

Though the AAAS was building up its organizational strength in the 1940's and 1950's, there are some who, with the benefit of hindsight, regard the association's leadership—the board of directors and staff—as unduly timid. The AAAS in the early 1950's had a chance to pick up the then deficit-plagued *Scientific American* through an arrangement proposed by Gerard Piel and his colleagues, but the AAAS board backed away from the opportunity and Piel's group went on to build *Scientific American* into one of the major success stories in recent magazine history. You can hear arguments both ways as to whether the decision was wise, given the conditions, and whether the decision was or was not ultimately in the interests of science as a whole. But even many of those who

support the decision agree that it shows a less than venturesome spirit.

There seems to have been considerable friction between both Meyerhoff and Moulton and their boards during the 1940's and 1950's. Indeed, Meyerhoff had one row of such intensity with his executive committee that he ended up resigning in 1953. He was ultimately succeeded by Dael Wolfe, a superb and tactful committeeman, who ushered in an era of relative peace. Wolfe describes his relations with the board over 16½ years as “a honeymoon,” and there would seem to have been few, if any, conflicts between them.

In a gradual and piecemeal fashion, Wolfe, who came to the AAAS full time in late 1954, began implementing some of the Arden House concepts. He

got foundation support for new programs in science education and the public understanding of science, he slowly began to change the focus of the annual meeting, he launched the News and Comment section of *Science* and merged *Scientific Monthly* into *Science* so as to strengthen the association's major magazine, and he brought in Philip H. Abelson, a distinguished geophysicist, as editor of *Science*. By the end of Wolfe's tenure, which largely coincided with the golden growth years of American science, the AAAS had grown substantially, had gotten involved in a number of new activities, and had mapped out goals even more ambitious than those delineated at the Arden House conference, as will be described in subsequent articles.—PHILIP M. BOFFEY

## Health Care: What the Poor People Didn't Get from Kentucky Project

*Floyd County, Kentucky.* In 1967, the Office of Economic Opportunity (OEO) funded a “Comprehensive Health Care Program” for the poor people of this coal mining county in Appalachian Kentucky. As in most of eastern Kentucky and other parts of Appalachia, the poor in Floyd County are afflicted by staggering social, environmental, and medical problems. Over half the county's population of 34,000 falls below the poverty line. Most of these people live in small houses or shacks in the rural hollows along creeks filled with garbage and sewage.

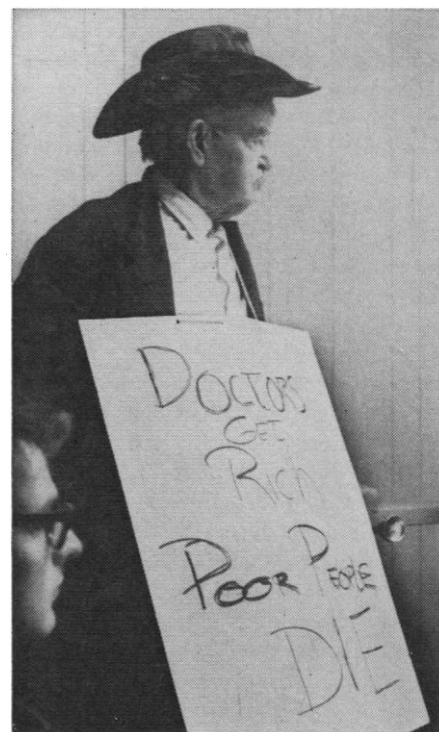
Coal no longer provides jobs for everyone, so for years young people have been leaving the hills to find work in the cities to the north. Those who remain tend to be the very young, the middle-aged, and the elderly. Often the men have worked in the mines for years and are unable to work any longer, suffering from such occupational disabilities as pneumoconiosis, the dreaded Black Lung disease that can turn a man at age 50 or 55 into a wheezing, coughing derelict.

After spending more than \$5 million, the OEO program has yet to provide anything resembling comprehensive health care. It has, however, been the

source of a major political battle involving most of the county's doctors and politicians, a welfare rights organization, and eastern Kentucky's powerful Democratic congressman, Carl D. Perkins. The Floyd County situation in itself is worthy of notice, but it has a more general relevance since it could be repeated time and time again if Congress enacts some form of national health insurance.

The OEO went into the health business during the Johnson Administration because of the realization that poverty and ill health reenforce each other. At the time the health projects were established, OEO planners intended to provide alternatives to existing health services for the poor and, in doing so, to establish models that might influence the direction of American medicine. Indeed, such facets of OEO health care as family-centered preventative medicine, salaried group practice, training of paramedics, and consumer participation in decision making, have become elements in the debate over national health insurance.

The Floyd County project, however, was a striking exception to OEO policies. Funded as a “research and demonstration” project, it attempted to improve the health care of isolated, rural



An 85-year-old welfare rights demonstrator. [Photo by M. Kenny]

poor people by working within the existing health care structure.

The medical facilities in the county, while sparse by national standards, are average or better for eastern Kentucky. There are 15 physicians in private practice. The only specialists are surgeons; there are no obstetricians, pediatricians, or internists. The county has 126 beds in three hospitals, and the doctors practice primarily in those towns that have the hospitals. But very little “charity medicine” was offered.

And before the OEO program, poor people often went without medical care.

Instead of bringing in doctors and establishing clinics, as OEO did elsewhere, the Floyd County project employed a number of aides who transported people to the county's private physicians and hospitals upon the referral of the program's medical staff. Moreover, control of the program was left entirely in the hands of the local board of health, which is composed of three doctors, a dentist, a nurse (the wife of a state assemblyman), the County Attorney, and the County Judge. Under the direction of the Board of Health, the program appeared, at times, to serve the interests of the county's doctors and politicians rather than the interests of the poor. For the doctors, there was increased business; for the politicians, the \$1.3 million per year program provided more than 100 new jobs for patronage.

In a 1970 report describing the Floyd County program, an OEO investigator noted that, in violation of OEO regulations, poor people were excluded from decision making and were offered neither jobs nor training. "There were reports," said the investigator, "that, if a person wanted a job with the program, he had to have political concurrence."

Furthermore, the report noted that "physicians were receiving fees for the care of the program's consumers, while establishing the policy for the program. . . . This resulted in a rule, passed by the Board, that no recipient can be served by a physician who does not

practice in Floyd County." Thus, under the OEO program, patients often had to travel 25 to 30 miles to visit a Floyd County doctor, when they could have traveled 5 to 10 miles to see a doctor in a neighboring county. Also, program employees were told only to refer patients to the private doctors; thus neither the program's full-time doctor nor its nurses were allowed to treat patients.

Naturally, the program led to increased business for Floyd County doctors. Not only did they derive fees directly from the OEO program (the 15 doctors billed the program for over \$175,000 yearly), but the program's vehicles brought them additional Medicare and Medicaid patients as well. According to the OEO investigator, "some physicians in Prestonsburg (the county seat) were seeing as many as 100 patients per day." In 1968, an OEO medical audit team, after surveying the records of several patients treated under the program by those same Prestonsburg doctors, declared that "The medical content of the patient contacts was extremely poor. There seems to have been little or no effort to provide a complete examination; in fact, the attention paid to the presenting complaint was minimal." Since no records had been kept, the team's report went on to question whether some of the patients had even seen the doctor.

Despite gross violations of regulations and the intent of the grant, OEO continued to fund the Floyd County project. Members of the Eastern Kentucky Welfare Rights Organization (EK-WRO), a group of unemployed and

disabled Floyd County miners and their wives who have vocally opposed the program, allege that OEO's inaction was influenced by Representative Perkins. They point out that Perkins, as chairman of the House Education and Labor Committee, wields tremendous power over the OEO program. Moreover, some of the people running the project are Perkins' friends and close political allies.

According to many local residents, County Judge Henry Stumbo, who has been the county's chief judicial and administrative officer for over 30 years, is the most powerful man in the county. The welfare rights people claim that the judge controls, through patronage, the votes that are crucial to Perkins' reelection.

Perkins' influence on the program may have been of a subtle nature. As one official in OEO Health Affairs told *Science*, "You have to understand the power that Perkins has over OEO. He might never have asked that a program in his district, run by his political cronies, be left alone. But we would try to anticipate his desires. There could be worse committee chairmen than Perkins, and we would try to do them a favor whenever we could."

Perkins himself emphatically denies ever having tried to influence the program. "Nobody can say that Carl Perkins has ever interfered with the specific running of the Floyd County Health project," he told *Science*. "If there's anything wrong with that program, OEO should correct it."

On at least one occasion, Perkins



Two scenes along Floyd County's Little Mud Hollow.

did try to change the staff of the program. A Floyd County dentist told *Science* that, while serving as acting project director, he had been telephoned by Perkins and asked to reinstate an employee who had been fired. Also, employees of OEO Health Affairs claim that Perkins telephoned OEO director Frank Carlucci to demand that the project director be fired. Perkins denies making the demand.

In mid-1969, OEO was forced to re-evaluate the program when Kentucky's Republican Governor Louis B. Nunn, a political opponent of Perkins, conducted his own investigation of the project and concluded that "\$1 million was being spent annually to deliver \$383,000 worth of medical care." Soon after Nunn's public announcement, OEO dispatched to Floyd County an investigator who ran the program for several months and instigated several changes.

Control of the program was transferred from the County Board of Health to a new corporation, consisting of representatives of several interest groups in the community as well as consumers. A new project director, Arnold Schechter, a physician from Chicago, was hired. However, few of the program's policies changed under the new board of directors.

The long-standing opposition of the local doctors to anyone else's practicing medicine in the county was upheld by the new board. In fact, the board fired Schechter in short order after he offered a plan that called for nine OEO doctors to come to the county to practice.

#### Politicians Keep Control

One reason for the lack of change in the program is that most of the powerful politicians in the county found their way onto the new board. Besides Judge Stumbo, County School Superintendent Charles Clark, whose position has traditionally had great influence in eastern Kentucky, sits on the board. Douglas Adams, a Prestonsburg physician and the county medical association's representative, owns part interest in a drug store and a nursing home, both of which receive payments from the program; in addition, he employs two of the other board members through these enterprises.

Perhaps more significant than the local power structure's ability to have its voice heard on the governing board is the total lack of input from the ten consumers on the 20-member board.

Representation of the poor has been a standard facet of all OEO programs. And now consumer control of health care has become a rallying cry of radical medical workers. The Kennedy health insurance plan even contains some provision for consumer participation. Yet in Floyd County, the concept has been virtually meaningless. For the first several months that the new board met, the low-income members never once cast a vote against the Establishment members. Critics of the program ascribe the poor people's acquiescence to intimidation and fear of reprisal for speaking out.

"The power of the County Judge and the other courthouse politicians reaches more people than you'd ever know," said Ruth James, a middle-class resident of Prestonsburg and member of the board. "The poor people are afraid for their jobs, their food stamps, or whatever means of income they have." Mrs. James believes that, because she has spoken out during board meetings, her son, now away at college, will never be allowed to teach in Floyd County.

One group of poor people that has spoken out, however, has been the 400-member EKWRO. "The doctors in that health program treat poor people like they was dirt," said Eula Hall, chairman of the organization. "All they're interested in is making money. Usually we don't know what's wrong with a person until after they die," she said.

The members of EKWRO have written letters to OEO officials and to Representative Perkins, demanding that the program be turned over to them. In addition, they have picketed and held public hearings publicized as exposing the program's "murderous and corrupt practices." Both the local politicians and Congressman Perkins dismiss EKWRO as the tool of the young antipoverty workers in Floyd County. Certainly the outsiders, some of them former VISTA and other OEO employees, had a hand in organizing EKWRO. But the organization's members are perfectly articulate in their criticisms of the program. "Judge Stumbo scares the people into thinking that they will lose all their rights if they don't cooperate," said Mrs. Hall. "So the only way we're going to get decent medical care is to keep on fightin' until we have new politicians and the poor people gets control of their own program."

Whether or not EKWRO is given control of the program, another round

of changes appears imminent. In a March 1971 memorandum, OEO's Director of Health Affairs Thomas E. Bryant said, "The project continues to utilize as its basic mode of operation a system in which patients are referred in a haphazard fashion to private physicians and dentists. . . . This type of operation makes it substantially impossible to achieve the goals of the OEO grant." Bryant further charged that the reaction of the board to the dissatisfaction of local residents with the "sporadic and inefficient health services" has been "an attempt to suppress and stifle dissent rather than to make meaningful reforms."

As a result of Bryant's charges, OEO director Frank Carlucci sent a letter to the board of directors threatening to stop the program altogether unless major changes are made. Whatever his position might have been before, Representative Perkins has now urged OEO officials both publicly and privately to "clean up the Floyd County program."

#### The Exception in Floyd County

In describing the reasons that OEO funded the project in Floyd County back in 1967, Elisabeth Schorr, who worked for OEO Health Affairs at the time, told *Science*, "Most people in the agency were convinced that, to help the poor, you had to do something fundamentally different from supporting existing health systems. Some argued, however, that in certain communities, such as Floyd County, the Establishment wouldn't ever go along with an innovative program. And any program was better than none at all."

Now, after 3 years of this unsuccessful experiment of putting additional money into the existing health care system to help to poor, OEO is demanding that changes be made. But the question still remains whether the Establishment, Floyd County's doctors and politicians, will block any attempts at reform.

The lessons learned here are of little use to OEO since, under the Nixon Administration, the agency is proceeding on a self-destruct mission and is unlikely to fund many more health projects. But in rural areas throughout the country, where local doctors control all of the health options, particularly for poor people, more money will not necessarily bring better medical care. And if Congress pours more money into the existing health care system on a national scale, the story of Floyd County could be repeated many times over.—  
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