"IT MAKES THE WHOLE OCEAN MOVE"

Why the Meyer Trust is helping the farthest reaches of Oregon maintain access to health care

Story and photos by Marie Deatherage

When I asked George Houx what would happen to him and others in the community if the Jordan Valley Health Clinic were to close, he had a ready and eloquent answer.

"What happens when you put your finger in the ocean?" he asked.

Looking straight at me, he answered his own question: "It makes the whole ocean move."

George Houx had driven from his home in the small settlement of Rome just to meet me at the health clinic in Jordan Valley. It's a 70-mile round trip he's made at least once a week to get his blood tested to make sure it is clotting properly since he was diagnosed with lymphoma two years ago. If it weren't for the local clinic, he would have to drive another hour and a half to get his blood drawn at the next closest clinic 65 miles away. It would take at least another two hours to drive back home, a minimum of five hours of travel time for a procedure that might take a minute or two. And this corner of Oregon has its share of severe winter weather, which can lengthen trips significantly.

It's quite possible George Houx would forgo the tests, which could cost him his life. Many local residents admit they put off going to the doctor or don't pursue follow-up treatment when it means they have to lose a whole day's work.

Jordan Valley was my first stop on a tour of the most remote section of Oregon to see first hand the results of several grants the Meyer Memorial Trust has made to try to improve access of rural Oregonians to health care.

Almost from the day it opened its doors in 1982, the Meyer Memorial Trust has been approached by nonprofit organizations seeking help in providing health care services to Oregonians. The Meyer Trust and its financial resources came along at the same time Oregon faced a crisis in health care during the 1980s. Some of the early grants the Trust made were aimed at reforming the health care system in Oregon by developing what became the Oregon Health Plan (see sidebar on page 8).

Many other grants the Trust has made over its 18 years have provided direct assistance to nonprofit health care providers, especially in the most rural areas, where even the Oregon Health Plan has not solved access problems.

One of those places is Jordan Valley, a community of less than 350 in the far southeastern corner of Oregon, only a mile west of the Oregon-Idaho state line. In this part of Oregon, most of the roads are unpaved, cowboys still ride on the range, and herds of wild horses roam the sagebrush clad hills. The region was settled by Basque sheepherders in the late 1800s, and even now about half of the local population is thought to have some degree of Basque heritage. Cattle ranching is about the only economic activity left in the area, although until a few years ago when the local mine closed down, gold and silver mining in the nearby Owhyee Mountains provided most local paid employment.

"The animals in this county have better access to health care than the people do," George Houx noted. Jordan Valley has a full time veterinarian for the area's estimated 25,000 head of cattle and 2,000 horses. But the health clinic staffed by a physician assistant is open only one and two-thirds days each week for the fewer than 1,000 humans who live in the Jordan Valley service area, which extends over about 7,000 square miles of Malheur County. The county has the lowest physician-to-population ratio of any county in Oregon, and the southern part that includes Jordan Valley has the lowest ratio of all.

The Jordan Valley Health Clinic (JVHC) was established in 1980 in a single wide trailer. The current facility, located next to the rodeo grounds, was constructed in 1986, financed primarily by the Delamare Silver Mine, individual contributions, and a grant from the Meyer Trust. The clinic includes two patient exam rooms, an x-ray room, doctor's office, a medical supply room, a reception and waiting room, and a dentist's office, furnished with equipment purchased with another Meyer Trust grant. A dentist from another town visits JVHC when enough appointments have been made, about once a month. A third Trust grant purchased a defibrillator for the area's ambulance.

The Jordan Valley clinic is considered a frontier clinic because population density is so low and it is so far from other facilities. The nearest hospital and clinic — in Caldwell, Idaho — is 65 miles away by two-lane highway. The closest medical care in Oregon is in Nyssa, 85 miles away by two-lane state road. Many residents live an additional 30 to 70 miles by gravel or dirt roads west and south of Jordan Valley, with mail delivery only two or three days each week and beyond the reach of the electric power grid. These remote ranches have diesel generators and propane tanks to run appliances for short periods as needed.

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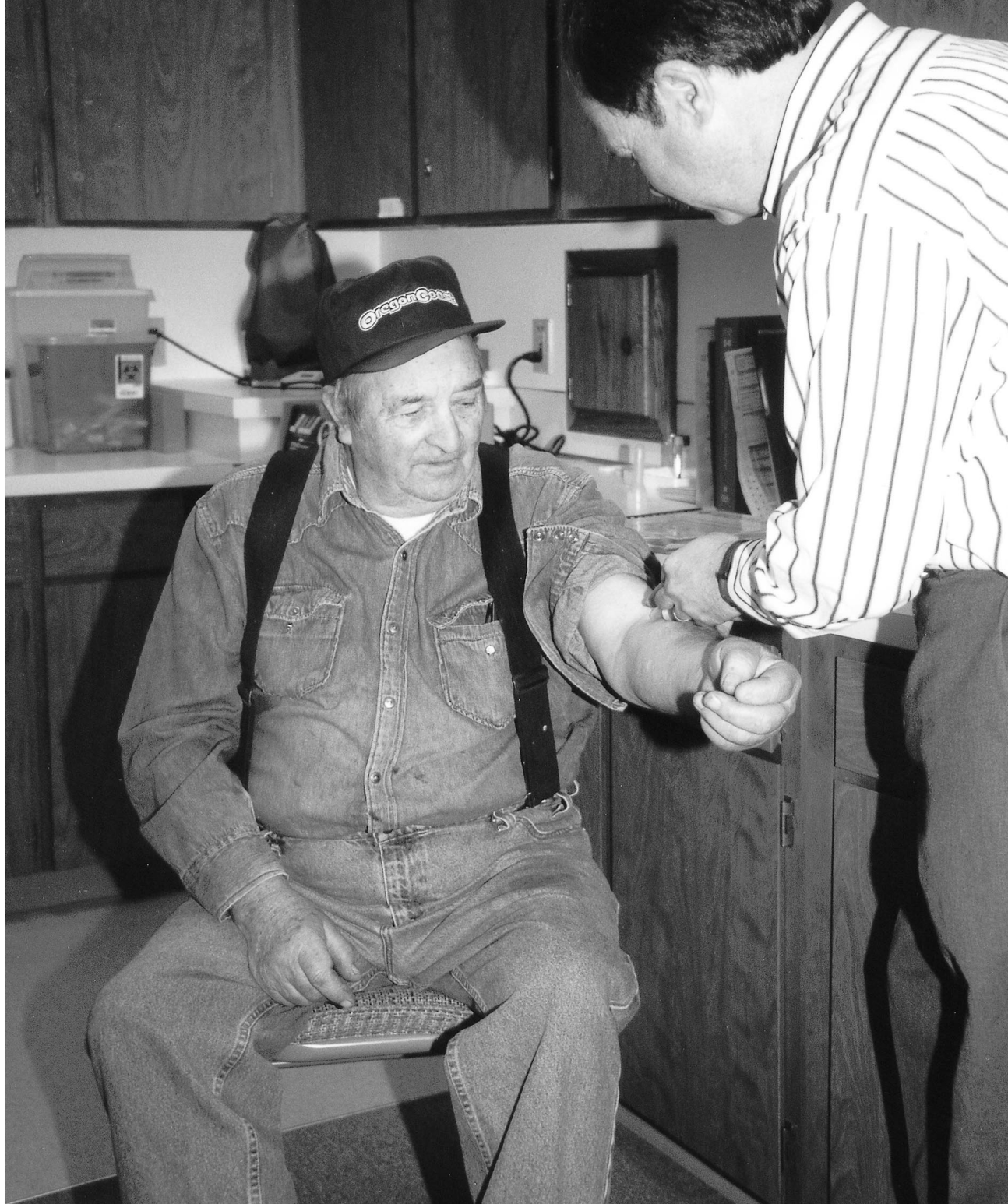
It took more than an hour the next morning to drive the dirt road out to the Stanford ranch, 34 miles south and east of Jordan Valley. Mike Stanford was out on the range moving cows, but Jeannie Stanford was waiting for me. Earlier that morning she had fired up the diesel generator long enough to do a couple loads of wash, then hung them outside to dry in the spring breeze. As soon as the dew was gone from the grass in the nearby meadows, she would be taking the tractor out to disc the fields where the Stanford's cattle feed during winter.

The Stanfords have lived on their ranch without electricity for 23 years (the ranch has been occupied since 1886). The Stanfords have a gas refrigerator, both gas and wood cook stoves, and a wood furnace below the house. "We checked into getting an electric line out to here," Jeannie said, "but they wanted an ungodly amount of money to do it, something like $100,000 a mile. We can't afford that!"

Three weeks earlier Mike Stanford had severely strained his shoulder in a roping accident when he was alone, on the open range nine miles from home. "The quick change busted in his stirrup," Jeannie explained, "and the stirrup broke loose from his saddle. He managed to crawl to his pickup and radio me here at the house. Luckily, I was at the house at the time. I drove out and picked him up and took him in to the clinic. When somebody gets hurt out here, or out on the range past here, it's a long way to medical help."



Physician Assistant Michael Lounsbury draws blood from George Houx to monitor his treatment for lymphoma. George drives 35 miles each way from his home for the weekly tests at the Jordan Valley clinic.

Much of the work people in the Jordan Valley area do is dangerous. In fact, Oregon's Office of Rural Health has found that rural Oregonians have much higher rates of death from accidental causes than the state's urban dwellers. Over the next several days in southeastern Oregon, I met almost no one who had not been seriously injured in some kind of accident.

Jordan Valley's physician assistant Michael Lounsbury told me that many of his patients in the two weeks before I visited had been injured in ranching accidents: one man amputated a finger when it got caught while he was roping a horse, another cut his hand on a calf's tooth and by the time he came in to the clinic it was infected and too late to suture, another had a fungal rash from a calf. Other common injuries are caused when ranchers fall from their horses.

He confirms the suspicion that people put off getting medical care. "One man walked around for two months on a broken ankle because he had been laid off when the mine closed and he didn't have any money."

Most rural areas have difficulty attracting and retaining health care providers, but Michael Lounsbury feels at home in Jordan Valley, even though he must commute more than 100 miles each way from his home in Emmett, Idaho, where he practices three days a week.

"I love practicing here," he said. "These are the most hardworking and honest people you'll find anywhere." Lounsbury says he worked in a large city soon after he started practicing and the experience left him disillusioned. "Here, when people come in to the clinic, you know they're really sick. You know you can count on whatever they tell you," he said.

Although ranchers acknowledge that living without electricity and at great distances from services makes their lives hard, they wouldn't trade places with anybody. "I'll tell you what," Jeannie Stanford said, "lots of times it's more work than anything else, but its something you love, it gets in your blood."

"My kids grew up knowing what it is to work," she continued. "They were never in day care. From the time they were two weeks old, I loaded them up and took them with me all over the ranch and range. Whatever I did, they did. When you grow up on a ranch, you know that everything has to be taken care of, you develop a sense of responsibility."

George Houx had warned me it would be hard to find local residents with enough time to sit down for an interview. "People here work so hard, they don't even have time to visit," George explained as he was getting ready to drive back to Rome.

I spoke with 79-year-old Walter Morgan in the corral on his ranch outside Jordan Valley. He was up on his horse, presiding over more than a dozen men and children working together in the spring branding—one cowboy roped the calf, another held it down while others stepped in to vaccinate, brand, dehorn, castrate, and cauterize the wounds. It was just after 10 a.m. and Walt and his crew had been hard at work for several hours, and would keep at it for another four before taking a break for lunch.

Walt has spent his whole life within a few miles of the ranch where he lives today with his daughter and son-in-law and grandchildren. He too has been treated for cancer and accidental injuries.

"I don't know what we would do without the clinic," Morgan said. "Well, I take that back, I know what we would do, we would have to take a whole day off just to see a doctor or go to the dentist. But people can't afford to take a whole day off so people would put it off."

Morgan admits he didn't see a dentist for 15 years until one started coming to the Jordan Valley clinic once every month or so, when enough people make appointments to fill his day. "My mouth was a mess," he remembered, "that dentist saved my teeth."

Seventy-nine-year-old Walter Morgan takes a break from spring branding on his ranch among the rimrock and sagebrush some 20 miles south of Jordan Valley.

When I got to Frankie Dougal's ranch, the 82-year-old woman was standing over a galvanized wash tub in the back yard, using a long wooden stick to wash blood from the shipment

THE OREGON HEALTH PLAN

Like the rest of the United States, a health care crisis existed in Oregon during the 1980s. Because they could not afford preventive care or early diagnosis, a significant number of Oregonians waited until their illnesses were acute and relied on emergency rooms for treatment; providers passed the high cost of that treatment on to paying customers, driving health care costs higher and higher. Increasing use of sophisticated technology also contributed to escalating costs. Oregon's Medicaid program only provided access to primary health care to Oregonians whose incomes were less than half the poverty level established by the federal government.

Oregon's solution to its health coverage crisis — the Oregon Health Plan (OHP) — was seen as revolutionary because it was the first time in the world that the benefit package of covered conditions and treatments was determined by an appointed commission of health care providers and consumers who created a "prioritized list by ranking health services from the most important to the least important based on the comparative benefit of each service for the population to be served." Many saw the approach as "rationing" health care, although Medicaid insurance had always severely limited who and what it covered. OHP integrates all categories of health care, so that in addition to primary care it covers mental health, dental care, and treatment for chemical dependency.

The Oregon Health Plan extended public insurance coverage to all Oregonians under the federal poverty level and to pregnant women and children with incomes less than 133 percent of the poverty level. The effect was to quickly provide insurance to an additional 120,000 uninsured Oregonians. The Plan was intended to provide universal coverage because it also included provisions that established a high risk pool so Oregonians denied coverage because of preexisting conditions could purchase affordable insurance and it mandated that employers provide health care coverage for their workers. The employer mandate was never implemented because it was found to violate ERISA (the Employee Retirement Income Security Act of 1974).

OHP provides services largely through managed care systems that pay providers capitated rates rather than fees for service; unfortunately Oregon's Office of Rural Health has found that OHP's financing structure has inadvertently hurt many rural clinics.

The Meyer Trust played a key role in the evolution of OHP, making five grants that contributed to its development at key stages before it was adopted by the Oregon Legislature in 1989 and 1991:

- ***1984:** $10,000 for a statewide grassroots education and discussion program on critical bioethical issues*
- ***1986:** $20,000 to provide policymakers and the public with better information on the allocation of health care funds*
- ***1988:** $79,000 to rank various health services in order of their importance*
- ***1989:** $19,000 to support community meetings to develop a citizen consensus on health service priorities*
- ***1989:** $129,000 for the Oregon Health Services Commission's work on health care prioritization*

Marie Easterday, office manager at the Jordan Valley clinic, writes instructions for Asuncion Arritola's next appointment to get her blood pressure checked. Asuncion is one of the Basque residents whose ancestors first settled here in the late 1800s. Office assistant Pam Stanford, whose duties include providing transportation for patients who don't drive, looks on.

of horse hair that had just come in from Nebraska. Frankie makes *mecate* (she pronounces it "McCarty") horsehair ropes by twisting strands of horsehair into eight plaits, then braiding them. Her ropes are eagerly sought by buyers all across the United States and in Europe, South America, and Australia.

"There was a man from *Western Horseman* come out here, he put me in that magazine, that's how most people hear about me," Frankie said.

Frankie was born and raised on the nearby Owyhee River, and has lived on her ranch for the past 55 years. She learned to make *mecate* when she was a child. Frankie still had a number of ropes to make for the upcoming Big Loop Rodeo that is the single most important community event in Jordan Valley each year. (The Big Loop rodeo is unique to Jordan Valley, named for the size of the loop the ropers must

use to catch the 'wild' horses. The loops must be 20 feet, and are measured and marked before the contestants enter the arena. The horses are roped head first, then front feet.) I followed Frankie around her yard as she worked; she explained each step and demonstrated each gadget and piece of equipment she and her husband had invented to help her. A bit later she paused for a few minutes to offer me one of her fresh-from-the-wood-cookstove-oven butterscotch chews.

Earlier that day an elderly woman in the clinic told me that "every other house around here has a widow woman living in it." Frankie's daughter and son-in-law stay with her sometimes, but otherwise Frankie lives alone on the ranch with no electricity some 30 miles from town, since her husband Chuck died last year. She and her husband used the Jordan Valley Health Clinic often, for monitoring and treating high blood pressure, bad colds and flu,

Frankie Dougal has lived on her ranch without electricity for 55 years, alone since her husband died last year. She has to fire up her diesel generator when she needs to run an appliance or watch television via her satellite dish.

broken bones and other injuries. "It's handy to have it here, really," she said. "Otherwise you have to go clear to Caldwell, and it's darned near 200 miles there and back."

"You never know when us ol' hillbillies'll get broke up and need patched back together," she laughed.

If these ranches are hard to reach in summer, winter snows can make them nearly inaccessible. The road to the Stanford ranch is sometimes covered with so much snow that years ago Jeannie added extensions to the metal posts alongside the road to the ranch and tied rope on the right side so she could see where to drive to get her children to the school nearly 30 miles away. "The school bus won't come out here," Jeannie reported, "they won't take it off the pavement, so all of us on dirt roads have to drive our kids all the way to school." When her son and daughter reached age 13, they drove themselves, using a special permit that allows teens to drive on back roads in remote parts of the state. According to Jeannie and Frankie, most winters their ranches get lots of snow, and Jeannie remembers temperatures as low as 45 or 50 degrees below zero.

Before leaving Jordan Valley, I was scheduled to meet with Beth Hassler, a teacher at Arock School, a one-school, two-teacher, 22-student district west of Jordan Valley. Arock is several sizes smaller than Jordan Valley, with an estimated 40 to 50 people living in and around the settlement. I soon discovered that in a small town everybody has to play several roles; I arrived at the school to find Beth had left early because she is also the area's ambulance driver and had been called out on an emergency.

Emergency medical service is a major—and sometimes the only—provider of health care in some parts of rural Oregon. (Jordan Valley has emergency ambulance service, but no life flight, although I heard that a local rancher may be donating use of a landing strip so that service might be available in the future.)

It took most of the next day to drive to my second destination, in northern Lake County, and I didn't meet another car during the last 50 miles of the trip.

Ava Parker was not at her Trail Restaurant and Bar when I pulled in to Christmas Valley because it was Wednesday, her day to volunteer at the local grade school. Her husband Patch was in charge, overseeing the lunch counter despite his health problems due to prostate cancer.

Ava is a volunteer emergency medical technician in Christmas Valley, one of about 10 active volunteers who cover an area of approximately 2,000 square miles of ranches scattered among the sagebrush, sand dunes and isolated pine trees of northern Lake County. The North Lake County Emergency Medical Service had used two Meyer Trust grants to equip its ambulance

in 1993 and 1995.

Ava had been identified as one of the most experienced EMTs in the area. She decided to join the local ambulance crew after she was in a head-on collision in 1982. "It took 45 minutes to get together a crew that day," she remembered. "So I decided that's what I wanted to do." Ava has gone on about 70 ambulance runs each year for nearly 12 years. An average run takes six hours from the time she leaves her house and returns home, including picking up the patient, who may be more than an hour outside Christmas Valley where the ambulance is housed, and then driving nearly 100 miles to the nearest hospital in Bend before returning. "I can't imagine going on 10-minute runs like they do in town," Ava marveled. "How do they do any patient care?"

Ava and her colleagues have so much time to do patient care on their ambulance runs that often their patients have stabilized and don't even need to be hospitalized after they reach the emergency room in Bend.

Ranching accidents, automobile collisions, strokes and heart attacks (many people retire here so a lot of the residents are elderly) account for most of the calls, Ava reported.

She quickly reeled off a few examples:

- "There was a head-on collision involving seven people a while back. One had a broken neck, a broken hip and lots of bruises and lacerations. She's doing really good. I'd like to think it was our expertise, but I think the Lord above had something to do with it."
- "A few years ago, at a ranch 25 miles out of town a bull rolled over on top of a man and crushed his chest. We kept him going 'til Air Life got there."
- "Down the street here in town two stallions got in a fight, a woman stepped in and tried to stop it, and one of the horses took off the end of the woman's finger. She lost part of it but she's okay now."
- "Another time somebody rolled a dune buggy out in the sand dunes, he was pinned under the buggy and had neck injuries. The dunes start 20 miles from here, we drove out as far as we could, then loaded our equipment on a dune buggy and drove another 30 minutes to get to the patient."

"I've also delivered two babies," Ava beamed. "One was one block from the hospital. It was neat, you talk about excitement!"

Like Jordan Valley, northern Lake County's snow can make local roads hard to navigate in winter.

"Once it took us 3-1/2 hours to get a man who had a heart attack to the hospital," Ava remembered. "It was snowing so bad Air Life couldn't come, and we ran into a complete whiteout between LaPine and Sunriver."

Ava has spent almost as much time getting

Frankie Dougal twists horse hair between her thumb and fingers into eight-strand mecate *ropes for buyers all over the world. She and her husband invented most of the gadgets she uses in her craft, including this one that helps guide the rope.*

her EMT training as she has in the North Lake County ambulance. One winter she drove to Lakeview, 102 miles each way, every week to attend EMT training classes. Another time she drove to LaPine, 62 miles each way, twice a week for training. "People don't realize the training to keep up our certification takes almost as much time as runs do," she said.

Basic EMT training takes 150 hours, with 25 hours of continuing education required every two years. Another 150 hours is required for intermediate EMT certification.

"Yes, this is dedication," she admitted. "And in those days, we paid for our own training."

After we became aware of how difficult and inconvenient it is to train EMTs in rural Oregon, the Meyer Trust tried to help make training more accessible and affordable by making a grant to the Northeast Oregon Area Health Education Center (AHEC) to provide the training via Oregon's distance learning educational satellite television network. According to AHEC, the grant has made a world of difference.

Ava Parker has provided emergency medical care to more than 800 people in the North Lake County ambulance over the past 12 years. Two grants from the Meyer Trust helped equip the ambulance, housed in the new facility that stands amidst the sagebrush that grows through Christmas Valley.

"Because of the grant," explained Northeast Oregon AHEC Director Sandy Ryman, "we have trained 133 intermediate and maybe as many as 150 basic EMTs in 83 communities that otherwise wouldn't have had training available. This many additional EMTs will really lighten the load in rural Oregon communities, where EMTs carry a very heavy burden."

One of the more unusual and compelling requests submitted in a Small Grant proposal to the Trust came from North Lake County Emergency Medical Service (EMS), to purchase monitoring equipment that could be used while the ambulance was in motion. The equipment in the ambulance was old and could only be used while the ambulance stood still.

"It was kind of embarrassing," Ava recalled, "We had to take patient vital signs every 15 minutes, and here we would have the sirens and lights going, cars would pull over and let us by, then we would have to pull off to the side of the road after we passed them."

Christmas Valley now has two ambulances. One is the old one that still has the monitoring equipment purchased with the Trust grant, and the community has a new one purchased with the help of a local rancher and a lease/purchase arrangement with the ambulance manufacturer.

"We've needed to use both ambulances at the same time twice in the last four months," Ava said.

The North Lake County EMS is also putting up a new building, half finished now, financed by a small amout of state lottery money, the rest coming from community donations of money, materials, and labor.

It's clear that the survival of emergency medical services in places like northern Lake County depends largely on the dedication of volunteers like Ava Parker. In fact, Oregon Office of Rural Health's rural clinic expert Paul McGinnis has found that the success of a rural health system depends on the amount of support the community is willing to put behind it. "And the degree to which a community is behind it depends on the quality of leadership in the community," he added.

Community support and leadership were in abundant evidence at my next stop, in Bly, an unicorporated community in the Fremont National Forest in eastern Klamath County on Oregon Highway 140 between Klamath Falls and Lakeview.

The waiting room at the Sprague Valley Medical Center (SVMC) was full, even though the clinic was closed that day. Leda Hunter, quintessential community leader, had recruited a dozen patients to meet with me to tell me what the clinic has meant to them, and Family Nurse Practitioner Phil Corcoran had driven from his practice in Lakeview, even though he wasn't scheduled to be in Bly that day.

Everyone was anxious to tell me her or his own story of how the clinic had helped. Ginny Hammel was in Bly from Wisconsin visiting her daughter Cindi Pollock. It had not been the most carefree visit; while in Bly, Ginny had been treated for a dog bite, diabetes, and skin cancer had been diagnosed and treated with skin grafts. "I have nothing but praise and good comments about this clinic," she said. "Phil seemed to know all about it, and when he didn't he called in a doctor. He's kind, considerate, and goes above and beyond the call of duty. One time he stayed until 8 o'clock at night to take care of me."

Eleven-year-old Martin Melsness's mother had brought him in because he had fallen off a pickup while feeding hay to his horse, and needed to have his arm x-rayed. A grant from the Meyer Trust in 1998 helped SVMC purchase a used x-ray machine. "This machine is a tremendously valuable asset to the community," Phil explained. "When we x-ray, we often find the bones are not broken. But we save patients a 100 mile round trip to Lakeview, $700 in fees, and several hours in the emergency room."

I turned to Gordon Hevern, who stood leaning against the wall by the front door. "Yeah, over the years I've used this clinic quite a few times," he said. "I've been treated for high blood pressure, emergencies, dog bite, aneurysm. In fact, I owe my life to this clinic."

"Then there was the time you blowed yourself up," his wife reminded him. The room erupted in laughter.

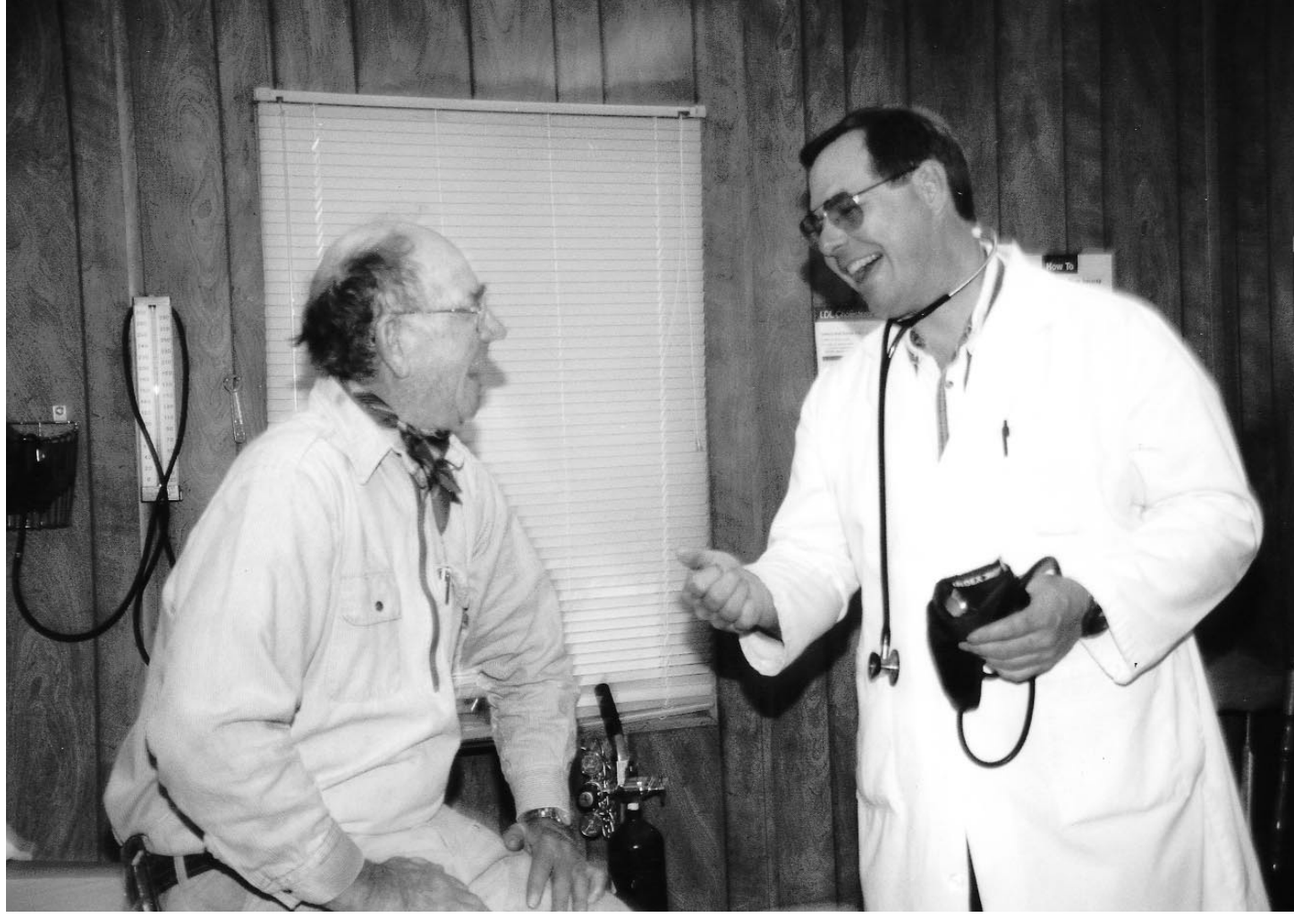
When I insisted on an explanation, Gordon sheepishly admitted that he had been holding a barrel of explosives that blew up in his face, breaking both arms.

His wife Lily Hevern has had her own health problems: "I had my finger get caught in a gate and tore it off, I don't know what would have happened if it weren't for the clinic. I get tests for cancer and if my ulcers flare up, it saves us a jillion trips to town."

It was Lily and Leda who brought Phil to Sprague Valley three years ago. The National Health Service Corps had operated the clinic for a time, but had pulled out suddenly. Some of the clinic's earlier providers hadn't been accepted in the community.

Leda and two other Bly residents had personally co-signed the loan to build the clinic. "We held all kinds of fundraisers, bake sales, we sold building blocks," she reported. "Public fundraising in a small community is very effective, but the amount generated is very small."

It was clear that Bly benefits greatly from the fact that part of Leda's job with the local Forest Service office is to coordinate the activities of the local Community Action Team (CAT). CATs were authorized by the 1990 Farm Bill as a way for the U. S. Forest Service "to improve the economic, social, and environmental well-being of rural America." A 1993 amendment made unincorporated communities like Bly eligible. A rural community has to specifically request the assistance to get it, as Bly did as soon as it was eligible. In 1994 the Fremont (Bly) CAT was formed, charged with developing and implementing a Community Action Plan. Leda Hunter, Fremont National Forest district engineer, serves as team



Patients at the health clinic in Bly feel the rapport they have with Family Nurse Practitioner Phil Corcoran goes a long way toward improving their health. Here he and Gordon Hevern share a laugh after he checks Gordon's blood pressure.

leader and the team also includes Cindi Pollock and Gordon Hevern and two others.

"From my point of view," Phil said, "there's no way I would have come over here if it weren't for Leda and Lily. Lily and I talked on the phone for several hours and Lily ordered me to come over and talk to Leda."

"I thought, 'These people are pretty serious.' "

Phil continued, "'I told them I would like to meet some of the community. I figured a few people might show up. They called a meeting at the school, and 90 people came. It blew my mind!"

Phil made a proposal, requiring that the clinic would have to sustain itself on a fee for service basis. "I would not be here if the public did not insist on it," he asserted.

The clinic's board donated use of the building and equipment for the first year and a half until there was enough business to pay the bills. Then Phil began paying rent so the clinic could pay off its debt. "We just made the final payment

last Tuesday," Leda said proudly.

Rural clinics set the standard for frugality. Twice the Meyer Trust gave grants to SVMC to purchase equipment; in each case it selected reconditioned equipment that was much less expensive than new pieces. The clinic passes the savings on to its patients. "Our fees are set deliberately low, as low as they can be and still make it," Leda explained.

To survive financially, small rural clinics have to be flexible and creative. A few people in the community have private health insurance, but Phil collects part of his pay through the barter system. One patient pays in dressed trout ($2 a pound), another in firewood ($65 a cord). "One lady crocheted curtains for my house, that was worth $400. Anything I can use, I'll barter for it." Phil offers free blood pressure checks at the local senior center, in exchange for a free lunch.

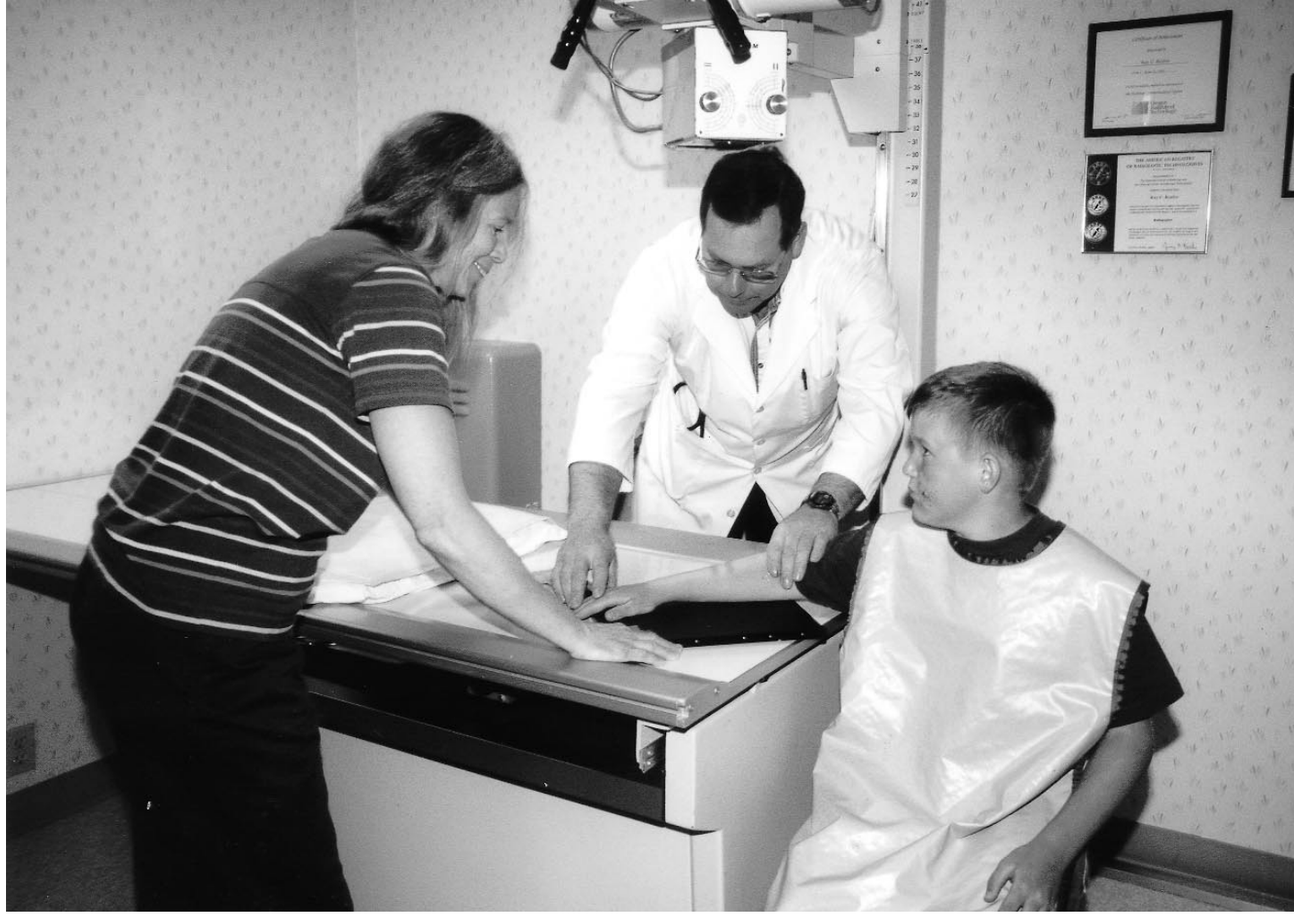
Phil also does a number of house calls. "Just the other day," Phil related, "old Harry, he's 92, he fell off his porch and broke his pelvis in two places. He laid there three hours 'til the lady who takes him his mail found him. She got him in the house, and he sat in the recliner all weekend. He wouldn't go to the hospital, but he agreed to see me. Some of these old folks just can't get here, it would be three days work just to get them in, so it's just easier if I go to their house."

Bly doesn't have a pharmacy. To get prescriptions for his patients, Phil collects as many samples as he can from drug companies and distributes them free. "And there are two pharmacies in Lakeview willing to send prescriptions on the Red Ball Stage Line (a courier service that runs between Lakeview and Klamath Falls) if I call them before 2 p.m.," Phil says. "They drop them off at the Chevron station here in town for people to pick up. And Walmart and Rite Aid will mail the prescriptions if they have to."

Continuing Struggles

Despite the upbeat mood and obvious successes in recent years at rural clinics like the one in Bly, health clinics in many areas of rural Oregon continue to struggle to survive. For example, even with past help from the Meyer Trust and a recent safety net grant of emergency state funds, the Jordan Valley clinic was running out of money when I visited. While I was putting together information for this report, the Trust received another proposal from JVHC to subsidize operating costs for the next two years, while it hoped a solution to its funding needs would be forthcoming.

According to Paul McGinnis, the Jordan Valley Health Clinic is "caught between a proverbial rock and a hard place" because it serves the most geographically isolated area in the state. The area is so sparsely settled, Paul noted, that "even if every person who lives there generates the maximum number of patient encounters each year (1,677), only $67,000 in income would be realized, which is not enough to operate the clinic." The clinic has another geographic challenge; because it is located next to the Oregon-Idaho state line, its clients come from both states. Many rural health clinics create a "health district" with tax collection capabilities to help achieve financial



Phil Corcoran and x-ray technician Kay C. Renfro check Martin Melsness's arm after he hurt it when he fell from the back of a pickup while feeding hay to his horse. The used x-ray machine was purchased with a grant from the Meyer Trust.

stability. Unfortunately, a district cannot be created across state lines.

But Paul had a different way of looking at Jordan Valley's present situation. He chose to see it less as a crisis and more as an opportunity. Because the Jordan Valley area cannot generate enough primary care encounters to support a full time provider, Paul suggested the clinic offer "community health improvement activities," including screening, health promotion, disease prevention, and so forth.

"First," he noted, "Jordan Valley has a small enough population that one could truly operate a community oriented primary care practice. Second, by conducting screenings they would bring back former patients for follow-up and treatment. Third, it would enhance community support because of their outreach efforts."

According to Paul, "Jordan Valley could be the healthiest place in the state if they changed their orientation toward community health

rather than simply treating illness. This could be a truly exciting project."

This June the Meyer Trust awarded a $162,000 grant to the Jordan Valley clinic, to be paid over the next three years. The clinic's board of directors will work with Paul to add a community health component and develop a sound strategic plan to sustain itself over the long term and periodically report its progress to the Trust. The Trust wants the three-year grant to buy time for the clinic's board of directors to garner long term funding, with the understanding that the Jordan Valley Health Clinic should not expect any future operating funds from the Trust. In situations like this one, foundation and other grant funding is usually intended to offer short term "gap" financing while a community develops its own long term sources of support.

There is no doubt that Jordan Valley—and other parts of Oregon that are this sparsely settled and so far from centers of power and

Leda Hunter, Lily Hevern, and Phil Corcoran proudly pose before the Sprague Valley Medical Center, a week after the last mortgage payment was made.

influence—face an uphill battle. Paul McGinnis summed it up bluntly, "They are not going to make it as a clinic alone unless they have a steady stream of outside money."

I thought I had detected a sense of desperation in the voices of the cowboys who took a break from the spring branding to head their horses over to the gate of Walter Morgan's corral, to tell me how important the health clinic is to them and their families. They described how they had been treated for severe injuries and told me about serious illnesses some of their family members face and how much they appreciate the dignified treatment they receive at the hands of Michael Lounsbury. They told me how much time they save having the clinic close by.

But there was something else. They also seemed surprised. Even shocked. As if they never imagined that a foundation in Portland would send someone 500 miles, the last 20 or so on a dirt road, to stand at the gate of a corral amidst the powerful sounds and smells of spring branding to ask them what the clinic meant to them.

When I visited Arock School, I had a few minutes to chat with the eight students in sixth through eighth grades. It was long enough to learn that these youngsters are convinced that most Oregonians don't begin to understand or even care what their lives are like. The students spoke aloud feelings that had been evident in nearly every one of my conversations with adults in southeastern Oregon. They told me they feel that government agencies and environmentalists are trying to take away their way of life by driving their cattle—and eventually them—from the land so that when city folk come to their homeland to view wildlife or raft the river they will not be disturbed by the presence of people living there and evidence of how they make a living. They profoundly disagree that their way of life harms the environment and seem genuinely confused when those allegations are made against them because in their hearts they know that nobody could care more for the land where they live than they do. A sense of resignation is already beginning to creep into their conversations because they know they are seriously outnumbered by urban Oregonians.

I began to understand that maybe the most profound effect the Meyer Trust will make here will be to show these remarkable and self-reliant people that they are not forgotten. The Trust's money will keep the clinic open, but maybe it matters even more that the Meyer Trust will help Oregonians know that Frankie Dougal makes world renowned ropes while living alone on her ranch with no electricity, that Ava Parker has not earned a dime for providing emergency medical care to more than 800 people in her community over the last 12 years, that Leda Hunter personally signed the mortgage so her small town could build a health clinic, that Michael Lounsbury drives more than 200 miles each time he treats patients at the Jordan Valley clinic, and that Phil Corcoran accepts payment in the form of dressed trout and crocheted curtains.

I also couldn't help but wonder if it might

OREGON OFFICE OF RURAL HEALTH

Oregon was the third state in the nation to establish an Office of Rural Health, in 1979, well before Congress established the federal Office of Rural Health Policy. Its mission is to "improve the quality and availability of health care for rural Oregonians."

Oregon's Office of Rural Health services include:

- *coordinating statewide rural health efforts*
- *providing information on rural health*
- *providing technical assistance to rural communities and health care providers*
- *helping rural communities recruit and retain health care practitioners*
- *supporting training and education of health care practitioners in rural practice settings*
- *initiating and participating in policy development that improves health care delivery in rural areas*
- *advocating for rural populations and health care providers in legislative and regulatory forums*
- *and encouraging development of innovations to improve delivery of rural health care*

OORH has found that rural Oregonians are:

- *more likely to be elderly*
- *more likely to be unemployed, underemployed, or working in a resource-dependent industry that is economically unstable*
- *more likely to be poor and lack health insurance*
- *less likely to see a doctor or dentist regularly, so their diseases are in a more advanced state when diagnosed*

and have:

- *higher rates of impairment from chronic diseases*
- *higher rates of overall mortality*
- *higher rates of low birth weight infants*
- *higher rates of inadequate prenatal care*
- *much higher rates of death from accidental causes*

Arock's picturesque post office serves the 40 to 50 people who live in and around the tiny settlement more than 50 miles west of Jordan Valley.

make a world of difference in Jordan Valley if the local office of the Bureau of Land Management — the government agency seen as the enemy by ranchers and all the other local residents I met — supported a community action team in Jordan Valley as the Forest Service does in Bly, employing Jordan Valley's version of Leda Hunter.

In the letter the Meyer Trust sends to grantees to notify them they have been awarded a grant, we tell recipients that we look upon the grant as a mutual investment on the part of both recipients and the Trust, and we urge them to think of us as a partner in the grant project venture.

Maybe the best part of a foundation's work is the understanding it gains of people and communities during the grantmaking process. Maybe the best part of receiving a grant is that people and communities and their issues become known and inspire mutual interest. Of course the understanding goes further when a foundation shares what it has learned with others, as in its annual report. After all, publishing an annual report is a foundation's way of becoming known and having its work better understood.

In addition, only an in-depth look at individual stories of grants makes clear both the strengths and limitations of foundation grants in addressing a need like access to health care. There are things foundations can do and do well. For example, it is by no means certain that the Oregon Health Plan (OHP) would have been adopted by the Oregon Legislature when it was if careful planning, paid for by Meyer Trust grants, had not been a crucial part of its development. The Meyer Trust has helped construct health clinics and purchase medical equipment in every corner of the state. A number of Trust grants also provided critical operating support to clinics across Oregon as the OHP was being planned and implemented, ensuring their survival so that now those clinics are largely supported by OHP payments.

Apparently, when large and diverse enough groups can be assembled to achieve economies of scale, the OHP provides enough money to give low income Oregonians access to health

care. But problems remain, and if the proposals still being submitted to the Trust are any indication, many of the unmet needs remaining in Oregon are in its most rural areas, where the supply of patients and providers is too sparse to cover the costs of clinic infrastructure and operations for the full range of medical services.

Many rural clinics in Oregon struggle to survive, just as they did before the Trust began awarding them grants. For example, in 1994 the Trust awarded $149,000 to Asher Medical Clinic in Fossil to cover the costs of an additional practitioner while local residents formed a health district as a means of long term support. Fossil voters approved the district, but property tax restrictions passed by Oregon voters limited the amount the district could collect, and now the Asher Clinic is in the same financial position it was when the Trust awarded the grant.

Even the effect of a successful grant can be undermined, as was the one that provided EMT training via distance learning in rural Oregon when the State of Oregon's Office of Data and Video Services shut down its satellite system in June 2000 without having an alternative delivery system in place in rural communities where EMT training had been offered. "Despite the fact that we showed it worked," Sandy Ryman lamented, "there is no longer any way for us to deliver the training where it is so badly needed."

Clearly, a foundation should never assume its grant has solved a problem over the long run, even when the goals and objectives of the grant were clearly met. To truly judge the effectiveness of grants in an area as important and complex as health care, a foundation must continue to look at project outcomes long after its money has been spent. While a foundation may have moved on to new projects and new grantees, past grantees may not always be able to convert the short term grant assistance into long term solutions.

Ensuring access to health care for all citizens can appear to be an intractable problem, unsolvable by even the vast resources of the United States government, let alone a foundation in Oregon. A few days in southeastern Oregon illustrates how difficult it is to provide access to even the most basic health services in rural areas. These visits introduced us to a small sample of the many people across Oregon—and the nation—who live in out of the way places far from medical professionals and facilities, and whose way of life becomes more difficult to sustain and support with every passing year. But even given the obvious limitations, foundations should not avoid attempting to contribute to solving problems because they cannot solve them entirely or solve them alone.

Maybe it's good for foundations to assess their efforts at addressing complex and sometimes overwhelming problems like access to health care in much the same way rural health clinics do, by helping one person at a time. And for that one person at that moment, the clinic's—and the foundation's—effort makes all the difference in the world.

In other words, it makes the whole ocean move.