

An unfortunate loss for Talbot Countians

Today, staff at our agency received a letter from Shore Health System stating that the Skilled Nursing Facility of Memorial Hospital at Easton will close effective April 1.

The Skilled Nursing Facility is a major long-term care resource, primarily for older Talbot County residents, but which also serves other residents of the greater Mid-Shore region.

Included with the letter from Shore Health System was a listing of 10 regional long-term care facilities. It is noteworthy that only three of these facilities are located in Talbot; the rest are in Dorchester, Caroline, Queen Anne's and Kent counties.

The closing of Memorial Hospital at Easton's Skilled Nursing Facility is cause for serious concern. Talbot's rapidly expanding elderly population (defined as persons over the age of 60 years) will top 10,000 this year.

Older residents now comprise about 27 percent of the county's total population, a much higher percentage than in neighboring counties or Maryland as a whole.

Particularly remarkable is the percentage of Talbot residents over age 75 years, which is 9.3 percent. This statistic well exceeds the state average.

Talbot has steadily progressed toward becoming a truly elder friendly community. With a continuing immigration of retirees, particularly from the Baltimore-Washington region, the county's population will continue to age as a whole. Given the demographic projections of a greater incidence of Alzheimer's Disease and other cognitive disorders among older persons in coming decades, the loss of the Skilled Nursing Facility at Memorial Hospital is unfortunate.

CARL BURKE,

**Mr. Burke is Executive Director
of Upper Shore Aging Inc.**

Hospital kerflufel

What we have here is a good, old fashioned kerflufel.

First, there's a not-for-profit hospital which has been soliciting funds in the Easton area for many years talking openly about its "competition" from other, but not identified, health care providers. Next we have legislators attempting to gut the Certificate

of Need legislation which was designed to prevent wasteful competition much as utility regulations are designed to avoid side by side power plants (although this sacred cow has suffered in this era of deregulation).

Finally, we have legislation and medical societies who in the name of patient care require for example that heart patients have certain procedures done in Baltimore, not in the "boondocks" (read Easton and the rest of Maryland).

These conflicting forces are unhappily not significantly affected by Adam Smith's invisible hand of the market place because medical services consumers (patients) aren't the payers, rather government or insurance companies pick up most medical expenses. While these groups try to restrain exuberant costs, providers (hospitals, physicians, etc.) go their merry way and every hospital has to have the latest toy (e.g. lithotripters, MRI's).

Democracy's way to deal with this is to establish Certificate of Need legislation which Maryland has done. But lo and behold we have politicians who are trying to circumvent this admirable state effort to reduce medical costs.

This should not be tolerated. "Circumventers" will be remembered at the polls.

GEORGE S. TULLOCH,
Easton