ADC Mother - Kingfield

"I feel the cost of drugs is very high. The Senior Citizens have special cards to receive a discount on prescriptions. I feel this should be broadened to all recipients--especially those on general or public assistance."

Low Income Mother - Salem

"There are financial requirements before you can be admitted to a hospital. Also, a doctor will most always ask you to have an appointment before he will see you even in a case of emergency. You have to call him first to tell him you want to see him...Why isn't there some way in which children can have an operation if they need one without financial problems standing in the way."

Senior Citizens Director - Franklin County

"We're trying to get drugs for people over 50 at a reduced rate. Only one out of seven druggists was willing. All were reluctant because these people were a prime source of their income."

Unemployed Father - Strong

"The real problem is housing. No sewage. No toilets. There ain't no place to live."

Senior Citizen - Wilton

"I know one man who is 59 years old and crippled. He gets \$106 a month in Social Security. His wife doesn't get anything. He turned to the town for help. The town said it was glad to give him help but they would have to sign their property over. They wouldn't do it. Of course they wouldn't. Their home is all they have got in this world."

Member of Rangeley Health Council

"The problem is getting to these people to help. You have to find people who can get to them....You can't be as effective with these people as you want to be because of a lack of communication."

Social Worker - Franklin County

"Filth is a medical problem. These people can clean up but in a few days it's the same all over again."

Social Worker - Franklin County

"Dr. _____ called on a woman in Kingfield who was deathly sick. She told the doctor 'I can't go to the hospital. I haven't got any money.' Dr. _____ sent her right to the hospital anyway."

Resident of Rangeley

"The people who are not going around looking for handouts are the ones that need it...The little fellow that is just about making ends meet that's paying taxes--he's the one who needs help."

Low Income Mother - Strong

"My daughter is five years old. Head Start helped her. It learned her how to talk and play more. She was scared of everybody before she went to Head Start. She used to run and hide."

Low Income Mother - Phillips

What would you do if you or a member of your family became ill in the middle of the night?

"This has happened before. The doctor at first refused to see us. The second time I called, the doctor finally agreed only after my anger showed through."

Town Official - Franklin County

"We ask for a mortgage on their homes if they ask for help. They usually get help somewhere. They say they want to leave their home to their heirs. I tell them to get their heirs to pay the bills."

Mother - Greenwood

"I don't feel that we should have to pay the hospital on weekends when that's the only place to get in touch with a doctor."

Physician - Kennebec County

"Prescriptions. This really kills them (low income people)."

Registered Nurse - Franklin County

"There was a woman in Industry--30 years old--who, several months ago, made two appointments with physicians for checkups but cancelled both times. because she didn't have the money...Then she joined the family planning program of Franklin County CAP, found out she had a positive PAP smear and cancer. She had no money, no insurance and won't go to the town....Dr. _____ said Maine Medical Center is not going to turn her down...Perhaps the doctors might have found it sooner if she had kept the appointments."

Town Manager - Franklin County

"Our nursing homes are not qualified for Medicare. People have to go to Rumford, Waterville, or Augusta and families can't get to see them....I'm critical of the Federal regulations. The standards are so high they are difficult to meet."

Registered Nurse - Franklin County

"I don't see how they (low income people) could expect not to feel discrimination."

Public Official - Franklin County

"The town manager said, 'There's no poor in this town,' but he was afraid of the number who would apply for surplus foods."

Head of Health Agency Which Covers part of Franklin County

"If you are low income you don't have access to the same level of care... I think I'm finding that some of the doctors hesitate to refer low income people to us if they don't have some kind of insurance. This is not a proven fact. This is an assumption...Our goal is to provide care on the basis of need."

Registered Nurse - Franklin County

"I know a man who is very lame and lives all alone in a shack. He's in his 80's. A boy in the neighborhood helps him some but I wonder if he gets more than one meal a day."

Town Official - Franklin County

"CAP (Community Action Program) never did much here. A gal used to come here once a week but they never reached anybody...I used to wish that someone would come by while she was here so I could find out what she was supposed to be doing. I never really did find out....They had a foolish boy here. I put him to work on my road crew. Almost lost the whole crew. If that was a sample of what they've got then I don't want any."

Public Health Nurse

"There's seven children in that poor family (in Rangeley)...They take care

of each other. No one else will...They have a lot of love for each other. The mother has a big heart..."

Public Official - Franklin County

Said in a discussion of difficulties some people have getting to see physicians:

"More often the problem is with the nurse than the doctor."

Town Official - Franklin County

"Preventive care is lacking a great deal...In this day and age there is no reason for a child to go through life ding-toed. He's clumsy..It afflicts the child and causes him distress."

Director of Franklin County Community Action Program

"We have been helping people in Avon to help themselves...The big thing is to get people motivated to do this...These people have been turned down so many times they don't have the initiative...There are lots of reasons why people are poor..."

Woman Bus Driver - Dallas Plantation

"The real problem is the elderly people of the State of Maine...They have a great deal of pride but it's the wrong kind of pride. They paid taxes for years and years and now their savings are gone and some of them try to get by on \$45 a month. They have paid for it over 40 years. They don't want a handout."

Resident of Rangeley

"How can you expect these people (low income people) to ask for care if we don't dare to ask for it."

Member of Rangeley Health Council

"If we could just reach one out of 10 poor children..."

Outreach Worker - Oxford County Community Action Program

"I know a woman in Bethel who's just laying in bed without a phone. Her legs are getting worse and worse and no doctor is seeing her. She's just lying there and suffering."

Health Professional - Franklin County

"I know a woman with a large family who attempted suicide. The last straw was a hospital bill. The hospital involved is not the Franklin County Memorial Hospital...The family is in the poverty level although he makes \$80 a week or so. He has six or seven kids. He doesn't drink or smoke. He would like an occasional beer but can't afford one. He sometimes works 16 hours a day but he's not eligible for a damn thing.... These people have been plagued by illness..They had a large bill for the baby...They have pressing bills without the hospital...I know someone from that hospital has been calling regularly...The town can't do anything...I'm not saying this has caused all their problems but it has caused a hell of a big percentage of them...They can't come under any program..No, they don't qualify for anything..."

Member of Rangeley Health Council

"The family came in with a food order (from the town) and they picked real carefully--fruits, soups and so fourth. They got more for \$20 than I could get for \$50."

Health Professional - Franklin County

"Doctors collect on a high percentage of their fees...Many are willing to wait...At today's medical prices it wouldn't take you long to go broke.... There are just as many crooks---let us say opportunists--in the medical and allied fields...They protect each other..."

Resident of Rangeley

"A lot of elderly people are sick and don't get right care...They should be right here for their last days rather than have to go to nursing homes in Farmington or Rumford or somewhere."

Registered Nurse - Franklin County

"Low income people come to the hospital and try to be seen. There is usually a doctor around who will see them. A doctor usually can be found. Doctors are pretty reasonable in this area. People feel that hospitals give them the runaround. What some people see as an emergency sometimes isn't. I don't think anyone is turned away that needs help."

Public Health Nurse

"The basic problem is poverty..CAP and State Public Health Nursing should work together."

Registered Nurse - Franklin County

"Medicine is a tremendous expense for old people. The cost of prescriptions is outrageous....A majority of older people are on medication... Don't know if some of them are able to keep warm in the winter."

Health Professional - Franklin County

"One ADC mother pays \$20 a week for pharmaceuticals...Some drug companies are willing to give a considerable amount for medically indigent. If any doctors have taken advantage of it, I'm not aware of it..."

Senior Citizens Director - Franklin County

"There's a major problem on transportation. It's a health problem... Senior citizens have been providing transportation to Waterville for cancer treatment. Every three weeks they need cobalt treatment and you know how sick it makes them....Senior Citizens are too old to be driving. They are old, have bad eyes, the weather's bad. They shouldn't be driving them. It (transportation) is a major problem. This is a big, long area. You take way up in Rangeley or Stratton. That's a long ways."

Conversation at a Meeting in Rangeley

--"They work in the woods yet when it gets real cold they would rather take boards off the walls to burn rather than cut additional wood when they could get it free."

--"I don't think they are ever cold."

--"They are a hardy breed. They are natives!"

The Physicians - "I could see where it would be a barrier"

I talked to a total of nine physicians in Franklin County. Here are their comments:

Dr. A.

What about the health needs of low income people?

"More brains--that's a nasty way to put it...They need the ability to use the facilities available...It makes it difficult for them...without training, education..They don't know when to call a physician...They are not with it..They don't understand how things go....I don't blame them for it...that's the biggest thing. Need a knowledge of existing facilities....The services are here. Other people use them..It is difficult to get a physician sometimes..."

"They are not pressed for payment by most of us. Pride doesn't hold them back. They have Medicaid...No reason for pride to hold them back..."

"There is a need to increase services. More demand...That means more doctors. Means better hospitals. Better outpatient facilities. Part of getting medical care to people...Need to improve outpatient facilities for poor people..."

Do the credit procedures of the F.C.M.H. create barriers to care as far as low income people are concerned?

"This is mostly in their heads...Barriers are all in their heads...If they don't ask for it, they won't get it...."

"I never, never pushed anyone. It's a matter of principle. I know many could pay, but they don't...Never refused to see them...Oh, I have on the basis that I just didn't have the time. Even good friends..Many of us live on principle...."

"The hospital has had adverse publicity. I realize they have dunned people. It's deplorable...They may threaten them a little...A woman may have three babies, not any of them paid for. This has happened..But no

patient, and I will swear to this, has been refused admission. You can't blame the hospital either. They have a payroll to meet...No one has to pay in advance. You do not have to have a deposit...Many wouldn't pay if you didn't push them....Think they (the hospital) do basically a good job..."

"There are a lot of ways to go about something...They come at an awkward time and demand service. Guess it's just human nature. Some are very inconsiderate...I give them the care, but don't always have the happy relationship...Hospitals give them a hard time everywhere...One of the obstacles is a lack of understanding...They are trying to make it respectable to be poor. Why not?....."

"I never push them. Don't intend to. See them in shops. They buy candy bars, soda pop. Don't blame them....They don't know any better.... They make an improper utilization of the resources they have."

Comments by two physicians - Drs . B. and C.

--"Low income people most inconsiderate. Problem is not money, but low mentality..."

--"They get quite desperate. Very demanding."

--"It really bugs me to go thehovels and see color TV sets...They don't have the mentality..They don't eat properly. Potato chips. Beer."

--"There's over nutrition. Poor nutrition. No malnutrition."

--"The basic problem is a lack of education. "

--"The opportunities are there but they don't take advantage of them.."

--"They don't stop to think."

--"They don't have much to think with...Low mentality and low income go hand in hand..."

--"Biggest problem is a shortage of personnel. There are only two people (physicians) in the county today. The whole area of 20,000 people."

Dr. D.

"Actually, comparing it (care given before and after Medicare and Medicaid), there's no difference in my care of patients from what I've been

doing in the past. Now I'm getting paid for what I do. I'm not treating anyone different one way or the other...No one been turned away....I don't keep track of my finances. Don't know if they pay me or not. It's strictly up to _____(secretary-bookkeeper). I try to treat everyone the same...I've divorced myself completely from the financial aspects. Ten to twenty per cent is charity anyway. It used to be a lot higher. Was 40 per cent before Medicare-Medicaid."

"Many poor people are just wonderful. They just haven't had it...One patient's husband works weekends. Cuts extra wood...I'd bill the same to the King of England or a ditch digger. You've got to charge...If you give everything to them, they get demanding. You can't take away their pride... If they can't pay, fine...Can't expect life on a silver platter. Life just isn't that way."

You don't use small claims court to collect bills?

"No, it just isn't worth it...and I don't want the publicity. Many of these people don't have anything and you're not hurting the mother and father, you're hurting the kids. The father is going to keep his money for a bottle of beer. The kids just won't get that much to eat...If they can pay, fine. If they can't, that's the end of the ball game. It(small claims court) isn't worth the headaches...We turn our bigger bills over to the credit bureau. They get a credit rating and call back. If they(patients) have it, okay, if not, forget it..."

What about the credit policies of the F.C.M.H.?

"Have no control over that...They are--let's see, how shall I put it--very diligent in their follow up. They go with people much further than I would go--to the point of apparently threatening to throw them in the clink.. There are rumors to the effect that _____ really sits on them...."

What effect would this have on a low income family that again needs

hospital care?

"Could see where it makes them extremely hesitant...."

"Nobody is prevented from coming in because of a lack of funds...Never seen anyone refused entrance because of a lack of ability to pay."

"Many of them don't have the greatest intelligence...They come in here with 3-4 beers under their belts...They are extremely demanding. The very rich and the very poor are the most demanding--most persnickety. But the poor middle of the road guy...Some people are extremely critical..One woman called me at 10:30 or 11 p.m. from Phillips. Wanted me to go up there to look at her child. I told her I was on call at the hospital and couldn't. She slammed down the phone. Two hours later she showed up...After I was through, she said, 'I'm not going to pay you..I never pay doctors...' I asked her 'What if I had come to Phillips'. She said, 'I wouldn't have paid you.' She had better find someone else. Not often is this the case, but it's enough to irritate you....It doesn't take too many sour apples to spoil the bushel."

"In general, again, my treatment of them doesn't vary. I have no idea who pays and who doesn't pay....I've never had any trouble getting anyone into the hospital...No one has been refused hospital care when I thought they needed hospital care."

Dr. E.

"Many don't pay just because they don't have any money...They don't have hospital insurance. They have to ask for help--that's for sure..."

"We don't press the issue...When they go for hospital care, that's the problem. They live on a shoe string, try to pay bills. Some won't have medical care because they can't pay."

"The hospital never refuses an emergency--never refuse a patient...Some are pressed by hospitals..Maybe there are a few threats....They have to find an excuse not to pay although they don't have the money...."

"It's a good staff...Hospital has no way to defend itself..."

Dr. F.

"Transportation is the biggest problem...If you have a woman who needs x-ray treatments--she has to go to Portland, Waterville or Lewiston. The problem is getting her down there and, in some cases, paying for it...."

"There's a hiatus. It kills you to be too rich or too poor...Anyone who has to have extensive surgery is really in a mess (financially). Like a kidney transplant or heart transplant...The poor are taken care of and the rich wouldn't have any worry..."

"A lot of upcountry people want to come in at 9 or 10 o'clock at night. Things have changed. Don't have office hours in the evening now...Paper work takes up so much time...."

"I have the average run of deadbeats. They latch onto you and run up a big bill...A lot are not honest about it...They leave town owing everybody. They have the old feeling that if they are sick they will be taken care of. No responsibility. Most pay their bills. And there are a lot of poor people. It's a high cost area here. We pay more for everything--gas, food, oil, taxes are high...We give them ample opportunity to come in and explain it...Bet I've spent \$1,000 in stamps."

"I've never seen anybody turned away from the hospital in a legitimate emergency...Small claims court is the only way some people pay. They have their TV sets....If they say they can't afford it it's no problem as long as they are honest about it."

What about dental care in the area?

"People have been educated...The care of teeth has improved tremendously...We're hurting terribly for dentists...One thing that really bothers me is how these people can afford to go to an orthodontist."

What about prenatal care?

"It's a lack of education more than anything else...They would come in and say 'I'm all right.' Be ready to deliver in a month...The number of deliveries has decreased tremendously. Used to be 700 a year. Last year it was 450."

"A great many people have animosity toward doctors. They usually go to someone else. They can get care...They say they'll be in Friday (to pay the bill). I know they don't mean it because they don't even ask how much the office call is...I say 'meet me half way'...I have lots of samples here. Some appreciate it...Basically most people are honest and fair. But there are a few in every barrel....."

"Used to charge \$3 for a house call. I've kept fees down over the years--dealing with low income group...We are so far below surgically (our fees) yet we still pay the full price...In other words, I don't care about making a million bucks. I'm just getting by....New doctors have been brought up with more realistic fees. They have larger debts hanging over their heads when they come to this exquisitely low income area."

Dr. G.

"I do very little welfare work. Don't get paid for it...A lot of them come in and run up \$30-\$40 bills...Going to put the squeeze on these..."

What do you mean "put the squeeze on"? Small claims court?

"Not yet, but I'm going to start. Been using the credit bureau but they laugh at that...Got the old proverbial deadbeats that you have in every community...You send a welfare bill to one place and they send it back and say send it someplace else...The girls do all of that (office girls). They know more about it..."

"I think they ought to give them a better living wage in some of these mills. Maybe unionization...It's going to have to happen...People on welfare have new cars, building new homes...It's more fun on welfare. They make more money. This is what they think..."

Dr. H.

"This is the biggest area of low income people(in the country)... people have little or no insurance...Public health nursing service has had excellent results...At no cost to the people...there's friction between the two agencies (Androsccggin Valley Home Health Agency and State Public Health Nurses)..... When you really need them (Home Health Agency) you don't have them...I've had excellent results with Public Health Nurses...(but) Public Health Nurses don't work with adults anymore (in Avon Valley)....."

"It's a very different group of people (in Avon Valley)...They want to live that way...One of these days I'm going to clean the valley out...I see from a different point of view than they do....They have to be encouraged to do something...They have been handed out too much...They don't have gardens. They buy baby food...They buy good food but they don't know how to prepare it...Young people don't learn how to cook...We need home economics programs to learn the practical things...They have been spoiled by social programs.. handing out money...No responsibility...It's difficult to understand them. Difficult to reach them...We need a children's day care center...Makes people go to work....We have to do with them, shouldn't do for them..."

"Use small claims. Have to do something. If they would just pay one dollar a week..I have a lot of samples...I have to treat them all the same. I charge the same to everybody."

What about the hospital and its collection procedure?

"The hospital has to operate."

Dr. I.

What do you see as the major health need of low income people?

"More money...First of all, better distribution of conscientious physicians...I have made a concerted effort to keep fees down...my philosophy is to live and let live...I have an adequate income...I've kept them

deliberately low....There are a few physicians who have not done that..The rapport between physician and patient is extremely important...This is very important in an area such as this...We still have a patient-doctor relationship which is fast disappearing..."

What about the credit policies of F.C.M.H.? The hospital makes a big use of small claims court.

"This has never had my approval....I've never been asked...I'm aware that this has been done...I'm dismayed to say the least...presume that one is within the law. From the point of view of public relations it's very poor...Had my advice been sought, I would have said 'no, don't do it'. I feel that the amount collected by those measures is very, very small...The loss in public relations is very great...I am strenuously opposed..."

"I've never done this and never plan to do it. I found that 95 per cent of the people are fundamentally honest....I have received money 3-4-5-6 years after it was due...without sending one bill...If they can't pay it I tell them it's all right...I don't know how prevalent the practice is throughout the country...It's a tactic I would never use...It would never meet with my approval...I'd never stoop to that...."

"We need a better distribution of physicians...it's the exceptional individual who will settle in an outlying district...A man may be personally willing to do it but his wife wouldn't...so that it will depend on the patient finding transportation. I don't know how much difficulty people really have. The husband works days and the only time they will come is at night...I don't like to take care of routine matters at night. See emergencies only..."

"The mounting cost of medical care just frightens me...We nonchalantly write out a prescription for some medication. One patient asked, 'Will it cost much?' I say, 'I have no idea.' He replied, 'Hope it isn't as much as the last one. That was \$15.' I try to prescribe something less expensive if it is as effective."

"I do make an effort to save samples and keep it for people who are pressed."

"Some sort of government insurance would have to be the answer...many of these people are pretty improvident. Once in a while they get a check from an insurance compancy and keep it rather than pay the doctor...even then I make no issue of it. You antagonize not only the patient but his neighbors..!"

"I feel quite confident that my rate of collection is as good as those who resort to the courts for collection...I have no way of knowing this is true...I send them one bill,period...I presume that were I conditioned like some of the younger physicians...For some of these things I was born too soon...Many, many patients are very appreciative...I have performed operations and it has been 3-5 years before I was paid...I never expected to get it...these people are always my friends...Taking these people to court...very, very bad. I don't like it. Perhaps I should have voiced my objections when I first heard about it..."

"There may be another side to coin...I think, too, if I may say so, that criticism comes from people who have had no experience with hospitals..."

"Some of our poorest people are often first to criticize the enormous amount of a bill. They want more for their money...I think this is sometimes true..."

Avon Valley - - An Outreach Worker's Viewpoint

Mrs. Stella Huff of Strong, when I interviewed her, was an Outreach Worker with the Franklin County Community Action Program and was spending most of her time working with low income people in Avon Valley.

Mrs. Huff started the interview off this way: "I take patients to the Farmington hospital and was wondering if you could tell me why it is that when these people are real sick they have to keep them downstairs waiting while the papers are being made out. This is not so at the Lewiston hospital." She thought this was a completely unnecessary inconvenience.

Mrs. Huff said that people in the Valley get summonses "from the Franklin County Memorial Hospital for unpaid bills" despite the fact that many of these people have "all they can do to just exist."

She said that during the previous week a young couple had received a "letter saying that they would have to appear in court." She said that the young man had gone to Connecticut to work so he could make more money in order to be able to pay his bills but had returned to Avon Valley when he heard about the letter. According to Mrs. Huff, when someone in Avon Valley receives a letter like this the whole neighborhood becomes upset: a lot of people become concerned and involved. Under these circumstances, Mrs. Huff felt that many people, hearing talk about court summonses and all, would certainly postpone going to a hospital as long as they possibly could.

Mrs. Huff told about one family which has been receiving threatening letters "from an attorney for the hospital." She said this family which includes three children, owes on a bill from last year but is making every effort to pay it. The husband works in the woods but, of course, missed much time this past winter because of the severe snow storms. Their home is quite substandard and it has only been in the past three or four years that they were able to put a floor in the building. Mrs. Huff said that

this family has a small garden, does some canning and doesn't drink a drop of liquor. Her point was that this family is trying very hard to pay the bill but despite their efforts they are still harassed and get threatening letters.

Mrs. Huff said she wondered what this family would do if anyone needed hospital care--especially since they are being "dunned" for a hospital bill.

She mentioned another family that is paying a dollar at a time to try to get caught up on a doctor's bill. She said the last time the family went to pay the doctor he made sure the family had enough money for medicine before he took the dollar. There are low income people who are trying to pay their medical bills, even if it is only a dollar or so a week.

Mrs. Huff said in many cases people in the Valley can't get medical care unless they go to the hospital, and under the circumstances, they certainly postpone going until the last possible minute. She said that if the low income people could talk to someone they trusted they might be talked into going sooner. They hesitate to go at night because they don't want to "bother anyone" and many of them feel they are looked down upon because they don't have any money and don't, of course, have hospital insurance," she said.

Mrs. Huff was high in her praise of physicians in the area. She said she doesn't know how the doctors carry the workload they do and pointed out that many of them do not have any family life because they are working all the time. She described some of the doctors in the area as "very good."

Mrs. Huff mentioned that one physician who treats people in Avon Valley sends some of her patients to Waterville hospitals and that another physician sends some of his patients to Skowhegen instead of Farmington.

She added, however, that it is difficult to get doctors sometimes. To

point this out she said that her husband had TB and that when he started hemorrhaging, she couldn't get a doctor in the whole county and finally had to take him to Lewiston.

Mrs. Huff was also high in her praise of public health nurses who work in the Avon Valley area--particularly Mrs. Niles and Mrs. Rowe. She said the people in the Valley "know and love Mrs. Niles," but, she added the public health nurses, like the doctors, are "carrying an awful load."

Mrs. Huff pointed out one problem that some public health nurses and others may have overlooked in dealing with low income people--communicating in language they can understand. Mrs. Huff said that a public health nurse asked her why a number of children in the Valley were not being taken to pre-school clinics for their shots. Mrs. Huff had gained the trust of the poor people in the Valley so she went and asked one of the mothers why she didn't take her children to the pre-school clinic for his shots. "Would you please tell me what shots are," the mother replied. Mrs. Huff explained to the woman what "shots" are and why children should receive them. "Oh, that's what it is," the mother said. "I knew you wouldn't take my children out and shoot them but I didn't know what the nurse meant when she said 'shots' and I didn't feel easy enough to ask anyone." Mrs. Huff said she then asked around the neighborhood and discovered that four other mothers didn't know what shots were. Consequently, she took 19 children to the next clinic who had never been in before. She said the public health nurse was amazed when they came trooping in and asked: "How did you do it?" Mrs. Huff said there now is only one family in the Valley which isn't completely up to date on its shots.

Mrs. Huff told about one 87-year-old man who lives alone in the Valley. He has diabetes, hardening of the arteries and kidney trouble. He used to raise goats but sold them recently because he couldn't take care

of them. He doesn't have a water supply so a VISTA worker in the area and Mrs. Huff take water to him three or four times a week. The man is under the care of a doctor in Rangeley. The man has made Mrs. Huff promise that if he becomes ill she must take him to a hospital other than Farmington. She quoted him as saying: "If you can't get me to any place but Farmington, let me stay here and rot." He had been a patient at Franklin County Hospital once and didn't feel that he received proper care there.

Mrs. Huff commented on what a tremendous problem it is to get dental care in the area. "There ought to be a way and a means for them (low income people) to get their teeth out." She cited the case of a father who with his wife and four children live in "nothing but a shack" 10 feet by 36 feet. Up until last summer they had lived in a shack 10 feet by 16 feet. She described the parents as "the happiest couple you ever saw." Anyway, the man had bad teeth and an extremely painful jaw and was out of work for three weeks. Finally he realized that the pain wasn't going to go away and he had to have the teeth out before he could go back to work to support his family. As Mrs. Huff put it: "If you've got kids to feed, you've got to do something." This man made an appointment with a dentist in Lewiston and scraped up the \$5 to pay the dentist. The dentist told him that he would have to have his teeth out immediately and to come back as soon as he could scrape up \$50. This man wanted to borrow the money without going to a finance company. (Mrs. Huff described loan companies as "terrible" but said that sometimes you could get money from them if you had to.) Finally, after a great deal of running around by a lot of people (including a public health nurse) he was able to borrow the money from the Salvation Army and went to Lewiston and had the teeth out. The dentist told him to stay out of work for a few days, but they were out of money and low on groceries so he went

back to work immediately.

I asked Mrs. Huff about the progress she had made with families in the Valley. She said you can't push too hard or too fast but she is gradually getting some of the families to clean up around their homes and cart some of the junk off to the dump and build outhouses that can be moved rather than permanent ones which fill up and become health hazards. She said that you have to have a great deal of patience with these people and you can't expect any huge changes overnight. She said, that with a couple of exceptions, she has been able to reach most of the families in the Valley.

Mrs. Huff said there are 29 homes in the Valley and about six of the families drink water from a brook which flows through the area. She said the water in the brook had been checked two years ago and it was classified as "unfit for human consumption." She added that some of them have wells that are "suspect" at least. She said one family dug a well downhill just a short ways from their barn and outhouse. She said that four of the families have water piped into their homes from wells and that two of the families have hot water and one has a shower but no toilet. She said there is only one bathroom in the Valley. According to Mrs. Huff, all the families in the Valley have electricity now and that six families have TV sets although they are all of the "\$35 variety." She added that these people are "starved for education" and will go to the homes of those who do have TV sets to watch educational TV shows.

She said there are seven families in the Valley without refrigeration of any kind and three families that still scrub their clothes by hand.

There is one family in the Valley in which all the people are mentally retarded and there is apparently some inbreeding, she said. There are five blind people, including one youngster, and a "lot of people" who are hard

of hearing. She explained the reason for it is that the shacks are drafty and cold and a lot of children and adults have abscesses a good part of the year. She said there are also a lot of allergies among people in the Valley.

Mrs. Huff told me about an interesting educational program which was apparently quite successful in the valley during the school year. Six or seven students from Farmington State College spent three nights a week tutoring subprimary to 10th grade children in all their subjects. From 17 to 35 students took part. Apparently there was a lot of interest in the program on the part of everyone involved including the parents. It was completely voluntary and children attended on their own. Many of them did so on a regular basis and consequently their school grades improved.

Mrs. Huff said that the student teachers from the college are "extremely dedicated." She said they were made aware of some of the problems they would meet beforehand such as the fact some of the youngsters did not have good manners, some did swear, some were not clean, and some did smell.

The Avon Valley school where the tutoring was conducted was closed down a year ago and now the students go to a nearby school in Phillips. This school covers the area and is, of course, much larger.

Mrs. Huff was very much concerned with the problems that some of these students from the Valley were having in the new school. She told me about one five-year-old youngster whose father died a short time ago. She said the lad did very well in Head Start but his new teacher said he couldn't get along with other children and he was being put out in the corridor all alone. Mrs. Huff said the child is not always clean and that the boy made the comment to her that the teacher "touches every kid on the head but doesn't touch me." Mrs. Huff added, however, that some teachers are excellent with low income children and some go "way beyond

the call of duty."

Mrs. Huff was high in her praise of the woman who used to teach in the one-room schoolhouse in Avon Valley before the youngsters were transferred to the school in Phillips. The teacher was retired and on her birthday recently every family in the valley took something to her. Cakes were made and one family took an armful of pussywillows but they all remembered her because they appreciated what she had done for them and the children.

Mrs. Huff said she was disturbed because the transfer to the new school was handled "very poorly" and the officials didn't seem to realize what a tremendous change this was for these youngsters. Most of them had never been in a large building before; they had always been together and now they were separated; and they had no idea how to use flush toilets because they had never been in anything but an outhouse before. The change was quite frightening for the young students and some of them cried and others were even physically sick. Mrs. Huff suggested that the whole thing could have been handled better. For instance, these young people could have been taken to the school by bus a day or so early to meet the teachers, taught how to use toilet facilities and so fourth. Instead, for many of them it was a nightmare that they will not forget for a long time.

Avon Valley - The Struggle for Medical Care

It would be an understatement to say that Avon Valley is one of the most poverty-stricken communities in the state. The first thing that you see, of course, is the squalid shacks. You wonder what it must be like living in them during a cold winter night.

Along with a CAP Outreach Worker, I visited many of the people in the valley and discussed health needs with them. These people were friendly and straightforward. They had little good to say about the present health care "system" in that area and their complaints, of which they had many, added up to one thing: discrimination. This was clearly evident not only from their statements but from comments made by people outside their community, including social workers, community action program workers, and the so-called health professionals.

Many of the low income people in the valley, who probably need as much or perhaps more medical care than those in any community of the same size in the state, are constantly humiliated and treated with a lack of human dignity in their quest for medical care. Health care is certainly not looked upon as anything even remotely resembling a RIGHT by the people in the valley. Instead it is something they must constantly fight for, knowing full well that they may end up in small claims or civil court for non-payment of a hospital or physician's bill.

If you want to talk about health or medical care to people in Avon Valley you have to talk about kids crying in the night with aching teeth that there's no money to have pulled, court summonses and the attorney for the Franklin County Memorial Hospital, "hard times" given them by physicians and hospital employees, memories of the sheriff coming to the door and hauling dad off to jail for non-payment of a hospital bill, and just plain fear.

You will hear many, many words in the valley before you will hear compliments about the Franklin County Memorial Hospital. This part of the survey can best be told by the residents of the valley themselves:

Mother of seven children: "I wait until the last minute before I go (to the doctor or the hospital). Between checks I don't usually have the money. I'm still paying the hospital. Thought I had them all paid up and owed them \$15 or so. They sent me a letter and said it was \$415. I can't prove I don't owe it...I was served with a summons a couple weeks ago. They gave me 20 days notice. The next one would have been a court order...I was sure I had them all paid up. My husband refuses to pay..."

This woman went on to tell me that she knew four people who had been jailed for non-payment of hospital bills although none of these had been jailed in the past few years. She added, however, that "no one has forgotten." Certainly she will not forget because both her husband and her brother were jailed twice. She said her husband was jailed for "baby bills" which "weren't over \$100." She said, "The sheriff came and hauled him off. He demanded the money or he'd have to go." She said he was in jail several days each time--"until we could get the money to get him out."

She added that the hospital "likes to jump a person in the spring when they are out of work."

Despite the barriers between this woman and the "medical care system" she vowed that "if my child was sick I would take him to the hospital."

Mother of eight children: "I hear you can't get into the hospital without insurance.('I hear you have to have \$100 to pay down', her daughter commented.)...I had a D and C two years ago. My nerves went to pieces too. I'm still paying on it. They slapped it right into a lawyer's hands..Don't know how he sleeps nights...I pay him \$5 a week...My husband went to court and they wanted \$10 a week. My husband told the judge that he wouldn't pay that much so they took \$5 a week. They told us to let him know when we can't pay."

She went on to say that a doctor had told her husband that he should have gone to a hospital five years ago for a back problem of some sort but "he wouldn't give up until he has to." Her husband, who was still working, "drives a skidder in the woods."

Mother of seven children: I started off the conversation with this woman by asking her what she saw as her biggest medical need. "Money," she replied. "You can get it (medical care) but it's not always easy. They don't refuse you but they don't exactly give you the best of care either.. You might be able to get care (at the hospital) but most of the time it ends up in _____'s hands (the attorney for the F.C.M.H.) They put my husband in jail for a hospital bill a few years ago. Don't know what they solved by doing it. They just put us further behind. Had to go to town and say 'Mister man, you're feeding me or else.' Then you hear a sermon for six hours. Lots of them have gone to jail for hospital bills...It was six years ago the first time my husband went to jail. Four years ago he went a second time. Both for baby bills. The judge said, 'You been down a few times...Don't come down with them things.' They attached his wages where he worked. We paid \$5 a week. We can't afford any more than that." She said the first time he went to jail they were finally able to borrow enough to bail him out. The second time they came up with the necessary money by selling a camp which was in the family.

Disabled man: "I went down to the hospital on Christmas day. Had a pain in my side. It turned out to be an inflammation of the big intestine. Dr. _____ was madder than hell because I went there on Christmas day... Aching the way I was..I couldn't straighten up. He couldn't have been madder..."

"My wife has ADC. They don't push us now. We just barely get along. Got the hospital bill about paid. One time they sued me. They was going

to put me in jail for \$17. I was doing all I could. The sheriff came and said, 'The money or the body.' I said, 'Take the body. If it's worth \$17 you'd better take it. Never get it any easier.' But he gave me 10 days. I borrowed it somewhere. That was five years ago."

"I feel I ain't going to jail. If I go down there and die they ain't going to jail me."

ADC mother: "I know a lot of people who would never stop at Farmington if they had a slim chance of getting beyond there."

Two mothers--dialogue: "They didn't treat my daughter very well at the hospital. She said to me 'Just because I was poor they didn't have to make me feel like a heel'...They made her feel very low."

--"They make you feel terrible at the hospital. You are worried and afraid. Then you get a hard time if you have no insurance...."

--"You are worried about your kid as it is. They are at you all the time you are visiting the child."

--"Instead of dunning you and hauling you into court, why not a payment book? So much a month based on how much you can pay."

--"They take self respect away. It's hard for poor people...Give them a chance to save face....They are not at all polite at the hospital...They have always been sarcastic. Anybody admitting and discharging people should be understanding."

--"They get nastier about it. My son was in there and I didn't have any money. I was scared. At the hospital they talk to you in front of people. They make no bones about it. They ask you in front of everybody. Why couldn't you talk privately in a room."

--"No reason why they couldn't..."

--"You know you feel as though you are there as a prisoner and not as a patient."

--"I don't think patients should take punishment...Not a tongue lashing."

--"You know it makes a difference how you look when you go inside (the hospital)...."

--"I know one guy who didn't have any insurance. They said his wife and baby would have to stay there. They were holding them for payment of a bill. He went to a lawyer. I don't know what would have happened if he hadn't known his rights. I would have been too worried and scared to think about it."

--"I've heard that now they can't attach wages without a hearing...I can see them wanting their money, especially when they see people driving by in cars and drinking. But if they are trying, if they had a payment book and could make it up the best they can, if they could pay that way, it would help. They'd have a book to remind them."

A few of the people in the valley praised local physicians but many of them were quite critical. Apparently there is some discrimination by a few physicians as well as the hospital.

In their words:

--"My daughter had to go to Dr. _____ but the doctor didn't use her too good. She had a sore throat and a pain in her side. My daughter told Dr. _____ 'I've been working today and didn't have a chance to clean up. I came right here from work.'"

--"I heard in Phillips, two or three weeks ago, that a man died. If Dr. _____ would have come it might have saved him. He was so sick he couldn't go to the doctor's office."

--"Dr. _____ snaps at me but I snap right back. The doctor lit into me about a \$10 bill. Right in front of everyone. I paid the doctor right there."

--"My daughter called Dr. _____ about her sick baby. The baby had an awful cold. Dr. _____ wouldn't see the baby. Doctor _____ said the baby wasn't getting enough to eat. Here she is gaining to beat the band....Dr. _____ gave her the devil."

--"Dr. _____ criticizes how you dress. I brought my baby for help and didn't ask for a lecture on how to dress....Still haven't got the doctor paid. They add on a 25¢ service charge. If you owe for four months that brings it up another dollar."

--"If you owe them (doctors) a bill they give you a pretty hard time... They give you quite a talking to. And for the baby you have to have the money in advance."

--"You can't get doctors. You have to call a week ahead of time... They won't come to your home. They say bring him to my office five or six hours later....Maybe they can't wait five or six hours."

--"Thursday is every doctor's day off. Anyone could die. I'm afraid of being sick on Thursday."

--"Dr. _____ is good to me but is very sarcastic. Dr. _____ has never said much to me. Dr. _____ is always asking 'When did you last comb your hair? Doesn't anyone ever clean fingernails?'"

--"The doctor doesn't have the right to say things in front of everyone else. Dr. _____ waits until the waiting room is full...Complains about hair not being combed...The doctor asked my husband if he ever took a bath...Always jump down your throat for something...Wish they had clinics like they do down to Waterville."

--"A lot of people go to Rangeley, Farmington, or Kingfield for doctors...Not satisfied with Dr. _____...You have to know you're going to be sick two or three weeks ahead of time...I took my husband to Dr. _____

one time with a nose bleed...Dr._____refused him. He had bled for six hours and had lost a lot of blood. Doctor said come back in a couple days if it's still bleeding. My husband told the doctor, 'In a couple days I'll either be dead or I won't need you.'

--"One time Dr._____told him, in front of people, 'You drink, smoke and are overweight.'"

--"That man would be alive today if they had been able to get one... Sometimes you need a doctor to come to your place...We had Dr._____eight years ago...When my boy was sick he came to my house in the middle of the night or anytime....Some people run to doctors all the time. I don't go unless I'm sick."

--"Dr._____prices are terrible. Half dozen pills cost \$1.50."

--"The woman called the doctor and he didn't come. Guy died that night. People seem to feel that if Dr._____had come_____he would have been saved."

--"We need another doctor. Different from Dr._____though...When my daughter was in school Dr._____was very sarcastic to her so we don't go to Dr._____at all."

--"The osteopathic doctor is not so expensive. They seem to come right out and tell you...They don't use the big words that you don't know the meaning of."

Husband and wife: "You have to make an appointment three days in advance...There are few doctors that you could get to come to your home or even see you in the office...That is all out of reason...When they won't accept you into their office within a few hours there ought to be something done...It's two or three days before you got a right to go and see one. Guess you could get into a hospital in an emergency...They won't take you without doctor's OK..._____tried to get in and had a rough time.

Doctor said that if she had waited another four hours she might have died... Sometimes it's too late (to go to the hospital). Know one or two cases where it was...Old time doctors mostly gone out of existence...If you could get into a doctor's office that would be one thing."

--"Dr. _____ didn't give me a chance to ask. I didn't know what phlebitis is. I had to go and ask someone else."

--"I've got emphysema in both lungs and I'm blind. Can't see. That shakes me up...Nobody is treating me now...Why go? They say 'leave off smoking...' I've got to have something to do. I can't sit here and not do anything...Pills cost so much I couldn't afford them. Was getting the blind pension but they took that away from me. They found some reason."

--"Doctor from Kingfield charges \$20 for a house call. Now how can you afford that?"

--"The doctors we've been to have been reasonable. Drugs haven't cost any more than you'd expect....My children are all grown up and away from home. We've been pretty healthy...We don't try to do too much."

--"It's hard to get hold of a doctor. It's too bad they couldn't get another doctor to help Dr. _____. You can usually get an appointment but it's quite a while ahead...Old Dr. _____ used to come to the house. He died. Now you have to go to the office. Things are different than they used to be...When you call Dr. _____ they say the doctor is out making house calls but Dr. _____ doesn't come out here."

I talked with one middle-aged mother whose husband had died suddenly of a coronary a week earlier.

"I tried to get a doctor," she said, "but it was Thursday and every doctor had the day off. I called three doctors...He went so fast he didn't suffer."

"I called an ambulance but I couldn't wait. The boys helped me get him

into the car and I took him to the hospital myself. It was too late. He was dead."

This woman said her husband had "sensed that something was wrong. He had an odd feeling that things were not going to be right...He went to the doctor a couple of times. The doctor told him there was nothing wrong with his heart."

The woman's husband was building a new house for his family and finished the major part of it before he died.

In another home I came across a youngster who had some sort of growth in his throat. The lad's mother said a public health nurse had made arrangements for him to be taken to a specialist in Lewiston and an operation had been tentatively scheduled. Apparently the arrangements were made by the public health nurse through the Division of Eye Care and Special Services of the Maine Department of Health and Welfare.

The mother says the boy had been "kept back in school because the teachers couldn't understand him. He can't talk very well. It's his voice box. He's had it since last February. It used to be bad once in a while but it gradually got worse."

The people in Avon Valley receive very, very little dental care. And when they do it is curative rather than preventive. Even when parents and children have aching teeth they often just suffer. Sometimes the parents are able to make arrangements to have aching teeth pulled. Sometimes they are not able to do so. Sometimes they don't even bother to try.

Here are some of their comments regarding dental care--or rather the lack of dental care:

--"My girl tried to get to a dentist (in July). She's 16. One dentist said he couldn't take her until October 7th...A nurse for another one said over the phone that the dentist would pull her tooth out but couldn't fill

it. The teeth pain her...She takes aspirin and toothache drops."

--"My children (seven of them) don't usually get it (dental care) unless they have a toothache."

--"My kids are all whining with toothaches. Had to have them out when I could. They won't go to Dr._____. He's an old horse doctor. I went to Dr._____...Had to take the money. No teeth filled. Just extractions.....One of my kids fell against my stove and broke his teeth off. That sure was painful...He never got to a dentist."

--"Dental care? I haven't even tried. My husband had some help from the Salvation Army. He had cysts...He went to Dr._____in Lewiston...My children never went to the dentist except for Head Start."

--"ADC doesn't pay for dental care. My girl has never had dental care in her life. Her teeth are terrible but you can't do much on an ADC check. Wish they could have dental care."

--We haven't had much dental care around here...Two of my (nine) children were in Head Start. One had 13 pulled on one trip to Lewiston--all at once...You ought to hear them yelping around here with toothaches. You ought to be around...They take aspirin and I put some stuff in the teeth...I would have them out if I could afford to. We just have to get by."

--"Dental care is quite hard to get. All dentists have got to have cash now. The dentist said he didn't charge. I don't blame them. They need the money."

One thing I noticed when I was conducting the Avon Valley part of the survey in mid-July was that many of the youngsters there had sniffles and colds. A couple of mothers said their children had colds because they often swim in the brook at night when it is chilly. There also seemed to be many ear infections among boys and girls in the area.

One health problem will be solved soon when a water system is installed

in the valley. This positive step is being taken by the residents themselves. They have formed the Avon Valley Water Association and have held several meetings to draw up by-laws, study construction and operation costs and put together an application to FHA for funds to build the system. Favorable action has been taken by the FHA and, after a final survey, construction should begin shortly. They expect to have running water in their homes before winter. The CAP agency has been helping the local group in this effort.

One man said the proposed water system will be "the best thing that has happened. It will be a Godsend to the whole neighborhood." Many residents of the valley have been getting their drinking water from a brook that runs through the valley. One report has it that the water has been tested and found to be unfit for human consumption. Other people drink water from wells that have never been tested. One woman told me that the children in one large family had open sores on their bodies a good part of the time and that one of the reasons was the water they drank from the brook.

Many of the poor people in the valley were high in their praise of the Franklin County CAP, especially the Outreach program and the surplus commodities program. Several people said surplus commodities were a tremendous help and they didn't see how they could manage without them.

The people in the valley also had a great amount of praise for a VISTA (Volunteers in Service to America) worker who recently finished his tour of duty in the area. "I never knew anyone who was as well liked as Doug," one person said, referring to the Vista.

Another resident added that "Lois Niles (state public health nurse) is also well liked in the area. She understands the whole valley."

Not only have people in the so-called health system in Franklin County failed to provide the people of Avon Valley with adequate medical care but they have erected barriers which prevent these people from seeking and obtaining medical care for themselves and their children.

More Than 1,000 Legal Proceedings

There are records in the 12th District Court in Farmington that support many of the statements attributed to low income people in this report.

I researched the court dockets of small claims, civil suits and disclosure proceedings and found that during the past five years there was a total of 1,082 legal proceedings involving the Franklin County Memorial Hospital.

State records in Augusta showed that during the five years 1964 to 1968 there was a total of 12,692 admissions to the F.C.M.H. and that during the five years from July, 1964 to July, 1969 there were 929 complaints from the hospital in the Franklin Division of the District Court.

J

Here is a yearly breakdown from the District Court records:

Small Claims Complaints from Franklin County Memorial Hospital

| | |
|--|----------------|
| July 1, 1964--July 1, 1965 | 139 complaints |
| July 1, 1965--July 1, 1966 | 103 |
| July 1, 1966--July 1, 1967 | 109 |
| July 1, 1967--July 1, 1968 | 126 |
| July 1, 1968--July 1, 1969 | 109 |
| July 1, 1969--August 4, 1969 | <u>7</u> |
| Total number of small claims entered in 12th District Court in Farmington | <u>593</u> |
| from July 1, 1964--August 4, 1969 | <u> </u> |

Civil Complaints from Franklin County Memorial Hospital

| | |
|---|---------------|
| July 1, 1964--July 1, 1965 | 21 complaints |
| July 1, 1965--July 1, 1966 | 34 |
| July 1, 1966--July 1, 1967 | 121 |
| July 1, 1967--July 1, 1968 | 82 |
| July 1, 1968--July 1, 1969 | 85 |
| July 1, 1969--August 4, 1969 | <u>9</u> |
| Total number of civil suits entered in 12th District Court in Farmington | <u>352</u> |
| from July 1, 1964--August 4, 1969 | <u> </u> |

Disclosure Proceedings Requested by F.C.M.H.

| | |
|--|---------------|
| March, 1966--July 1, 1967 | 49 complaints |
| July 1, 1967--July 1, 1968 | 45 |
| July 1, 1968--July 1, 1969 | <u>43</u> |
| Total number of disclosure requests entered from March 1, 1966 to July 1, 1969 | <u>137</u> |

"Small claims" are suits for less than \$100 and, except for a less formalized procedure, are similar to any other suit for a debt. The major advantage is that the creditor need not hire an attorney to present such a claim.

The other civil suits discussed in this report are all traditional legal proceedings on a debt and may be entered in District Court if the debt does not exceed \$10,000. In nearly every one of the suits in question there is little or no dispute as to whether or not the money is in fact owed nor the amount. For that reason it is unlikely that there is any legal defense to the claim and it is therefore unusual for the debtor to hire an attorney, file an answer to the suit or appear on the date set for hearing. Failure to appear results in a so-called default judgment which has the same force in effect as if there had been a "trial" and judgment awarded to the creditor.

Once the creditor has obtained a judgment, whether it be by default or otherwise, he is then entitled, if the judgment has not been satisfied, to have the debtor subpoenaed to appear for "disclosure" before either a Disclosure Commissioner (an attorney appointed to that office by the Governor) or a Judge of the District Court. He must be personally served with the subpoena and given a minimum of 24 hours' notice for every 20 miles of travel from his home to the place of disclosure.*

* It should be noted that for quite some time in Franklin County there has been no Disclosure Commissioner and all disclosures are before the Judge of District Court. This is the only County in Maine where this is true.

The supposed reason for the disclosure is to reveal to the creditor the assets of the debtor and the debtor's resources to pay the judgment so that the creditor may take what steps are necessary to satisfy judgment. If a debtor appears and honestly discloses everything, he may be given an oath which is commonly called a Poor Debtor's Oath:

"I,.....solemnly swear (or affirm) that I have no real or personal estate, or interest in any, except what is exempted by statute from attachment and execution, and what I have now disclosed; and that since any part of this debt or cause of action accrued, I have not directly or indirectly sold, conveyed or disposed of, or entrusted to any person, any of my real or personal property to secure it or to receive any benefit from it to myself or others with an intent to defraud any of my creditors. So help me God." (or, "This I do under the pains and penalties of perjury.")

It should be noted that the oath does not relate to whether or not he is in fact poor but rather whether or not he has disclosed all his assets. Failure to truthfully disclose or failure to answer questions posed at a disclosure or failure to appear for a disclosure are essentially contempt of court and the law provides that a capias may then be issued which would have the Sheriff jail the debtor (at the debtor's expense) until he had either paid the judgment or been allowed to take the oath described above.

Once someone has sworn to the oath he cannot be summoned again for a disclosure on this same judgment for a period of three years. The judgment, however, can be constantly renewed up to 20 years and may at the end of 20 years be the subject of an additional suit which will again extend its effect.

It should also be noted that the implications of the judgment go beyond one's being subject to appear for disclosure. The creditor may attach and sell any personal or real property of the debtor. Where a debtor owns some real estate the mere fact of it having been attached will very likely block his ability to sell it until the attachment is removed.

It might also be remembered that the debt will carry six percent interest from the date of the court judgment.

Here is a further breakdown on the small claims, civil court suits, and disclosure proceedings initiated by the F.C.M.H. in district court in Farmington.

Small Claims Proceedings Brought by F.C.M.H.
in District Court XII, Division of Franklin

| | 7/1/64- 7/1/65 | 7/1/65- 7/1/66 | 7/1/66- 7/1/67 | 7/1/67- 7/1/68 | 7/1/68- 7/1/69 | 7/1/69- 8/4/69 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Number of complaints | 139 | 103 | 109 | 126 | 109 | 7 |
| Total Amount of complaints | \$4,237 | \$3,465 | \$3,154 | \$3,066 | \$2,606 | -- |
| Average amount of complaint | \$ 30 | \$ 34 | \$ 29 | \$ 24 | \$ 24 | -- |
| Number and total amount of complaints dismissed* | 8 \$ 225 | 9 \$ 395 | 13 \$ 341 | 15 \$ 548 | 23 \$ 796 | -- -- |
| Number and amount of complaints paid | 112 \$3,155 | 70 \$2,133 | 72 \$2,024 | 94 \$2,151 | 64 \$1,223 | -- -- |
| Number of small claims less than \$10 | 29 | 17 | 29 | 33 | 27 | -- |
| Number of small claims less than \$5 | 12 | 2 | 16 | 13 | 11 | -- |
| Smallest small claims | \$ 2.06 | \$3.09 | \$ 1.03 (2) | \$ 2.05 | \$3.03 | -- |

* Many "dismissals" are the result of payment to creditor or creditor's attorney before hearing.

Civil Complaints for Debt from F.C.M.H.
in District Court XII, Division of Franklin

| | 7/1/64- 7/1/65 | 7/1/65- 7/1/66 | 7/1/66- 7/1/67 | 7/1/67- 7/1/68 | 7/1/68- 7/1/69 | 7/1/69- 8/4/69 |
|---|-----------------------|-------------------|-----------------------|----------------------|----------------------|-------------------|
| Number of complaints | 21 | 34 | 121 | 82 | 85 | 9 |
| Total amount of complaints | \$3,625 (20 of 21) | \$3,588 | \$16,178 20 of 121 | \$12,260 73 of 82 | \$14,971 75 of 85 | -- |
| Average amount of complaint | \$181 | \$106 | \$135 | \$168 | \$200 | -- |
| Number Discharged | 3 | 6 | 13 | 9 | 8 | -- |
| Number of Executions Issued | 17 | 28 | 107 | 71 | 73 | -- |
| Number and amount of complaints paid or satisfied | 5 \$789 | 12 \$776 | 46 \$4,685 | 32 \$3,473 | 14 \$1,255 | -- -- |

Disclosure Hearings Requested by F.C.M.H.

| | March, 1966- July 1, 1967 | July 1, 1967- July 1, 1968 | July 1, 1968- July 1, 1969 |
|---|------------------------------|-------------------------------|-------------------------------|
| Number of complaints | 49 | 45 | 43 |
| Total amount of complaints | \$6,937 | \$6,435 | \$8,838 |
| Amount of average complaint | \$ 142 | \$ 143 | \$ 206 |
| Total amount of court costs | \$ 732 | \$ 549 | \$ 618 |
| Amount of average court cost | \$ 16 | \$ 16 | \$ 16 |
| Number who took Poor Debtor's Oath | 17 | 17 | 24 |
| Total amount of debts against those who took above oath | \$3,641 | \$3,495 | \$6,633 |
| Average amount of debt against those who took above oath | \$ 214 | \$ 206 | \$ 276 |
| Number of capias executions | 29 | 17 | 16 |
| Total amount of capias executions | \$3,154 | \$1,405 | \$1,979 |
| Average amount of capias executions | \$ 109 | \$ 83 | \$ 124 |

How do these figures compare with hospitals in other areas of the state? To get an idea of the number of delinquent accounts that a hospital of the same size might take to court, I checked the court records in Skowhegan, the county seat of Somerset County, and the other Division of the 12th District Court. Fairview Hospital is located in Skowhegan and, according to the Maine Hospital Association, has the same number of beds--50--as F.C.M.H. District Court began in Somerset County in October, 1965, and since that time Fairview has taken a total of 23 past due accounts to small claims court. During the same period F.C.M.H. was taking more than 400 to court!

I discussed disclosure subpoenas and capias executions with Franklin County Sheriff Kenneth French because, according to state law, it is his legal duty to jail anyone who has a capias issued against him if the attorney for the plaintiff asks him to.

I showed Sheriff French a list of the names of 62 people against whom capias executions had been issued since March, 1965. Many of the names were, of course, very familiar to him since the papers had been turned over to him, as he put it, "to collect or commit."

"They never like to have us commit," he said. "We serve as a collecting agency although some don't appreciate it...It would be a lot easier for us to lock them up."

Sheriff French went over the list and found the names of the two men he said he remembered had been put in the county jail in Farmington for non-payment of hospital bills--one by Fairview Hospital in Skowhegan (in 1968) and one by Franklin County Memorial Hospital (in 1966).

According to Sheriff French, the man who was locked up for the bill at Fairview Hospital took the Poor Debtor's Oath after being in jail about two weeks. The hospital bill was for \$419.39. The man who was put in jail for a bill at F.C.M.H. had five children at home. The Farmington town

manager said the town paid the \$60 bill because the town would have had to support the man's family if he had been held in jail for any length of time. Sheriff French said these were the only two people to have been placed in the Franklin County jail since March, 1966 for non-payment of hospital bills.

"Most of the disclosures are paid," Sheriff French said. "They turn them over to us to collect the money or else...The biggest part of them are paid. Some go through bankruptcy....My deputies have been instructed to tell them to show up in court on the day they are told to...That's their day in court. If they would just go there and tell Judge Merrill. He always goes out on a limb for them." Apparently most of them who do appear in court for disclosure take the Poor Debtor's Oath.

In addition, doctors and ~~dentists~~ are making ample use of small claims complaints in the District Court at Farmington. Court records showed that during the past five years 326 claims from doctors and ~~dentists~~ have been filed. Here is a year-by-year breakdown:

| | |
|----------------|-----------|
| 7/1/64--7/1/65 | 70 |
| 7/1/65--7/1/66 | 61 |
| 7/1/66--7/1/67 | 79 |
| 7/1/67--7/1/68 | 57 |
| 7/1/68--7/1/69 | <u>59</u> |
| Total | 326 |

It must be noted here, however, that not all of the physicians and dentists resort to small claims court to collect overdue bills. A small number of physicians and dentists account for most of the claims. A sampling of small claims also revealed that some druggists are using the court to collect past due bills for drugs.

The Sheriff said he didn't see "how some of these people live...You see them in a big car. They are paying a finance company. They own a Skidoo... They buy beer and ~~have~~ parties on weekends...If they would just try to pay the bill but they don't. They just ignore it...If they would just go to the hospital...(and) pay one dollar or two dollars a week I don't think this hospital would jump on them...He(the hospital administrator) bends over backwards if a person comes in to see him..."

I found it hard to believe that the F.C.M.H. would actually bring small claims proceedings against people for a dollar or two. I looked up the original records on several of these. Here are three typical ones:

CASE A

For services to Farmington woman--Dec. 13, 1965

Original bill

| | | |
|----------|----------------|------------------------------|
| X-ray | \$10.00 | |
| Pharmacy | 2.00 | \$1.03 Amount of small claim |
| | <u>\$12.00</u> | 3.00 Court costs |
| | 11.00 | Paid by Blue Cross |
| | \$ 1.00 | Balance |
| | .03 | Interest charged |
| | | by F.C.M.H. |
| | \$ 1.03 | Total due |

CASE B

For services to the stepdaughter of a Strong resident--Mar. 2,3, 1966

Original bill

| | | |
|------------|----------------|------------------------------|
| Emer. room | \$ 3.00 | \$2.04 Amount of small claim |
| 1 day care | 17.00 | 3.00 Court costs |
| Laboratory | 2.50 | |
| X-ray | 25.00 | |
| Pharmacy | .50 | |
| | <u>\$48.00</u> | |
| | 46.00 | Paid by Blue Cross |
| | \$ 2.00 | Balance |
| | .04 | Interest charged |
| | | by F.C.M.H. |
| | \$ 2.04 | Total due |

CASE C

For services to the sone of a Wilton man--June 23, 1967

Original bill

| | | |
|-------|--------------|--------------------|
| X-ray | \$12.00 | |
| | <u>11.00</u> | Paid by Blue Cross |
| | \$ 1.00 | Balance |
| | .03 | Interest charged |
| | | by F.C.M.H. |
| | \$ 1.03 | Total due |

\$1.03 Amount of small claim
3.00 Court costs

At the conclusion of the survey I again talked with Kenneth Swett, the administrator of the F.C.M.H. This time the main topic of conversation was collection procedures.

Here are some of the comments made by Mr. Swett:

"We simply follow the laws of the state of Maine..." He said that statements and letters are sent to past due accounts--"We send 10 to 12 dunning letters every single day"--and that he writes the final notice himself. When the accounts are 120 days past due, they are turned over to small claims court and/or an attorney.

"These people just ignore the notices...If they would just come in or write in...assume responsibility...We'd like to get \$5 a week...If a person is not capable of paying and he tells us, that's that. The lawyer decides (on a person's ability to pay)...We have no contact with these people so we don't know what their circumstances are. He makes the decision...There's no harassment." Swett said the attorney hired by the hospital follows the American Bar Association Code. "He follows the rules of the Association."

"It's a good system. It has worked well and nobody's rights are being violated."

Swett said he recently wrote off \$21,000 in uncollectable bills and that between two and three percent of their charges are written off each year. However, he added: "Actual collections are good. Better than some."

Swett said the attorney's fee depends on "how much the costs are and how much time he puts in" on collecting an account. The attorney's fee, he said, may run "up to 50 percent" of the amount collected.

"We are following the same procedure most hospitals follow," Swett said.

He said that "several years ago a couple of cases went the limit" and people were jailed. They were not put in jail, he said, for refusal to pay their bill but for contempt of court. "They went to jail because they hadn't appeared for disclosure," he said. Since then, he added, the attorney has been instructed "not to go the limit" and he "hasn't put anyone in jail for several years."

"This should be thoroughly understood," he said. "These people come in here and receive treatment. We worry about the money afterwards...Some of them haven't had a decent meal for a week, haven't had a bath for a year. They get the same treatment that everyone else does...It's a damn shame that something can't be done to help these people out. Here we are dumping potatoes and blueberries..."

"What are the towns and state doing for these people? How much support are we getting from the state?...The towns won't accept responsibility for them unless arrangements are made prior to their coming here. Towns are adamant about it--especially Strong and Phillips...They hem and haw and eventually say, 'We'll take care of it,'" he continued.

Swett cited the case of one man whose family had been in the hospital eight times since 1961 and still owed money. "He's still getting treatment. Can you call that harassment?" he asked. "I know there are stories around that they are refused service. There's not a person who has been refused service," he said emphatically.

Swett asked whether it is fair for people from Wilton and Farmington to have to pay for unpaid bills. "Should we jump the rates for this?" he asked. The rates at F.C.M.H. are \$30 to \$45 per day. "How many other hospitals have rates like that," he asked.

"Some are true hardship cases," Swett said.

"Doctors give services to these people. The hospital gives its (services) if someone tells it they can't pay..." he said.

"We've tried to keep our public image good but we just can't forget these and not do something about them."

CONCLUSION

**There is discrimination, both real and imagined, against low income people receiving care at the Franklin County Memorial Hospital. The imagined discrimination is as much a barrier as the real discrimination when it comes to seeking health care. In fact, when it comes to medical care many poor people in Franklin County are second class citizens. It is apparent that many of these people have constantly been humiliated and treated with a lack of human dignity in their quest for medical care--and the words of so-called health professionals and others, as well as low income people, support this.

**In Franklin County, as everywhere else, there is a vicious circle between poor health and poverty. Tufts University Professor Dr. H. Jack Geiger put it this way: "The health of the poor in the United States is a national disaster. The poor are likelier to be sick, the sick are likelier to be poor. Without intervention, the poor get sick and the sick get poorer."

**Throughout Franklin County there are knowledgeable and interested people who are concerned about the health needs of lower income groups. Many of these people would be willing to participate in effectuating remedies.

**There is a lack of understanding of nutritional requirements and many low income people, because of this lack of understanding, are prone to buy the wrong foods.

**A start has been made toward developing a rapport between organized groups and low income people. Low income Outreach workers of the local Franklin County Community Action Council--many of whom live in the areas they are working in--have been able to make considerable progress in meeting the health needs of these people and in helping them to help themselves. VISTA and other poverty workers have also established such a rapport. State

public health nurses have also helped considerably.

**There is a great deal of apathy on the part of many local officials toward the health needs of their constituents. This apathy includes failure to support such preventive medical measures as fluoridation of water systems and meeting the costs of medical care and drugs.

**Because of the credit policies of the hospital and a few physicians, many low income people feel frustrated in attempting to get medical care. This prolonged frustration has reached the point of near resignation that nothing better will be forthcoming.

**Among low income people there is a lack of knowledge of home nursing services other than those provided by public health nursing. The Androscoggin Valley Home Health Agency, an agency which is growing rapidly and has extended its services into Franklin County, has not yet placed much emphasis on meeting the health needs of poor people.

**Health care for the poor must be more than charity medicine. The obvious problems with charity medicine are that it is cold, impersonal, often given under humiliating conditions, and does not reach all the people who need it, especially poor people. Good health care is the lifeline to all else for poor people. It must be available and easily accessible to them on the basis of medical need and not ability to pay.

**Low income people in Franklin County consider the lack of dental care as their number one health problem. Dental care, when it occurs, is curative rather than preventive, and there is a discouraging lack of support for fluoridation in the county. Only one community has voted to fluoridate its water supply.

**The high cost of drugs is a barrier to health care. Sometimes poor people have to choose between buying food and buying the medicine the doctor prescribed.

**There is a knowledgeability gap, a lack of awareness of available health services and facilities. This knowledge is lacking among people in the health field as well as low income people.

**In Franklin County the lack of transportation facilities constitutes a health problem. Many of the people must travel long distances to seek medical care and there are no public transportation facilities that are of any benefit to them.

**Many low income mothers have inadequate or no prenatal care. In many cases this is due to a lack of funds and a lack of understanding of the importance of prenatal care.

**Preventive medical care is unheard of as far as many low income people are concerned.

**There is a need among some poor families for meaningful instruction in basic sanitation and rudimentary hygiene.

**There is a lack of cooperation among agencies which are or should be providing health care to low income people.

**The orientation of poor people is to think of health care in crisis terms.

APPENDIX A

POPULATION OF MINOR CIVIL DIVISIONS
IN FRANKLIN COUNTY

| NAME | 1960 POPULATION |
|------------------------|--------------------|
| Avon | 436 |
| Carthage | 370 |
| Chesterville | 505 |
| Coburn Gore | 38 |
| Coplin Plantation | 40 |
| Dallas Plantation | 77 |
| Eustis (Stratton) | 666 |
| Farmington | 5,001 |
| Freeman Township | 134 |
| Industry | 262 |
| Jay (Chisholm, Riley) | 3,247 |
| Kingfield | 864 |
| Madrid | 108 |
| New Sharon | 712 |
| New Vineyard | 357 |
| Perkins Township | 5 |
| Phillips | 1,021 |
| Rangeley (Oquossoc) | 1,087 |
| Rangeley Plantation | 39 |
| Salem Township | 71 |
| Sandy River Plantation | 54 |
| Strong | 976 |
| Temple | 314 |
| Washington Township | 14 |
| Weld | 348 |
| Wilton (Dryden) | 3,274 |

Source: U. S. Census Bureau and Health and Welfare Department

APPENDIX B

FRANKLIN COUNTY POPULATION DATA

| | | |
|---|---------|------|
| Total population | 20,069 | |
| % Living in rural areas | | 86.3 |
| Total number of families | 4,922 | |
| Total with income less than \$3,000 | 1,300 | |
| % With income less than \$3,000 | | 26.4 |
| Families with income less than \$1,000 | 137 | |
| Families with income \$1,000-\$1,999 | 1,405 | |
| Families with income \$2,000-\$2,999 | 758 | |
| Median income | \$4,384 | |
| Males 14 and over in civilian labor force | 5,115 | |
| % unemployed | | 4.9 |
| Females 14 and over in labor force | 2,827 | |
| % unemployed | | 5.3 |
| Persons under 21 | 8,227 | |
| % Receiving AFDC payments (Dec.1964) | | 3.3 |
| Persons 65 and over | 2,342 | |
| % Receiving OAA (Dec.1964) | | 10.8 |
| % 14 and 15 years old enrolled in school | | 94.7 |
| % 16 and 17 years old enrolled in school | | 89.9 |
| Total persons 25 years and over | 10,887 | |
| Persons 25 with less than 8 years education | 1,148 | |
| % with less than 8 years education | | 10.5 |
| Births per year (1960) | 477 | |
| Deaths per year of infants under 1 year | 11 | |
| Infant deaths as % of births | | 2.31 |
| All housing units | 9,125 | |
| Number substandard | 4,850 | |
| % substandard | | 53.2 |

All statistics from the 1960 census except AFDC and OAA percentages and infant mortality statistics supplied by the Maine State Department of Health and Welfare, Bureau of Vital Statistics.

APPENDIX C

FRANKLIN COUNTY ADULT INCOME INFORMATION
FROM 1960 CENSUS

| Town | <u>Number of Families</u> | | | | <u>Income</u> | |
|---------------------|---------------------------|---------------|---------------|---------------|----------------------------|---|
| | Total | Under \$1,000 | \$1,000 1,999 | \$2,000 2,999 | Total under \$3,000 Income | % of Families with under \$3,000 income |
| Avon | 95 | 12 | 4 | 24 | 40 | 42 |
| Carthage | 75 | 4 | 4 | 8 | 16 | 21 |
| Chesterville | 103 | 4 | 20 | 3 | 27 | 26 |
| Coplin | 4 | 0 | 0 | 4 | 4 | 100 |
| Dallas | 25 | 0 | 0 | 9 | 9 | 36 |
| Eustis | 156 | 4 | 0 | 39 | 43 | 28 |
| Farmington | 1,181 | 35 | 67 | 128 | 230 | 19 |
| Industry | 63 | 4 | 12 | 5 | 21 | 33 |
| Jay | 796 | 16 | 53 | 76 | 145 | 18 |
| Kingfield | 234 | 0 | 27 | 49 | 76 | 32 |
| Madrid | 20 | 0 | 4 | 4 | 8 | 40 |
| New Sharon | 170 | 4 | 31 | 29 | 64 | 38 |
| New Vineyard | 54 | 0 | 12 | 16 | 28 | 52 |
| Phillips | 253 | 18 | 35 | 84 | 137 | 54 |
| Rangeley Plantation | 4 | 0 | 0 | 0 | 0 | 0 |
| Rangeley | 278 | 12 | 12 | 46 | 70 | 25 |
| Sandy River | 8 | 4 | 0 | 4 | 8 | 100 |
| Strong | 267 | 4 | 24 | 50 | 78 | 29 |
| Temple | 74 | 0 | 13 | 20 | 33 | 45 |
| Weld | 72 | 3 | 4 | 10 | 17 | 24 |
| Wilton | 899 | 13 | 71 | 121 | 205 | 23 |
| Unorganized | 91 | 0 | 12 | 29 | 41 | 45 |

APPENDIX D

FRANKLIN COUNTY HOUSING DATA

| | |
|--|-------|
| All housing units | 9,125 |
| Occupied units | 5,732 |
| % Owner occupied | 74.1% |
| Seasonal units | 2,762 |
| Sound with all plumbing | 4,275 |
| Sound lacking some or all plumbing | 1,949 |
| Deteriorating with all plumbing | 833 |
| Deteriorating lacking some or all plumbing | 1,169 |
| Dilapidated | 899 |
| No piped water | 1,482 |
| No flush toilet | 2,636 |
| No bathtub or shower | 3,404 |
| No basement or slab | 3,299 |
| No furnace | 5,874 |
| Occupied units | 5,732 |
| Overcrowded # | 559 |
| No washing machine | 902 |
| No clothes dryer | 5,353 |
| No freezer | 4,674 |
| No telephone | 1,636 |
| No automobile | 1,115 |
| No television | 1,061 |
| No radio | 883 |
| | 2,630 |
| Owner occupied residence* | 1,049 |
| Value less than \$5,000 | 39.8% |
| % Less than \$5,000 | 6,200 |
| Median Value (\$) | |

* Single family
 # 1.01 persons per room or more
 Date taken from 1960 census of housing

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