A COMPARATIVE ANALYSIS OF THE DECISION-MAKING PROCESS IN COMMUNITY ORGANIZATION TOWARD MAJOR HEALTH GOALS

By

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hospital projects sponsored by civil governing officials with authority for hospital construction were relatively more decisive in accomplishing the hospital goal, although participation by local people and attention to communicating and appealing to the community was reduced. The voluntary hospital projects, sponsored outside the jurisdictions of civil governing officials, offered the reciprocal profile.

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INTRODUCTION

This presentation deals with an endeavor in American life usually referred to as community organization. More specifically, it is a study of community behavior in one class of communities, or small communities relatively limited in population and resources, in which these resources have been mobilized and organized in the achievement of a major and specific health goal. The goal is that of the hospital.

The thesis to be presented is not concerned with the hospital as a health facility in either a doctrinaire or historical viewpoint. Hence, little attention will be given it as an institutional arrangement, or even to the interrelationships of community and institution. Fruitful as the study of the small hospital in the pattern of modern health services might be, it will not be undertaken here.[1] For the reader who desires to know the relative position of the hospital in the former and present fabric of institutional life, a perusal of other sources will be required, for this is a special field of endeavor in its own right.[2]

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[1]See the following for sociological research opportunities of this kind: O. Hall, "Sociological Research in the Field of Medicine: Progress and Prospects," American Sociological Review, Vol. 16, No. 5, 1951, pp. 639-644; O. D. Duncan, "Rural Health as a Field of Sociological Research," Rural Sociology, Vol. 9, 1944, pp. 3-10.

[2]See A. C. Bachmeyer and G. Hartman, editors, The Hospital in Modern Society, The Commonwealth Fund, New York, 1943; B. F. Stern, Society and Medical Progress, Princeton University Press, Princeton, 1941.

In many communities with which this study deals, the hospital was not yet operating, but it served as a goal and an event which reverberated throughout the community; and it is these reverberations that are of present interest. Thus, an attempt will be made to classify some aspects of action and the potentials for action, events, organization, and process within a community setting; for this has been the broad purpose of those students who have dealt with the community and its problem-solving referent of community organization.

Although this study does not focus on health or health facility one should not overlook the increased attention to the sociological aspects of health. The literature of the past ten years reveals a variety of specific health studies. Quite definite programs of research in the sociological aspects of health have been developed, for example, in Ohio, Missouri, and Michigan.[3] A. R. Mangus[4] has contributed to the sociology of mental health; C. R. Hoffer and E. A. Schuler[5] to the

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[3]Cf. C. E. Lively, "Objectives and Methods of Rural Sociological Research at the University of Missouri," E. A. Schuler, et al., "Objectives and Methods of Rural Sociological Research in Health at Michigan State College"; A. R. Mangus, "Objectives and Methods of Rural Sociological Research in Mental Health at Ohio State University," all in Rural Sociology, Vol. 14, 1949, pp. 199-205, pp. 206-211, pp. 212-219, respectively.

[4]See, for example, A. R. Mangus and J. R. Seeley, Mental Health Needs in a Rural and Semi-Rural Area of Ohio, Mimeo. Bulletin No. 195, Ohio State University, Columbus, January, 1947; also, A. R. Mangus, "Personality Adjustment of Rural and Urban Children," American Sociological Review, Vol. 13, October, 1948, pp. 566-575.

[5]C. R. Hoffer, et al., Health Needs and Health Care in Michigan, AES Bulletin 365, Michigan State College, East Lansing, June, 1950; C. R. Hoffer and E. A. Schuler, "Determination of Unmet Need for Medical Care Among Michigan Farm Families," Journal of the Michigan State Medical Society, Vol. 46, April, 1947, pp. 443-446.

measurement of unmet medical and health needs; C. E. Lively and others[6] to the extent and the use of medical and health facilities. Sociologists have recently initiated and carried out studies that deal with the ecological aspects of medical service areas.[7] Increasing attention is being given to sociological interpretations of mortality and morbidity trends.[8]

A cursory examination of the literature and the newspapers would indicate the prominence of health on the public stage. Social scientists have viewed these problems in differing contexts, as for example O. W. Anderson[9] in his analysis of public events in health as a continuing social movement, and the treatment of medical care insurance as a specific social movement, subsidiary to which other crucial events have occurred. T. Parsons[10] has employed medical practice as the empirical

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[6]For example, see C. E. Lively and P. G. Beck, The Rural Health Facilities of Ross County, Ohio, AES Bulletin 412, October, 1927; R. B. Almack, The Rural Health Facilities of Lewis County, Missouri, AES Bulletin 365, University of Missouri, Columbia, 1943.

[7]H. L. Hitt and A. L. Bertrand, The Social Aspects of Hospital Planning, Louisiana Study Series No. 1, Health and Hospital Division, Office of the Governor, Baton Rouge, August, 1947.

[8]H. F. Dorn, Maternal Mortality in Rural and Urban Areas, Public Health Reports, Vol. 54, April 28, 1939; P. M. Houser, Mortality Differentials in Michigan, unpublished Ph. D. Dissertation, Michigan State College, 1948.

[9]O. W. Anderson, "Compulsory Medical Care Insurance, 1910-1950," The Annals, January, 1951; B. J. Stern, Social Factors in Medical Progress, Columbia University Press, New York, 1927.

[10]T. Parsons, The Social System, The Free Press, Glencoe, Illinois, 1951, (Ch. X: "Social Structure and Dynamic Process: The Case of Modern Medical Practice"), pp. 428-473.

referent in theoretical formulations of social structure and process. Health developments in the public scene have encouraged studies in public opinion and a rather full documentation could be made.[11] Finally, increasing attention has been given to specialized studies of the highly institutionalized setting of medical practice.[12]

This presentation will not consider the history of the community movement and the continuing concern with community organization. This would be, in itself, a major task. J. F. Steiner,[13] E. D. Sanderson and R. A. Polson,[14] E. C. Lindeman[15] and A. Hillman[16] are but a few of the students who have specifically traced the development of the community movement and the definition of community organization as a process of gaining consensus in public affairs. A frequently cited definitive

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[11]See, for example, the following: "The Fortune Survey," Fortune, Vol. 26, July, 1942; National Opinion Research Center, "Social Security," Public Opinion Quarterly, Vol. 7, 1943; C. F. Reuss, Farmer Views on the Medical Situation, AES Bulletin (V. Circ.) 20, State College of Washington, Pullman, 1944; R. W. Roskelley, The Rural Citizen and Medical Care, AES Bulletin 495, State College of Washington, Pullman, 1947.

[12]T. Parsons, op. cit., pp. 428-473; O. Hall, "The Stages of a Medical Career," American Journal of Sociology, Vol. 53, 1948, pp. 327-336; O. Garceau, The Political Life of the American Medical Association, Harvard University Press, Cambridge, 1941; O. Hall, "Types of Medical Careers," American Journal of Sociology, Vol. 55, 1949, pp. 243-253; A. Joseph, "Physician and Patient," Applied Anthropology, Vol. 1, 1942, pp. 1-17.

[13]J. F. Steiner, Community Organization, The Appleton-Century Co., New York, 1930 (Revised).

[14]E. D. Sanderson and R. A. Polson, Rural Community Organization, John Wiley and Sons, New York, 1939.

[15]E. C. Lindeman, The Community: An Introduction to the Study of Community Leadership and Organization, Association Press, New York, 1921.

[16]A. Hillman, Community Organization and Planning, The Macmillan Co., New York, 1950.

statement from E. D. Sanderson and R. A. Polson throughout these works is: "Community organization is a technique for obtaining a consensus concerning both the values that are most important for the common welfare and the best means of obtaining them."[17]

The purpose of this study is to view the process of community organization with the perspective of decision-making. It is an attempt to apply frequently employed concepts of political science to the events in the mobilization of community resources toward a specific goal. Although the remainder of this chapter will elaborate the problem, certain minimal definitions are in order here. Certain references will be made throughout to process, to community organization, and to the political process. By process is meant the ordering of events, i.e., forms of social relationships, to time as they apply to the culmination in a given end.[18] Process gives consideration to the changing aspects of social phenomena.

Community organization, as held here, is the stimulation of local (community) need, the mobilization of human and other resources, their organization for action, the development of plans, policies, and procedures relative to a specific goal, and subsequent execution.

By political process is meant the decision making function: or, for present purposes, the deployment of authority and influence in social situations of goal-oriented behavior.

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[17] Op. cit., pp. 5-6.

[18] See R. Bain, "The Concept of Social Process," in Social Problems and Social Processes (E. S. Bogardus, ed.), University of Chicago Press, Chicago, 1933, pp. 103-104.

All of this, however, is examined within the setting of "the community." Although there is no intent here to repeat or necessarily to elaborate the various definitions of community, some clarification in the manner of its present use is necessary. For the purposes at hand, community is considered as a localized group related to a geographically identifiable area and expressing a commonality of interest, focused in one or more patterns of services, communication, and formal and informal controls.[19] To a large extent the concept of community will be used throughout in an operational sense, as the geographical area encompassing those who have an interest in, look forward to, or receive the services of a hospital. The concern here is with the service community of a particular hospital, and unless otherwise specified the notion of community will be used in this way. Less attention will be paid in this presentation to the total community, as defined above, than will be given to the components and subgroupings within the community.[20]

I. Dimensions of the Problem

The development of a research problem must recognize, if focus is to be achieved, certain operational limits to the scope that is

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[19]Acknowledgements are due the influence of the following for an orientation to the idea of community: R. M. MacIver, Society: A Textbook of Society, Farrar and Rinehart, New York, 1937, p. 284; C. C. Taylor, "Techniques of Community Study and Analysis as Applied to Modern Civilized Societies," in R. Linton (ed.) The Science of Man in the World Crisis, Columbia University Press, 1945, pp. 435-436. See also L. A. Cook, "Meaning of Community," Educational Method, Vol. 18, 1939, pp. 259-262, for a cryptic definition of community; also E. T. Hiller, "The Community as a Social Group," American Sociological Review, Vol. 6, 1941, pp. 189-202, for a summary of various definitions of community.

[20]See H. Alpert, "Operational Definitions in Sociology," American Sociological Review, Vol. 3, 1938, pp. 855-861.

envisioned. These limits, or dimensions, serve to identify the projected problem in its relationship to the body of knowledge which the appropriate discipline represents. The following three dimensions of the present study may enable the identification of the scope of the present study.

Community. The first dimension is that of community. The major concern is with the conception of the community as a totality in relation to a given action context. The contention of the present study is that the multiplicity of social units which comprise the community have varying degrees of relevance to goal-oriented action. For instance, the town and the country may not always be parts of the same community system in an action program, and the factors of age, sex, and social class may make a difference in participation. Not to be overlooked is the relevance to community action of kinship, friendship, political process, and, perhaps, social power. It is in order here to question the relevance of all segments and subgroups of the community to the community organization process; and to look for social zones within the community which constitute vehicles by which community action is achieved. If such social zones exist, then varying community goals may call forth different leaders, different groups, and different procedures.

Extra-Community Levels. A second dimension is the influence of larger patterns of behavior on a particular community within a given action context. A present contention is that certain features of community action are conditioned by patterns of behavior occurring on wider sociocultural levels. For instance, hospital programs have been developed through centralized planning on the national level and have

been administered through state and regional instrumentalities. The impact of national health planning undoubtedly had direct implications for community behavior and action.[21] One might assume that the administrative efforts in this process have tended to standardize local action toward a hospital, and to this extent could be defined as a form of absentee control. Due to socioeconomic variation designing hospital services for the urbanized Northeast is one matter, and planning for the Great Plains is still a different one.

Agency. A third dimension of the problem is the concept of agency. The notion of an extra-community agency would mean, to most people, simply a governmental agency. However, it is assumed that a variety of other organized groups actually fall under an agency definition. Examples here are the host of voluntary health and welfare organizations, and service clubs which, while locally oriented, join in complex state and national organizations and serve as agents of community change.[22] Moreover, the various private and service organizations, such as hospitals, retail chain stores, and manufacturing groups, all have agency connotations. Most workers in the community field would be interested in the differential impact upon community action of the small independent business firm within the community as compared with the firm as a

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[21] See O. R. Ewing, The Nation's Health: A Ten Year Program, Federal Security Agency, Washington, D. C., 1948.

[22] One author states: "From the experience of our survey (on libraries), the influence of the service clubs in cities under 200,000 population would seem to be greater than has been generally recognized." (O. Garceau, The Public Library in the Political Process, Columbia University Press, New York, 1949, p. 114.)

subsidiary of a larger industrial pattern. Agencies in American life would seem to be meaningfully related to the definition of needs and services for local areas; developing the tactics and strategies by which plans of community procedure are formed; performing an important part of the decision-making in community procedures; devising the means by which such decisions are given approval, carried out, and enforced; and occupying the determinant positions through which resources flow from extra-community sources to intra-community uses.

II. Community Study Models

The literature provides abundant evidence of the interests of social scientists regarding the concept of the community. Yet, these interests do not always take the same form. The following classification is an attempt to set forth the modal types of investigatory interests in community study.

Ethnographic. One model, or modal type of investigatory interest, of community study design aims to describe the major cultural aspects of the community. Such studies have been amply qualitative, but with a minimum of interest in comparative data on a quantitative basis. Within the American scene such studies are characterized by the works of the Lynds dealing with the totality of cultural aspects within a community; and still later, their portrayal of adjustments in this totality to the impact of changing economic and social conditions.[23] Other examples of

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[23] R. S. Lynd and H. M. Lynd, Middletown; A Study in Contemporary American Culture, Harcourt, Brace and Co., New York, 1929; Middletown in Transition: A Study in Cultural Conflicts, Harcourt, Brace and Co., New York, 1937.

this method have been West's Plainville,[24] the works of Redfield dealing with the folk culture of Yucatan, and Yang's The Chinese Village.[25]

Analytical. A second model of community studies has dealt less with a descriptive assessment of the characteristics of the community, but has attempted to conduct certain analyses of these characteristics. Perhaps the prime examples of these studies are those of Warner and his colleagues dealing with the structure of the community in terms of clique, associational, and social class behavior.[26] Within this same category, but with a specific concern with race relations, fall the works of Powdermaker, Davis and Gardner, Drake and Cayton, and Dollard.[27] Summarily, these works place an analytical emphasis upon social relations considered within the context of social status and caste distinction.

Stability. A third model of community study design deals with many contributions of the rural sociologists, namely, to view the community

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[24]J. West, Plainville, Columbia University Press, New York, 1945.

[25]R. Redfield, The Folk Culture of Yucatan, University of Chicago Press, Chicago, 1941; M. Yang, The Chinese Village, Columbia University Press, New York, 1945.

[26]See, for example, the first in the Series: W. W. Warner and P. S. Lunt, The Social Life of a Modern Community, Yale University Press, New Haven, 1941.

[27]H. Powdermaker, After Freedom: A Cultural Study in the Deep South, The Viking Press, New York, 1939; A. Davis and B. B. and M. R. Gardner, Deep South: A Social Anthropological Study of Caste and Class, University of Chicago Press, Chicago, 1941; S. C. Drake and H. R. Cayton, Black Metropolis, Harcourt, Brace and Co., New York, 1945; and J. Dollard, Caste and Class in a Southern Town, Yale University Press, New Haven, 1947.

as to its measure of stability or instability. These studies have related certain changing aspects of the community--population, economics, group life, social visiting patterns--to variations in community stability. The implied assumption behind them is that the successful execution of farm programs, for example, depends on a measure of community stability. As an example of this approach, reference could be made to the Rural Life Studies of the Bureau of Agricultural Economics, United States Department of Agriculture.[28]

Applied. A final group of community studies deals with the rules and methods by which to stimulate, mobilize, and allocate community resources toward some "desirable objective." Although these studies build on a wide range of factual information, it cannot be said that their recommendations follow after rigorous experimentation and investigation. They have been modeled largely for popular review by community workers. One large category of this model is that of presentations dealing with community leadership.[29] Other examples include Morgan's

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[28]O. Leonard and C. P. Loomis, El Cerrito, New Mexico, No. 1, 1941; E. H. Bell, Sublette, Kansas, No. 2, 1942; K. MacLeish and K. Young, Landoff, New Hampshire, No. 3, 1942; W. M. Kollmorgan, The Old Amish of Lancaster County, Pennsylvania, No. 4, 1942; E. O. Moe and C. C. Taylor, Irwin, Iowa, No. 5, 1942; W. Wynne, Harmony, Georgia, No. 6, 1943; See also C. C. Taylor, "Techniques of Community Study and Analyses Applied to Modern Civilized Societies," op. cit., pp. 419-424; for a critical appraisal of these and other studies, see A. B. Hollingshead, "Community Research: Development and Present Condition," American Sociological Review, Vol. 13, pp. 139-140.

[29]For example, T. N. Whitehead, Leadership in a Free Society, Harvard University Press, Cambridge, 1936; P. Pigors, Leadership or Domination, Houghton Mifflin Company, New York, 1935; G. B. de Huzar, Practical Applications of Democracy, Harper and Bros., New York, 1945; O. Tead, The Art of Leadership, McGraw-Hill, New York, 1935.

works on the small community, the developments in Virginia summarized by the Ogdens, and more recently the compilation of reports edited by Sanders.[30]

III. Needs for Further Research

A review of the broad categories or models of community studies briefly noted above suggests certain theoretical and methodological needs in planning additional research. Some of the needs which are of particular relevance to the present study are presented below.

Specific action contexts. Contemporary community studies have emphasized the major characteristics of the community rather than a consideration of a specific action context, i.e., obtaining a hospital. This is especially true of factual studies of community process as it applies to health. Some work has been done in the application of community organization to social welfare, but with a minimum emphasis on specifically and rigorously conceived studies.[31] In those community studies that do deal with action and the potentials for action, little comparative work has been accomplished regarding community action toward a specific and identical community action goal, but rather, if community action is involved in the study at all, a focus has frequently been

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[30] Jess and Jean Ogden, These Things We Tried, University of Virginia Extension, Charlottesville, 1947; _____, Small Communities in Action, Harper and Bros., New York, 1946; I. T. Sanders (ed.), Making Good Communities Better, University of Kentucky Press, Lexington, 1950; A. Hillman, Community Organization and Planning, The Macmillan Co., New York, 1950; see, also, W. J. Hayes, The Small Community Looks Ahead, Harcourt, Brace and Co., New York, 1947; A. E. Morgan, The Small Community, Harper and Bros., New York, 1942.

[31] W. McMillen, Community Organization for Social Welfare, University of Chicago Press, Chicago, 1945.

made on a wide range of activities found in process in the community at the time of the study. Community action may be addressed to all types of local problems, but this leads to difficulty in designing a comparative approach to studies of community action. This comment assumes that the goal, itself, may condition the quality and extent of the community action process.[32]

Comparative. Due to obvious limitations the great bulk of community studies has been concerned with studies of individual communities, or at best a small number. Such discrete studies have prevented quantitative analyses of community processes in a wide variety of community situations. The use of a considerable number of communities to comparatively study community action toward an identical goal has not been developed as a method in community research.[33] The present study, especially in methodological form, has attempted to be mindful of this particular need.

Higher level integration. The communities that have been studied in the above mentioned categories, or models, have usually been considered independent and isolated, and little attempt has been made to relate them to larger social or cultural areas, such as the region, state, and nation. There is a need to view the community in its relation

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[32]See the following for some comments on the validity of this assumption: R. T. LaPiere, Collective Behavior, McGraw-Hill, New York, 1938, p. 41.

[33]One must be able to compare before he can classify. For this emphasis as a basic consideration for social science, see A. R. Radcliffe-Brown, The Nature of a Theoretical Natural Science of Society, University of Chicago Bookstore, Chicago, 1948; "Classification, implicit in all our thinking and talking, is an absolute essential in our science." (p. 8)

to the larger society; especially so, when the process of community action is viewed amidst the influences of extra-community forces. Few communities are any longer confined to their own geographical limits for the stimulation, mobilization, and organization of local resources. National, state, and regional agencies provide a vast network of communication in which communities large and small are involved. Steward has this to say on this point:

> The Lynds were the first to recognize that one of its (Middletown) principal shortcomings was its failure to relate the town more explicitly and completely to the larger extra-community society. How to remedy this deficiency in such studies has not yet been resolved: the theoretical and methodological bases for placing any community in its larger setting have yet to be worked out.[34]

IV. An Elaboration of the Problem

The general problem. The general purpose of this study is to focus on community action with special reference to the political process. This more general purpose gives consideration to the notion that community organization, beyond its usual definition, is a deployment of authority and influence in social situations of goal-oriented behavior. Authority and influence constitute the key analytical concepts, but both are subsumed under the process of making decisions, or the decision-making process. Acquiring an expensive hospital is an event of

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[34] J. H. Steward, Area Research: Theory and Practice, Social Science Research Council, Bulletin 63, 1950. Recognition, either for purposes of sampling within larger areas or ascertaining the inter-play between individual communities and larger sociocultural areas, is given in the following: C. M. Arensberg and S. T. Kimball, Family and Community in Ireland, Harvard University Press, Cambridge, 1940; recent Peruvian studies in the Andean highlands; and in regional studies in Puerto Rico (J. H. Steward, op. cit., pp. 133-139).

considerable implication for the community. Given people and leaders, community needs and resources, the hospital will not concretely result until some one or some group acts; and to act is to decide. The decisions that result channel the efforts of the people, limit them to specific courses of action, and prescribe certain community methods. The total group of community residents does not make the decisions. The people in general may suggest the need for action and for decision, may render approval, and may share in carrying them out, but all do not participate in the same way. James Bryce said:

> In all assemblies and groups and organized bodies of men, from a nation down to a committee of a club, direction and decisions rest in the hands of a small percentage, less and less in proportion to the larger size of the body, till in a great population it becomes an infinitesimally small proportion of the whole number.[35]

Community organization and action toward any goal, whatsoever, is a problem of order; and, in this sense, this thesis deals with one phase of order, namely, the integrative pattern of authority and influence.[36] R. M. MacIver has succinctly stated:

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[35] J. Bryce, The Modern Democracies, (Ch. 75, "Oligarchies Within Democracies"), Vol. 2, Macmillan, 1924, p. 542.

[36] For a statement regarding integrative patterns leading to order, of which one is authority, see T. Parsons, "Toward a Common Language for the Area of Social Science," in Essays in Sociological Theory Pure and Applied, The Free Press, Glencoe, Illinois, 1949, p. 50. He states: "The power-force-territory complex is important to all concrete human relationships". . . .But it is particularly crucial in the patterning of the large-scale social systems which approach most closely to full self-sufficiency." Not to be overlooked are the integrative imperatives of B. Malinowski, A Scientific Theory of Culture, University of North Carolina Press, Chapel Hill, 1944.

> Authority exists in every sphere for every group according to its kind. There is authority in religion, in education, in business, in science, in the arts. There is authority within every organization, or it could carry on no function whatever. There is authority inside the groups that fight against authority. There is authority among the boys who skirmish with the boys in the next street, and there is authority in an anarchist assembly. There is no order without authority. This authority is vested in persons, whether as accepted superiors or as agents of organized groups.[37]

The specific problem. This study proposes to treat the process of decision-making within the context of community organization in two ways. The first is to describe the community organizational setting within which both hospitals evolve and decision-making takes place. The second way is to compare the authority and influence content of decision-making in varying community organization settings and varying community situations.

The first step is based on the recognition that one way to view community organization is in relation to its temporal aspects, for in one sense community organization and action is a succession or flow of events, a sequence of happenings. This we would term the horizontal plane of community organization, or the panorama of people, groups, policies, and methods that fit together to form the action plan for the

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[37] R. M. MacIver, The Web of Government, The Macmillan Co., New York, 1947, pp. 83-84. R. Michels is even more pointed when he states: "By a universally applicable social law, every organ of the collectivity brought into existence through the need for the division of labor, creates for itself, as soon as it becomes consolidated, interests peculiar to itself. The existence of these special interests involves a necessary conflict with the interests of the collectivity," R. Michels, Political Parties, Hearst's International Library, 1915, p. 389; the universality of such divisiveness of interest is countered with qualifications by some authors; as, for example, H. D. Lasswell and A. Kaplan, Power and Society, Yale University Press, New Haven, 1950, p. 41.

community.[38] Since such events are ordered to time, attention must be given to broad classifications of events. For the purposes here such events will be classified into stages of community action, and one of the purposes will be to learn the characteristics of these stages of community action in local efforts toward securing small hospitals.

Four stages of community action will be utilized to portray the community organizational setting for decision-making in order to describe some of the institutional patterns and limitations. One stage will be that of prior community situation, dealing with the early and particular circumstances of community need. Important, too, are the effects of financial resources, possible and available, the restrictions imposed on the community through legislation, and the character of the delays and oppositions which render a time span between the formulation of the idea and its initiation into an action program.[39]

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[38]An examination of almost any case study of community action found in the literature will reveal presentations of events ordered to time. CF., for example, the various case studies found in E. D. Sanderson and R. A. Polson, op. cit., for this descriptive ordering of events to come. Throughout the works of H. D. Lasswell is found a skepticism of stopping analysis once events are ordered to time, although, as he says, this is a legitimate method of political inquiry: "The empirical grounding of political abstractions may be expressed by formulating the subject matter of political science in terms of a certain class of events (including 'subjective' events), rather than timeless institutions or political patterns. We deal with power as a process in time, constituted by experientially localized and observable acts. . . .This orientation in political inquiry may be designated the principle of temporality." (H. D. Lasswell and A. Kaplan, Power and Society, Yale University Press, New Haven, 1950, p. XIV; see also H. D. Lasswell, World Politics and Personal Insecurity, McGraw-Hill, New York, 1935, pp. 3-4).

[39]Reference may be made to the classic concept of "definition of the situation," generally accredited to W. I. Thomas. See, for example, E. H. Volkart, Social Behavior and Personality, Social Science Research Council, New York, 1951, pp. 1-32, 57-58, 80-81, and pp. 170-175; see also other interpretations, R. E. Park and E. E. Burgess, Introduction to the Science of Sociology, University of Chicago Press, Chicago, 1921, p. 764; E. C. Lindeman, op. cit., pp. 121-123.

A second stage deals with the initiation of action. This is a matter of individual or group initiation, gaining approval for the idea, meeting the problems of initiation. Attention will be given to an understanding of both the process of initiation and the characteristics of the initiators.

A third stage is the pattern of sponsorship, dealing with the primary sponsoring groups that assume official responsibility, and the secondary groups that give approval and provide resources to a specific community project. To understand sponsorship is to know something about the sponsoring groups, the problems of sponsorship, and related organization and practice.

A fourth stage is that of community organization methods, dealing with the methods of mobilizing community resources, and the use of various communication media and the content of appeals to the community. This stage has to do with the methods employed to encourage participation and support on the part of community residents.

The foregoing stages of community action become segments along the time schedule of the flow of community action, and are proposed to aid a descriptive account of the community organizational setting for obtaining hospitals. Although each stage is a particular state of affairs of the entire community organization plan, each is meshed with the other.

The second specific problem of the study is to study the decision-making process within varied community organizational settings or situations. This process we term the vertical plane of community action, in that it deals with persons or groups having higher or lower authority, higher or lower influence, higher or lower skill. It is assumed that if

the community organization and action process is conceptually stopped or slowed (as a flow of action through a sequence of events) certain variables will be found systematically related; and that a set of variables may characterize the decision-making process. To ascertain this set of variables, and to focus on the relationships in varying situations is a specific problem of this thesis.[40]

To accomplish this specific purpose, five cases of community action involved with obtaining a hospital have been intensively studied. These cases were approached with a tentative conceptual model which directed the empiric methods of field investigation. The remainder of this chapter will deal with a more detailed formulation of the conceptual apparatus that has been employed in the case studies, and which will be utilized in the analysis to follow. This will be an attempt at conceptual clarification.

> ". . . the clarification of concepts, commonly considered a province peculiar to the theorist, is a frequent result of empirical research. Research sensitive to its own needs cannot avoid this pressure for conceptual clarification. For a basic requirement of research is that the concepts, the variables, be defined with sufficient clarity to enable

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[40] See H. D. Lasswell and A. Kaplan, op. cit., pp. xiv-xv, who state: "In some cases a set of variables interact 'systematically'--they constitute a system in that they tend toward the maintenance of a particular pattern of interaction. . . .The standpoint of equilibrium analysis directs inquiry to the isolation of such systems and investigation of the conditions for their maintenance: disturbances may lead to a reestablishment of equilibrium or the disruption of the system." Note, further, a statement of R. K. Merton, Social Theory and Social Structure, The Free Press, Glencoe, Illinois, 1949, p. 9: "I believe that our major task today is to develop special theories applicable to limited ranges of data--theories, for example, of class dynamics, of conflicting group pressures, of the flow of power and the exercise of interpersonal influence--rather than to seek at once, the 'integrated' conceptual structure adequate to derive all these and other theories."

> the research to proceed, a requirement easily and unwittingly not met in the kind of discursive exposition which is often miscalled 'sociological theory.'"[41]

At the risk of falling to the error of post factum plausibility[42] certain empirical references to the case materials available for the study will be made in order to illuminate and strive for definition. Such illustrations are neither analysis nor conclusion but empirical comments regarding particular concepts. This may assist in demonstrating the way in which the research was focused; while, at the same time, the concept may be clarified with a degree of operational perspective. This, of course, admits of an interplay between an evolving theoretical scheme and empiric exposure, which has, indeed, been the case.

V. The Theoretical Model

The following definitive treatment is proposed in order to satisfy three functions: (1) to enter the forthcoming analysis with a conceptual guide, i.e., the data will be manipulated according to the dictates of the scheme; (2) to strive for an economy of concepts; and (3) to tentatively suggest that the following concepts are theoretically interrelated to the extent that the determinant aspects of a selected social process may be delineated and illuminated. The extent to which these functions are realized, in the treatment of the data, will indicate the sufficiency of the concepts as a model for continued investigation. The utilization of the model will be directed toward an isolation of the

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[41] R. K. Merton, op. cit., p. 109.

[42] Ibid., p. 90.

variables associated with decision-making systems and processes, not, indeed, a depicting of the totality of realities that enter into community pursuit of a hospital.

The Decision-Making Process

Decision. The first concept is that of decision. H. D. Lasswell,[43] with the political context assumed, states: "A decision is a policy involving severe sanctions (deprivations). . . .Since a decision is an effective determination of policy, it involves the total process of bringing about a specified course of action." Again within the political context Lasswell has stated at another point: "It is convenient to reserve the word 'decision' for choices potentially or actually sanctioned by coercion."[44] R. M. MacIver uses decision and policy as follows: "Policy-making depends on the assessing of alternatives with a view to translating one of them into action."[45] In a recent statement, R. Bierstedt relates the manipulation of courses of action to the application of force, when he says, "Force, again in the sociological sense, means the reduction or limitation or closure or even total elimination of alternatives to the social action of another person or group."[46]

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[43] H. D. Lasswell and A. Kaplan, op. cit., p. 74.

[44] H. D. Lasswell, An Analysis of Political Behavior, Oxford University Press, New York, 1947, pp. 37-38.

[45] R. M. MacIver, The Web of Government, op. cit., p. 9.

[46] R. Bierstedt, "An Analysis of Social Power," American Sociological Review, Vol. 15, 1950, p. 733.

For the purposes of this study a decision is the provocation of consequences which serve to reduce the alternative courses of action available to persons or groups in the community organization process. If enacted, the decision becomes a policy, which directs community action along specific avenues of activity. The community hospital results from specific kinds of procedures being carried out. Reducing these procedures to the point that people agree to accept and move toward specific activity is the result of decisions being made.

Legitimacy and approval. The process of making decisions and their enactment into policy, within the context of community organization, must appear "rightful" to those to whom the decisions are to be promulgated and applied. The "rightful" nature of the decision may be in some instances at once determined, i.e., becomes legitimate, because of the particular roles played and statuses held by those who make them. Legitimacy refers to the sanctioned rights of some persons to make decisions; and draws on certain capacities of "rightfulness" possessed by the maker of decisions. Legitimacy in decision-making for purposes of community organization is an institutionalized aspect of the process, with the loci of such institutionalized patterns found in the roles played by certain individuals within the community.

Max Weber, with the perspective of historical periods, viewed legitimacy as three ideal constructions and construed them as modes of social organization in relatively permanent and stable societies.[47]

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[47] See his analysis in H. H. Gerth and C. W. Mills, From Max Weber: Essays in Sociology, Oxford University Press, New York, 1946; and for a critical appraisal see T. Parsons, "Weber, Institutionalization of Authority," in Essays in Sociological Theory Pure and Applied, pp. 118-139; also H. Goldhamer and E. Shils, "Types of Power and Status," American Journal of Sociology, September, 1939, passim.

The first type is that of rational-legal authority, based on a body of generalized rules which define and limit the jurisdictions of authoritative functions (decisions). This capacity for legitimacy extends to those individuals who hold a specific status, one of the rights of which is prescribed to be the making of decisions. The making of decisions is thus constituted through formal and impersonal rules.

The second type is that of traditional authority, or the integration of the statuses in such a way that the rights of the incumbent are believed through historical usage, and not necessarily impersonal rules, to include the legitimate exercise of authority. The holder of traditional authority is not so limited by precise rules as is rational-legal authority. Thus, the essence of rational-legal authority would seem to be the logical prescription of rules by an agency, and for traditional authority the sentiments of historical usage. The third type is that of charismatic authority, or the rights attached to the individual leader through a symbolic constellation of personal attributes.

Weber's constructs were formed through a sensitivity to broad and sweeping social movements and change. The process of community organization, by definition relatively unstructured, and the demands of mobilizing total community consensus hardly seem to lend to the autonomy of Weber's concepts. Perhaps Parson's statement is cogent at this point: "(Weber) tends to treat the sphere of the organization of authority as analytically autonomous in a way which obscures this continuity of pattern throughout the social system as a whole. What Weber seems to have done

is illegitimately to hypostatize a certain mode of structuring of social systems as an independent entity."[48]

MacIver views legitimacy in decision-making as the justification of authority.[49] Hillenbrand speaks of it as an "ethical sanction" for authority.[50] G. Ferrero speaks of legitimacy in regard to government when he says, ". . .a government is. . . .legitimate if the power is confined or exercised according to principles and rules accepted without discussion by those who must obey. . . .a principle of legitimacy is never isolated. . . .it is always in harmony with the customs, the culture, the science, the religion, the economic interests of an age."[51]

But legitimacy as a capacity of "rightful" decision making may not be built into the statuses of position and office, or the role of an agent for the impersonal order. Instead, the process of approval seems relevant for the community organization context. Approval may be given by certain groups in the community, by certain persons, or by all the people (through referendum, etc.). The approval of one person or one group may be all that is necessary for some decisions, while, at other times, all the people in the community may be required. When correct approval is secured, the decision appears right and becomes legitimate to those that are involved in the application or execution of the decision.

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[48] T. Parsons, Essays in Sociological Theory, op. cit., p. 136.

[49] MacIver, The Web of Government, op. cit., p. 225.

[50] M. J. Hillenbrand, Power and Morals, Columbia University Press, New York, 1949, pp. 134-191.

[51] G. Ferrero, The Principles of Power, New York, 1942, p. 135.

Case study comment. In one hospital case intensively studied two members of the local hospital board, interested in the success of hospital fund-raising in a nearby community, decided that the employment of a professional fund-raiser was the necessary course of action to solve the particular local problem. The two members contacted the professional fund-raiser, invited him to look over the community and to estimate financial resources--all this without any communication with other members of the hospital board or other persons in the community. The professional fund-raiser finally appeared before a meeting of the hospital board which officially approved his employment. Thus, the two members made a decision, the hospital board gave its approval, and the decision became a legitimate one. Community informants agreed: "The hospital board knows best about the hospital situation, and it was their responsibility to do something about it."

Execution. The reduction of alternative courses of action to persons or groups brings into the decision-making process those to whom the decisions apply. Lasswell and Kaplan state: "Since a decision is an effective determination of policy, it involves the total process of bringing about a specified course of action. In decision-making only those participate whose acts do in fact matter. We do not speak of a vote being cast--save as an operation--if the ballot is not counted. And since the decision-making process includes application as well as formulation and promulgation of policy, those whose acts are affected also participate in decision-making: by conformity to or disregard of the policy they help determine whether it is or is not in fact a decision. Laws are not made by legislatures alone, but by the law-abiding as well: a statute ceases to embody a law. . . .in the degree that it is widely disregarded."[52]

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[52]H. D. Lasswell and A. Kaplan, op. cit., pp. 74-75.

Conformity to the decision brings implementation and this means, within the context of community organization, the allocation or manipulation of social and economic community resources.

Disregard of decisions made produces unintended consequences from the vantage point, at least, of the decision-maker. The unexpected response of those for whom the decisions apply may add a dysfunctional element to the decision-making process. This may be in the many forms, for instance the production of unintended sentiments and the formation of passive and active resistances; or there may occur unexpected alignments of decision-makers which prevent or deter the enactment of decision into policy. Contrariwise, an unintended consequence of particular decisions made may hasten the policy enactment.[53] An intended consequence of decision-making in community organization is to gain the consensus of subgroups within the community, and, for some purposes, the total community. The alteration of this consequence by those to whom decisions apply is an important matter, from the vantage point of the decision-maker, in decisions being executed.

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[53]R. K. Merton, op. cit., p. 67: "In short, it is suggested that the distinctive intellectual contributions of the sociologist are found primarily in the study of unintended consequences (among which are latent functions) of a given practice, as well as in the study of anticipated consequences (among which are manifest functions)." For such studies see A. K. Davis, "Bureaucratic Patterns in Navy Officer Corps." Social Forces, Vol. 27, 1948, pp. 143-153; F. J. Roethlisberger and W. J. Dickson, Management and the Worker, Harvard University Press, Cambridge, 1939; P. Selznick, TVA and the Grass Roots, University of California Press, Berkeley, 1949; and basic is the classic concept of "conspicuous consumption" by T. Veblen, The Theory of the Leisure Class, Vanguard Press, New York, 1928.

Case study comment. In the hospital project mentioned in the illustration above, the professional fund-raiser was employed after hospital board approval. To carry out the implications of this decision brought the necessity of contacting and discussing the plan of the professional fund-raiser with a multitude of persons and community groups. To carry out the decision meant that a complex organization had to be developed in the community to accomplish the fund raising task. This activity led to many organized parts of the community, in town and country, but was not concerned with acceptance or rejection of the professional fund raising plan, but with the need to get many others to agree to help make the plan a success.

Capacities for Decision-Making

A. Authority

Beyond the decisions is the identity of those who make them. These may be termed the decision-makers, or the actor in the decision-making process.[54] To identify the decision-maker is to isolate the possessor of certain capacities of "rightfulness." For the present problem two major sources or capacities of "rightful" decision-making are authority and influence. Decisions may be made through the capacity of authority, through the capacity of influence, and, of course, through combinations of both.

Authority consists of the rights and privileges given certain roles and positions within the formal associational life of the community. For example, in every formally constituted group there are offices which

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[54]The notion of actor could be likened to the "actor" of T. Parsons' theory of action systems, op. cit., pp. 3-23; ". . .a social system consists in a plurality of individual actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the 'optimization of gratification' and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols." (pp. 5-6)

give the incumbents special privilege in the making of decisions. As MacIver points out, "By authority we mean the established right, within any social order, to determine policies, to pronounce judgments on relevant issues, and to settle controversies, or, more broadly, to act as leader or guide to other men. When we broadly speak of an authority we mean a person or body of persons possessed of this right. The accent is primarily on right, not power. Power alone has no legitimacy, no mandate, no office. Even the most ruthless tyrant gets nowhere unless he can clothe himself with authority."[55] Lasswell and Kaplan make this comment: "Authority. . .is subjective: its existence depends on someone's think-so, though not, to be sure, simply on the think-so of the person having the authority. This subjectivity results from the symbolic status characteristic of the formal as such, and may be ascribed to other formal concepts, for example, law, as well as authority."[56]

Office. Authority derives from the constellation of positions possessed by the decision-maker. Position is not only the offices of formally constituted groups, but is also based on other positional elements. But the concept of office is crucial. The cogent analysis by Hiller is illustrative.

> Within all associations there is some type of ordination. . . . between offices and between these and the general membership. This ordination depends on the authority vested in the offices by the association itself. Authority is the sanction, that is, the intention, of the group with reference to aims and interests to which it is committed. The relative likelihood that one person (even the office-holder) can assert his own will over

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[55] R. M. MacIver, The Web of Government, op. cit., p. 83.

[56] H. D. Lasswell and A. Kaplan, op. cit., p. 133.

> another person is domination which rests on power or force. It is thus the opposite of authority which is the adherence to collective aims. . . .Authority rests implicitly on the allegiance all owe to the association, and is enforced by social constraint or even coercion. . . .Authority rests on the awareness that the office-holder who issues an order and the one to whom the order is given are alike serving the association. . . .The function of an office is to organize selected efforts of the members of the association, not to control or manage all phases of their lives.[57]

In this sense office is considered an adjunct of the formally constituted group, and, within the context of community organization, is localized in the formal associational life of the community. Lasswell and Kaplan summarize the concept of office when they say, "An agency is an authority structure; and office a position of authority."[58]

Other positional elements. Other elements contribute to the total position of the decision-maker. Whether he is an old or new resident of the community may determine the rights and privileges on the basis of family position. Being a member of a high prestige kinship group in the community is related to the former, but may be conceptually considered as a positional element; and finally, his socioeconomic status may contribute similarly.[59] In this sense the total position pattern consists of a body of rights to participate in the decision-making process.

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[57]E. T. Hiller, Social Relations and Structures, Harper and Bros., New York, 1947, pp. 582-583. For a statement of difference between social power, authority, and dominance, see R. Bierstedt, op. cit., pp. 732-733; i.e., "Power is a sociological, dominance a psychological concept. . . .The locus of power is in groups and it expresses itself in inter-personal relations. Power appears in the statuses which people occupy in formal organization; dominance in the roles they play in informal organization." (p. 732).

[58]H. D. Lasswell and A. Kaplan, op. cit., p. 198.

[59]W. W. Warner and P. Lunt, op. cit., passim.

Case study comment. Note the following sample statements made about the office of probate judge in one of the hospital cases intensively studied.

"You would expect him to be active (in the hospital project), being chairman of the Court of County Commissioners."

"After all, all county affairs have to end up sometime with the probate judge, because he's the one on top."

One author has stated in a study dealing with political organization in a southern county: "The significance of the phrase, probate judge county, as applied to Black Belt should by now be reasonably clear. The term derives meaning in part from the statutory duties of the judge, who from the very nature of his office knows intimately the county and its people. It takes added substance from the established pattern of political and governmental leadership, which is facilitated by the law but goes far beyond it."[60]

B. Influence

Influence is the possession of attributes by the decision-maker which are valued as relevant by the community-at-large. For purposes of decision-making values are focused in social property, an amount of which is at the disposal of every community. Such social property may be said to consist of resources, skills, and technical competence (proficiency), and of personality features of relevance to community organization and action. Decision-makers bring a portion of, or a lack of, these attributes to the community action process. The way in which they are evaluated by the community-at-large determines the extent to which the decision-maker embodies and expresses the value orientation of the community; and to that extent possesses influence.[61]

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[60] K. A. Bosworth, Black Belt County, Bureau of Public Administration, University of Alabama, University, 1941, p. 38.

[61] The study of social values and "value orientation" would be a major task in its own right. A classic definition is that made by

In one sense a role of influence is a role of authority, but a present assumption is that the decision-maker of influence must recken with, and direct his activity through the interpersonal system that vested a portion of the community's social property in him. Authority, as taken here, is constituted within strict associational limits. Thus, it does not depend on social property vested in the person, but on the explicit rights of position or office. Thus, the informal life of the community forms an important investment area for the decision-maker of influence. Authority is a function of the formal associational life of the community, influence is a function of informal interpersonal systems which may operate within formal associational structures, but is not bound by constituted community covenants.[62]

(Cont'd) C. Bougle, The Evolution of Values, Henry Holt and Co., New York, 1926: "Wherever found, a value is a permanent possibility of satisfactions. One struggles for values because they are possibilities; thus power is a value and we struggle for its possibility." (p. 19); "Value presents itself as an end when, demanding no more of it, we limit our ambition to possessing it." (p. 77); H. D. Lasswell and A. Kaplan, op. cit., state: "Values are the goal-events of acts of valuation." (p. 55); "A value is a desired event - a goal event. That X values Y means that X acts so as to bring about the consummation of Y. The act of valuing we call 'valuation', and we speak of the object or situation desired as the 'value'." (p. 16); for a definition of persons as end values, see E. T. Hiller, op. cit., "Social relations are summed up in the way persons evaluate one another. By valuation is meant the esteem or disesteem or the assumption as to the importance and significance of a thing or a person. A value is anything so esteemed or disesteemed." (p. 191); "As socialized beings we esteem persons as end values because this valuation is given in the mores. Even the valuation of the persons with whom we associate most is so influenced by the culture, no less than by experience." (pp. 191-192); and T. Parsons, The Social System, op. cit., states: "An element of a shared symbolic system which serves as a criterion or standard for selection among the alternatives of orientation which are intrinsically open in a situation may be called a value." (p. 12).

[62]The associational locus of authority is suggested by R. M. MacIver, Community, Macmillan, New York, 1924: "Associations are the definite

Following will be an attempt to elaborate some of the forms of influence as they may apply as capacities for decision-making within the context of community organization. This is not an exhaustive listing but should serve in both a tentative and illustrative way to define some components of influence. Three major classifications will be employed: (1) resources; (2) proficiency; and (3) personality (charisma).

Resource of wealth. Wealth, as meant here, is income, the services of goods and persons accruing to the individual decision-maker.[63] Wealth is a value and is empirically related to many community organizational activities. For instance, realizing the expensive goal of a hospital

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(Cont'd) forms under which the more permanent and specific types of social activity of relation between will and will, are coordinated. They are as it were the various lines and figures standing out on the web of community. . . .Community is the whole incalculable system of relations between wills; an association is the pre-willed form under which a definite species of relation between wills is ordered." (p. 129); "Thus we see that every association is both an organization within community and an organ of community. The incalculable complex of the interactivities of common life are yet reducible under a certain number of categories . . . and men will corresponding associations, giving a certain fixity and order to the further acts of willing which fell within any given category." (p. 130); The students of leadership, it would seem, have emphasized what is construed here as influence, without direct references to authority, or treating it as a residual category; see, for example, L. D. Zeleny, "Morale and Leadership," Journal of Applied Sociology, Vol. 9, 1925, p. 210; "The acceptance of common aims depends upon the influence of the leader"; R. W. Nafe, "A Psychological Description of Leadership," Journal of Social Psychology, Vol. 1, 1930, p. 252: "The leader needs only to have the appearance of possessing the attitude desired by the following. The real problem in this connection is the attitude of the led towards the leader."; W. F. Cowley, "Three Distinctions in the Study of Leaders," Journal of Abnormal and Social Psychology, Vol. 23, 1928, p. 148: "Leaders are effective and headmen attain to their headship only when the traits they possess are those demanded by the situation."

[63]H. D. Lasswell and A. Kaplan, op. cit., p. 55.

demands the mobilization of sufficient finances, and the major task of the community organization scheme is usually the money raising plan. For the individual who, through the decision-making process, commits the community to the task goes the responsibility and expectation of behavior in accordance with the decision that has committed other persons and groups.

> Case study comment. In one hospital project intensively studied, one of the prominent leaders gave the largest personal contribution to the fund raising drive, and was reported to have promised double the amount if the community drive was deficient. Community informants agreed that if a person was to set the entire community to an expensive task, then he should ask no more of others than he could do himself. Certain typical statements were made about this person in this regard, which reflect the community image.
>
> "He is the sort of person who won't go after the other fellow's dollar without giving one himself."
>
> "He has lots of money and would argue over $.25 on the matter of principle, but would not haggle over $2,500 if it were for a just community cause."
>
> "Whenever he goes to a church supper, you can expect a five dollar bill under the plate when it is over."

The resource of respect. Respect is a deference value and may form one component of influence. H. D. Lasswell points out that respect is shaped in the institutional pattern of social class distinctions.[64] Not only can family position, for instance, be viewed conceptually as a basis for authority, but attached thereto is a deference value of respect. E. T. Hiller states that respect is an intrinsic valuation of the person:

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[64] H. D. Lasswell, Power and Personality, W. W. Norton and Co., New York, 1948, p. 17; see also W. W. Warner and P. Lunt, The Social Life of a Modern Community, op. cit., p. 125.

"Respect implies deference of one person to another in matters of self-feeling. Such self-feeling depends largely upon one's actual or imagined standing in the estimation of other persons. Accordingly, respect for the selfhood of other persons contains the idea that they desire to stand well in the eyes of associates just as I do; that they are distressed by ill repute and dishonor; and that they have a sense of self-realization if they receive favorable consideration. These ideas are prescribed in the mores, and therefore the person is normatively invested with respect."[65] Respect may be attached to skill, to profession, to educational attainment.[66]

> Case study comment. In a hospital project intensively studied, one prominent leader in local affairs and active in the project received such quotations as the following from community informants. This person, reputed to be the most wealthy man in the county, was a member of an old family.
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> "Everybody likes him and it isn't because he is wealthy; it's the way he acts. He greets you the same in (City) or (City) as he does in his own place of business. He's a good one and his brother is the same. They got plenty but they give a world of stuff away."
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> In the same hospital case another important decision-maker in the project had formally constituted authority. Note, however, selected quotations that represent a generally expressed point of view of the community and county.

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[65] E. T. Hiller, op. cit., p. 192.

[66] Specialized skills, professional and otherwise, may be in themselves specific components of influence. It would seem possible to have decision-makers with needed skills, but without respect being accorded; and even respect accorded persons thought to have skills and training for certain aspects of the decision-making process, but who prove inept in actual participation in the process. This is to admit that respect may be related to positional elements, but that the concept of respect as a valuation of the positional element becomes a resource of influence.

"He will work hard but he wants his name in the paper. Will carry on through, but won't play unless he can be the boss. You need a big shot like him to pull together the loose ends."

"Too self-confident--wanted to run everything and not give and take."

"Around here when you get to be somebody you can't go around forgetting your own background."

Resource of "morality". Morality refers to the public or community image held of some persons that "they can do no wrong". Such persons become, as it were, symbols of the values held by the community as to what is morally correct. Respect deals with the valuations of the individual, morality deals with the valuations of what he stands for.[67]

Case study comment. Note the following quotations made by informants, and which represent the majority, about the leading person in one hospital case.

"He is the personification of the community."

"When he got in it, I knew that nothing could prevent its success."

"He works with a pretty fast crowd, but he knows what to take of it and what to leave alone."

Resource of success. Success refers to a prevailing public or community viewpoint that a person always meets with success in public ventures; or a positive evaluation of function in various roles. It is

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[67]H. D. Lasswell speaks of "rectitude", "uprightness", and "moral standing" as components of many political careers based on moral integrity. See his Power and Personality, op. cit., pp. 29-30; L. D. Zeleny speaks of "moral ascendency" as a component of influence for the leader, in "Morale and Leadership," Journal of Applied Sociology, Vol. 9, 1925, p. 210; and E. T. Hiller declares: ". . . honor . . . measuring up to the best standards of technical competence and fair dealings (such as equity in utilitarian transactions), but also as a recognition of the importance or worth of the part one plays in society. This is the idea implied in the concept of calling . . .", op. cit., p. 492.

a matter of community expectation that, after a person has been assigned the success image, whatever he may set himself to is bound to suceed and not fail. Such expectations form a resource which becomes dependable in the exercise of influence in decision-making.

> Case study comment. For the same leading decision-maker that had been credited with the morality image given above, was also attached that of "success." Note the following quoted comments from representative informants.
>
> "He never failed at anything he started."
>
> "Put his church on its feet, and a lot of other things, too."
>
> "He gets things done that he starts. He's really a doer."

Resource of access. Access refers to a characteristic of the decision-maker in his relationships with groups and individuals within and without the community. Access refers to the manifest or latent opportunities which a person may have to be a part of, or be able to contact, important individuals and groups within and without the community. This may range from "knowing everyone in the community," through membership in certain groups, all the way to state, regional, and national connections.[68]

> Case study comment. In all of the hospital projects intensively studied one or more of the important leaders had access to persons and organizations on state levels. In all of them leading decision-makers, if not members, could gain the attention

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[68]Cf. F. S. Chapin, "Leadership and Group Activity," Journal of Applied Sociology, Vol. 8, 1924, pp. 141-45, for findings regarding the overlapping participation of leaders in various groups in the community. This author suggests the hypothesis: "Polarization of leadership within the community as between groups tends to elaborate until some leader's range of elasticity for participation in group activity is passed, when some one or more groups begin to disintegrate until an equilibrium of group activity is restored." (p. 145).

of locally important associations and clubs. In one particular case, community informants ranked a local service club, a male athletic club, and the directors of a local business as centrally important groups in town. The four leading decision-makers in this hospital project held joint membership in each and all of them. In this same case, one leader of the hospital project was described as follows.

"He knows everyone in the whole county."

"His business contacts are spread all over the state."

Resource of obligation. Obligation, and the deference attached thereto, is another type of relationship, and refers to a value of "being in one's debt until it is repaid." Every individual, within the interpersonal relationships of the community, is involved in a complex set of reciprocal obligations. This has been termed "social capital" by some, meaning that an individual, through acts of "goodwill," "helping," "friendliness," has deposited in others quantities of capital which may be recalled when needed, i.e., for participation in the decision-making process. Obligations of this sort may be diffused throughout the community, or may be concentrated in a few individuals only. In either case, it is to be looked for as a resource that may be called forth by the decision-maker which adds to his influence. The persistence and presence of the political boss in American party politics would seem to be related to this notion, namely, transactions and exchanges of reciprocal obligations.[69]

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[69]See T. F. Neely, "The Sources of Political Power: A Contribution to the Sociology of Leadership," American Journal of Sociology, Vol. 33, 1928, p. 769: "Despite the corruption in machine politics, the methods used by the boss in gaining power are based on sound sociophychological principles, because most bosses rule by the consent of the people. The essential factor in boss control is an appeal to the personal loyalty

Case study comment. A prominent leader in one of the hospital studies was reported by every community informant contacted to have helped practically everyone in the community. Note the following comments as illustrative.

"During a serious illness of a member of my family, he visited almost every day for five years after practically the whole community had forgotten it. These are the kinds of things that make you stick with him."

"He always has a benefit ticket in his pocket--scouts, church, or something. He's always trying to help the worth-while things of the community."

The resource of time. Time is not to be overlooked as an essential resource for the decision-maker of influence in the community organizational setting. Community action is a time-consuming process. Adequate time is required in meeting the requirements of the decision-making process. Even the community-at-large may recognize this, as is indicated by the following statements made by the informants in one hospital project. These were given in reference to an important decision-maker in the project.

Case study comment. "He played a big part. He was able to give it more time than any man in the community. You have to find this kind of man, with time and money, when you are selecting local men to head up a campaign."

"Has the time and ability."

"He was so active it wasn't even funny. He came through snow storms by foot to get up to meetings. There was not a thing that he wouldn't do."

(Cont'd) and friendship of individuals made through the philanthropic work and social life of the machine and the personal contacts of the boss"; see also, R. K. Merton, Social Structure and Social Theory, op. cit., pp. 73-81; also H. F. Gosnell, Machine Politics, The University of Chicago Press, Chicago, 1938; E. J. Flynn, "Bosses and Machines," The Atlantic, May, 1947, pp. 34-40.

Resources summary. The foregoing comments represent some forms of resources which provide one capacity for influence. Many stem from the network of interpersonal relationships which the person, considered as a maker of decisions in a community action plan, has been involved in over a period of time. These resources for influence suggest that some of the components of influence are social psychological in nature, and that they may be expressed through public and community image. They have to do with the historical doings of the individual with his fellows, and are built into the value system of the community.

Proficiency in subject matter competence. Subject matter competence is one of three major types of proficiency employed in the decision-making process, and serving as a component of influence.[70] Subject matter competence relates to the knowledge which the decision-maker may have in the field of consideration, i.e., hospital development and construction.

> Case study comment. In one hospital project intensively studied the leading person in the project had developed a continuing interest in hospitals. This had included the development of an extensive library on hospitals, frequent attendance at hospital conferences, and participation as a hospital board member. The public was aware of this competence, as evidenced by comments represented by the following quotations.

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[70] See H. D. Lasswell, "Policy and the Intelligence Function," in The Analysis of Political Behavior, op. cit., p. 127: "Policy thinking . . . is always guided to some extent by knowledge; and a recurring problem is to perfect the intelligence function so that it brings to the focus of attention of the decision-maker what he most needs to think about and what he most needs to think with." See H. D. Lasswell and A. Kaplan, op. cit., p. 55, for "enlightenment"; also, E. D. Sanderson, Leadership for Rural Life, Association Press, New York, 1940, for the leader as "group educator," (p. 33); L. D. Zeleny, "Leadership," Encyclopedia of Education Research, (Paul Munroe, Ed.), 1941, p. 665.

"I relied a great deal on his knowledge on hospitals."

"He has been looking at hospitals around for several years."

"He always wants to know the facts, and always studies things out."

Proficiency in organizational skill. Organizational skill deals with the abilities related to (1) developing an organizational scheme for the community; (2) to set in motion such a scheme through the employment of community individuals and groups as an allocation of community means;[71] and (3) to deal with the day by day details of operation, once the organization is set in motion. Obviously, the decision-maker may have varied skills in each or all of these aspects.[72]

Case study comment. The professional fund-raiser in one hospital project was credited with almost immediate influence through his organizational skill. Remembering that he was a stranger in the community, his rise to an important decision-maker in the project was apparently accomplished on the basis of organizational and ideological skill which received immediate credit by the local people. Although he served as an agent of the local leaders and the hospital board which transferred to him some of their own influence, nevertheless, the community informants accorded him with immediate influence. Note the following comments about the professional fund-raiser.

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[71]See C. E. Merriam, in "Political Power," A Study of Power, The Free Press, Glencoe, Illinois, 1950, for a reference to "facility in group combination"; p. 41.

[72]See P. Pigors, Leadership and Domination, Houghton Mifflin Co., New York, 1935, in reference to "administration as a function of leadership," pp. 248-252; H. M. Busch, Leadership in Group Work, Association Press, New York, 1934: "In working with the natural or gang group the leader's task is five-fold . . . to recruit . . . special abilities . . . to secure . . . new members . . . to relate his group . . . to wider programs." (p. 230); also H. D. Lasswell, The Analysis of Political Behavior, op. cit., p. 102, for a discussion of "skills in management" (from the vantage point of the decision-maker).

"Good fellow, well-met. Had a system second to none. Punctual and prompt, and a go-getter. Could talk to men in a saloon, and then go to a W.C.T.U. meeting."

"He was the maestro of the concert . . . I can see him now! He had a definite plan to raise money. He explained the need for a hospital, and involved others in the community who knew the need, and got them to serve on committees."

"He put everything in proper relation and set the spark. Tied it all together and set it going."

"He really knew what he was doing . . . never heard a person who could say so many words in five minutes, not what 'I' can do, but what the 'community' could do."

Proficiency in "ideological" skill. "Ideological" skill refers to a third type of proficiency, and is actually the ability to know and manipulate appropriate community symbols.[73] The decision-maker of

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[73]See W. Lippman, "Leaders and the Rank and File," in Public Opinion, Macmillan, New York, 1922: ". . . the symbol is both a mechanism of solidarity and a mechanism of exploitation. It enables people to work for a common end, but just because the few who are strategically placed must choose the concrete objectives, the symbol is also an instrument by which a few can fatten on many, deflect criticism, and seduce men into facing agony for objects they do not understand." (p. 236); "And so where masses of people must cooperate in an uncertain and eruptive environment, it is usually necessary to secure unity and flexibility without real consent. The symbol does that. It obscures personal intention, neutralizes discrimination, and obfuscates individual purpose. It immobilizes personality, yet at the same time it enormously sharpens the intention of the group and welds the group, as nothing else in a crisis can weld it, to purposeful action." (p. 239); also H. D. Lasswell and A. Kaplan, op. cit., for the comment: "Political symbols . . . constitutions, charters, laws, treaties, . . . party platforms, polemics, and slogans; speeches, editorials, forums on controversial subjects; political theories and philosophies . . . memorial days and periods; public places and monumental apparatus; music and songs; artistic designs in flags, decorations, statuary, uniforms; story and history; ceremonials of an elaborate nature, mass demonstrations with parades, oratory, music." (p. 103); Cf. C. E. Merriam, Political Power, McGraw-Hill, New York, 1934, 104 ff.; see also H. D. Lasswell, The Analysis of Political Behavior, op. cit., pp. 123-124: "Each public policy calls for two types of intelligence: ideological and technical. By ideological intelligence is meant facts about the thoughts, feelings, and conduct of human beings. Other facts are technical. It makes no difference whether the policy goal is phrased in ideological or technical terms; both kinds of information are involved in any complete consideration of goals or alternatives."

"ideological" skill affects the organization of community sentiments as a means to legitimizing decisions. For the community organization process, such symbols may include emotional appeals to the community in money raising plans, i.e., a hospital, relating the respective goal to certain basic community values of well-being; and communicated arguments and rationales that may be varied to effectively reach sub-groups of the community.

> Case study comment. The professional fund raiser mentioned above also possessed a measure of ideological skill. Note the following sample statements directed by him into the local publicity channels. These constituted slogans intended to evoke the sentiments of the people in favor of the hospital project.
>
> "Your gift may mean a life restored."
>
> "Give a gift that keeps on giving."
>
> "We tend more and more in these latter years to look to the state to supply all our needs, but it would be a sorry day in America if the right and privilege of voluntary association for aid to the unfortunate were ever surrendered to the Government."
>
> "Don't compromise with your conscience."
>
> "Let the memory of our loved ones be a blessing to the living."
>
> "I could not ask for anything again--if I had not when asked been willing here--to give my all to help my fellowmen--and pass along my share of human cheer."
>
> Observe the following comments which indicate the response of the community to the application of ideological skill of the professional fund raiser
>
> "I can hardly believe that it happened to us--We were caught in the midst of a great revival meeting."
>
> "I'll never forget how we used to sing before we started our campaign meetings."

"As I look back at it now, I was so much in favor of the hospital that if I had been pressed I would have deeded over my house to them."

Possession of legendary personality. Personality, or specific personal attributes related to participation in community action, may be a source of influence. Although this aspect of influence will not be treated in this study, one phase of the relation of individual and personal features to the influence of active decision makers will be the public image of the legendary personality. Eccentric features may become so legend in the community that they are symbolic of the presence or lack of influence. A legendary personality may be a component in the veneration of a local person by the community, and is, in this way, a form of charisma.[74]

Case study comment. In one hospital project intensively studied, the most prominent hospital project leader was commented about through the community, as evidenced by the following comments.

"When _____ begins to get nervous, look out--something is about to happen in the community."

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[74]Much of the literature on leadership, per se, assumes distinctive attributes of the leader, especially the "informal" leader. See, for example, R. M. Stogdill, "Personal Factors Associated with Leadership, A Survey of the Literature," Journal of Psychology, Vol. 25, pp. 37-71; G. W. Allport, "A Test for Ascendance-Submission," Journal of Abnormal and Social Psychology, Vol. 23, pp. 118-136; G. Murphy and L. B. Murphy, Experimental Social Psychology, Harper and Bros., New York, 1931, p. 404; W. F. Cowley, op. cit., pp. 144-157; L. D. Zeleny, "Leadership," Encyclopedia of Educational Research, 1941, who speaks of "vitality"; P. F. Lazarsfeld, B. Berelson, H. Gaudet, "Informal Opinion Leaders and a National Election," in A. W. Gouldner, Studies in Leadership, Harper and Bros., New York, 1950, who speak of "political alertness." See also L. D. Zeleny, "Characteristics of Group Leaders," Sociology and Social Research, Vol. 24, pp. 140-149, "vitality", "humility", "humor", and "voice quality"; see also L. A. Dexter, "Some Strategic Considerations in Innovating Leadership," in A. W. Gouldner, op. cit., pp. 592-600.

"He has the most nervous energy of anyone I ever saw. When he is at the club, he is running madly between the card table, the rest room, and the pool table."

"One time he helped arbitrate a local strike. The union leader said in admiration after a day of dealing with the nervousness of _____--he's the damnest fellow I ever was up against."

In this same hospital project, another leader was held to have the legend feature of vigor. Comments were many about the vitality that this person demonstrated and, as it was reported, transferred to others working with him. One legendary tale was the event of a snowstorm that completely blocked the highways on the day of an important meeting of the hospital project. The story, as told by many, goes that this leader, who lived nine miles from the town, walked the distance on snowshoes. Many informants approximated the following comment: "You can imagine the effect that it had on us all, who had given up that _____would ever make it--when he walked into the meeting with his snowshoes over his shoulder."

Decision-Making Operations

Strategy. Strategy refers to the assumption that specific decision-makers within the community organization context do not control completely the resources and proficiencies vested in the total community. Other individuals and groups perhaps not fully participating in the project also have possession of an amount of these social properties. To the extent which they do they must be reckoned with--either to acquire their influence and authority for a particular project, or to neutralize their influence and authority if opposition becomes a threat. Strategy becomes a plan to acquire or neutralize the influence and authority of specific decision-makers in a particular community project. If the leaders of a particular project possessed or controlled the total resources and proficiencies in the community, there would be no need for strategy.

Case study comment. In one hospital project intensively studies, the persons who had initiated the idea of a new hospital were not members of the large landowner class in the community and county. In this latter group were persons who had extensive influence through respect and connections in a complex informal political organization, divided at points through political factions and alignments. Moreover, the landowners were advantageously related to the votes of their large number of employees and patrons. The initiators of the hospital project recognized immediately that this diffused influence and authority had to be acquired for the hospital project, or, at least, neutralized against opposition. The strategy which developed from this recognition was that of aiming to get the members of the "landed gentry" committed in the public eye as a part of the sponsoring group for the hospital.

Tactic. Tactic refers to a precise step or activity designed to accomplish the purposes of strategy. Tactics are the active and coherent steps, from the vantage point of the decision-maker, which lead to the fulfillment of strategy. Strategies and tactics in the decision-making aspects of community organization are accomplished largely through negotiation. Various patterns of negotiation may be employed, but the obvious patterns are of the direct nature, wherein decision-makers consult directly with each other to reach agreement; and of an indirect nature, wherein other intermediary persons and groups may be employed.

Case study comment. Referring to the example of strategy in the hospital project cited above, major tactics employed were two in number. First of all, the initiating persons contacted (negotiated with) the county commissioners court for the purpose of having nominated a hospital committee to explore the possibility of a new hospital. The local governing body had some representatives of the landowner group as members. The result was that the leading landowners of the county were added to the hospital committee. Some of these persons reported that they did not have strong feelings about the appointment to this committee because (1) they did not believe that the hospital project would get very far; and (2) they, as respected members of old and "refined" families could hardly be negative about the early attempts of such a public-spirited and well-meaning project as a hospital.

> The second tactic was that of printing the hospital committee names in the local newspaper, which served to identify several large landowners with the initiation of the idea for a new hospital. One of the landowners stated at the time of the study: "When I saw my name in the paper as a member of the appointed hospital committee I knew then that they had me." This person reported that he had not done anything for the hospital project because he was fearful of its economic feasibility; but he had not done anything against it due to the early commitment on the hospital committee and the subsequent threat of negative behavior leveled at his personal reputation for being "refined, educated, and public-spirited."

VI. The Problem Re-Stated

The guiding concern of this study is to explore the decision-making process within the context of community organization. In a larger sense it is an attempt to apply the frame of reference of political inquiry to community organization and action. The design of the study limits the analysis to one class of communities and an identical and concrete community action goal. The experimental or independent variable is that of community situation, operationally determined by the combination of four factors--hospital need, rurality, size of goal, and total population--subsumed under the more general integrating concept of region. The dependent variable is the decision-making function operationally defined by the conceptual model developed above.

The working hypothesis for the study is, simply, that within one general class of communities in which community organization and action toward an identical and concrete action goal have occurred, varied community situations subsumed under the integrating concept of region will exhibit differences in the decision-making function. In terms of analytical specificity the hypothesis is that some decision-making

processes function and thrive on the basis of authority, and that others function and thrive on the basis of influence, and that community situation together with an understanding of higher levels of integration such as the region will be among the determinant factors.[75]

The problem will be attacked in two ways (1) the description of the limitations and institutional arrangements within which decision-making in the pursuit of small community hospitals is carried out; and (2) the employment of the conceptual model to first dismantle and then compare the decision-making function in five varied community situations located in five respective regions of the United States.

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[75]See H. D. Lasswell and A. Kaplan, op. cit., pp. 95-96: "Limits to power are also set both by technical factors and by the social order. The domain of power is restricted by available techniques of transportation and communication . . . The scope of power may be limited by the technicalities of decision making in the area in question: even a dictator requires experts who in fact exercise power within the scope of their special skills."

CHAPTER TWO

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PROCEDURAL STEPS AND METHODS

The general problem for the study encouraged the selection of two frequently used methods in social research. The first was to develop a standard instrument that could elicit reported experiences from a range of community action situations. This method related to a desired understanding of the general character of the community organizational setting in which the process of decision-making occurs. The second method was that of the case study, but with certain specific emphases on the field methods employed. A subsidiary interest has been that of using the questionnaire and the case study methods in complementary and supplementary analyses.

The questionnaire and case study methods have not been the only methodological tools employed; and, too, certain procedures require elaboration. For these reasons, there follows a more systematic treatment of the procedural plan.

Preliminary Methods

Exploration. The initial efforts consisted of two methodological pursuits: (1) an exploratory survey of the literature pertaining to the community organizational aspects of health, with some 400 books, articles, and pamphlets abstracted to learn the variety of organizational devices, problems, and communication media associated with community health;

and (2) an analysis of 33 written reports from 63 selected community organization specialists. These reports were detailed responses to a personal "letter-questionnaire." The eliciting of such viewpoints from selected specialists provided an indirect form of consultation as to the important problems to be studied in the community organization field. In addition, direct consultation with various other workers in health and community endeavors assisted in gaining a perspective to chart the course of the research.[1]

Health Facilities As Events

Assumptions and selections. Early development of the study gave recognition to the basic importance of "health need" to community action. Health action can result spontaneously within the community if the people acquire a "readiness", a feeling of need in health. These needs, of course, result from an awareness of community inadequacies, the impact of health education, and crisis events and situations. This study assumes a variety of health needs that become the stimuli for pronounced community action. The assumed health needs are as follows: (1) need for personnel (doctors, nurses, public health workers, etc.); (2) need for hospital

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[1]A number of persons were directly consulted in the initiatory stage. Although they are in no way responsible for the design and conduct of the study, among those deserving real acknowledgement are Dr. Nathan Sinai and Dr. Carl Buck, School of Public Health, University of Michigan; Mr. Graham L. Davis, Director of the Division of Hospitals, W. K. Kellogg Foundation; Dr. Louis Reed, Hospital Facilities Division, U. S. Public Health Service; Dr. Ross Kandle and Miss Martha Luginbuhl, American Public Health Association, New York City; Miss Helen Johnston, Agricultural Economist, Farm Credit Administration; Dr. Charles E. Lively, University of Missouri; Dr. Horace Hamilton, North Carolina State College; Dr. Harold Smith and Professor Malcolm Mason, Purdue University.

facilities: (3) need for public health services; (4) need for clinics and health centers; (5) need for meeting the economic burden of sickness; (6) the need for health and medical information.[2] In order to obtain a manageable problem, the six "need" categories were at first reduced to four, later to three: (1) hospital facilities; (2) public health services; and (3) devices to solve medical care costs. Since the study was to deal primarily with the interests and actions of the consumers, the device which was both consumer-sponsored and rural, the cooperative prepayment plan, was selected. A fourth need or problem, securing medical personnel, was eventually discarded due to the lack of information on communities that had specifically met this need largely through intra-community action. The three "need" categories were considered in the total project, of which this study is a part.

The selection of hospitals for the purposes of this study was made on the basis of the following reasons.

1. Acquiring a hospital becomes a significant event in the life of the community. Hospital facilities cannot be achieved, but with minor exception, without extensive mobilization and organization

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[2]See, for example, the organization of F. D. Mott's and M. I. Roemer's Rural Health and Medical Care, McGraw-Hill, New York, 1948; also the conclusions found in E. L. Anderson, The Extension Service's Responsibility in Aiding Rural People to Improve Their Health and Medical Services, Extension Service Bulletin, Washington, D. C., 1947, pp. 1-4, O. R. Ewing, The Nation's Health: A Ten Year Program, Federal Security Agency, Washington, D. C., 1948, pp. 10-25.

of local resources.[3] In this way, hospital facilities become concrete and specific goals for action.

2. Community hospital projects are widely distributed throughout the United States, making it possible to more nearly control the size of community and still have available enough cases for quantitative assessment.

3. Extensive community activity for hospital facilities has occurred in the last decade, especially since World War II. This occurrence made possible an inventory of recent hospital projects, permitting the "reconstruction" of community events by local leaders who were still resident in the community.

4. The need for increased hospital facilities ranks high in small town and rural communities. This focus appeared to be justified on the grounds of "usefulness" and "practicality" for the research.

It should be stressed again that hospitals, for the present purpose, are not to be considered as community institutions, but as goals of community organization and action. The vantage point of this study is the community--its people, groups, and specific social arrangements for the pursuit of such goals. The vantage point is not the hospital, nor the interrelation of community and institution.

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[3]Excluded were facilities that resulted from philanthropy and the experimental plans of particular foundations and national agencies. For an example of the latter in regard to hospitals, see H. J. Southmayd and G. Smith, Small Community Hospitals, the Commonwealth Fund, New York, 1944; U. S. Bureau of Agricultural Economics, The Experimental Health Program of the United States Department of Agriculture (a study made for the subcommittee on Wartime Health and Education of the Committee on Education and Labor, United States Senate, pursuant to S. Res. 74 and S. Res. 62, 79th Congress, 2nd Session), U. S. Gov't. Printing Office, 1946.

Minimal criteria for case selection. Three criteria were employed in the development of an inventory of hospital projects. These criteria constitute the limits of the study as to community type, and form an attempt to select as a target one class of communities.

1. Population. The first determination was that the towns which serve as the sites for hospital facilities would have a population of not more than 7,500 according to the 1940 census. The use of this criterion was based on the general objective of the original project to deal with predominantly small town and rural communities.
2. Time. A second criterion was that community organization and action related to the hospital project should have been initiated since 1940. By holding constant the period of development, community action could be studied with the advantage of being a recent event; and the national forces of the past decade would be equally as real for all cases.
3. Hospital facility characteristics. The major criterion employed here was that hospitals considered should be new and general hospitals (excluding hospitals for specific diseases and treatment), and additions to general hospitals.

Developing Case Inventories

Procedure. These projects have one other characteristic in common, that of having been constructed with the assistance of federal aid as specified under what is commonly called the Hill-Burton Act, or the

Hospital Survey and Construction Act.[4] The Hill-Burton projects were selected after an intensive perusal of the files of the Hospital Facilities Division, U. S. Public Health Service, in Washington, D. C. As of November 1949,[5] when the selection was finally made, there was estimated to be 374 hospital projects that were being developed under provision of federal legislation, all of which were located in town sites of less than 7,500 population. Although a majority of the universe of hospital cases fulfilling Hill-Burton legislation in November 1949 and meeting the population criterion reported, these hospital projects are not intended to represent a sample of small communities that have constructed hospitals in the past ten years, or of communities in the United States that have town centers of less than 7,500 population.

Questionnaire Development

Procedure. The first step in developing questionnaires to be completed by representatives of the projects in the three inventories was that of informal consultation. This was performed primarily with

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[4]Due to the advent of this legislation specifically allocating federal funds to assist with the construction costs of local hospitals meeting certain required standards, the number of such projects would weigh heavily in any inventory of recent small town hospital developments. This was so much the case that it seemed best to limit this particular treatment to Hill-Burton hospitals entirely, providing an additional basis of comparability. For the details of the legislative program to provide partial assistance (originally one-third of the total cost) to local hospital projects, see Congress of the United States, "Hospital Survey and Construction Act, Public Law 725," United States Statutes At Large, Vol. 60, Part I, pp. 1040-49, U. S. Gov't. Printing Office, Washington.

[5]Cf. Federal Security Agency, National Hospital Program, Status Report, Nov. 30, 1949, Hospital Facilities Division, U. S. Public Health Service, Washington, D. C., 1949.

members of an interdisciplinary committee in the Department of Sociology and Anthropology, secondarily with various other sociologists and health educators. The 33 originally reporting community organization specialists also provided recommendations as to important questions to solve in community organization studies. Such consultation, added to the interests of the interdisciplinary committee, yielded a list of questions about relevant community action procedures for developing hospitals. Over a period of several months these questions were repeatedly formulated into the first draft of a questionnaire. During this formulative period visits were made to selected Michigan hospital developments in order to conduct informal interviews with local leaders of this project.[6] The purpose here was to view first hand the general implications of community action toward a hospital and to gain a necessary orientation. The questionnaire in first draft form was pretested by personal administration in three Michigan hospital project communities.[7] A second draft formulation was mailed for pretesting purposes to seven widely distributed hospital projects, and the six that responded provided the basis for a third draft and publication of the questionnaire in booklet form.[8]

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[6]Greenville, Rogers City, and Newberry, all in Michigan and approximating the type of community handled in this study, were visited for exploratory and orientation purposes relative to questionnaire development.

[7]Rogers City, Ionia, and Hastings, all in Michigan and approximating the type of community handled in this study, were utilized as sites for questionnaire pretesting.

[8]See Appendix (B).

TABLE 1

BASIC COMPARISONS OF 218 RESPONDING HOSPITAL PROJECTS WITH 374 HOSPITAL PROJECTS IN ORIGINAL INVENTORY*

A. Number of Planned Hospital Beds					B. Population of Hospital Service Area (thousands)					C. Rurality of Population in Service Area				
	Aug. Inventory		Responding Projects			Original Inventory		Responding Projects			Original Inventory		Responding Projects	
No. Beds	No.	Percent	No.	Percent	Population	No.	Percent	No.	Percent	Percent Rural	No.	Percent	No.	Percent
0-19	46	13.1	26	11.9	00-09	50	13.7	29	13.2	0-19	1	.3	--	--
20-39	172	49.1	101	46.3	10-19	118	32.6	66	30.3	20-29	2	.6	2	0.9
40-59	86	24.6	55	25.2	20-29	79	21.7	49	22.5	30-39	5	1.4	4	1.8
60-79	28	8.0	19	8.7	30-39	49	13.4	30	13.8	40-49	13	3.6	10	4.6
80-99	6	1.8	4	1.8	40-49	13	3.6	7	3.2	50-59	24	6.6	18	8.3
100-119	10	2.8	5	2.3	50-59	7	2.0	5	2.3	60-69	27	7.4	17	7.8
120-139	1	.3	--	--	Over 60	47	13.0	30	13.8	70-79	82	22.7	49	22.5
140-159	1	.3	1	0.5	No reply	--		2	0.9	80-89	71	19.4	44	20.2
160 and over	--	--	--	--						90 and over	138	38.0	72	33.0
										No reply	--	--	2	0.9
Total	350	100	218	100	Total	363	100	218	100	Total	363	100	218	100

D. Per Capita Income of Service Area (dollars)					E. Percent of Need Met in Service Area (percent hospital beds)				
	Original Inventory		Responding Projects			Original Inventory		Responding Projects	
Per Capita Income (dollars)	No.	Percent	No.	Percent	Percent Need Met	No.	Percent	No.	Percent
0-199	1	.3	--	--	0-19	212	58.4	118	54.2
200-399	36	9.8	21	9.6	20-29	32	8.8	21	9.6
400-599	116	32.0	49	22.5	30-39	37	10.0	22	10.1
600-799	75	20.8	52	23.9	40-49	31	8.6	21	9.6
800-999	81	22.4	55	25.2	50-59	13	3.5	10	4.6
1000-1199	38	10.5	27	12.4	60-69	9	2.5	3	1.4
1200-1399	13	3.6	10	4.6	70-79	15	4.2	10	4.6
1400-1599	2	0.6	2	0.9	80-89	4	1.2	4	1.8
No reply	--		2	0.9	90 and over	10	2.8	7	3.2
					No reply	--		2	0.9
Total	362	100	218	100	Total	363	100	218	100

*Totals in each instance for original inventory vary from 374 due to lack of classificatory information on certain cases.

Questionnaire administration. Hospital questionnaires were forwarded with personal covering letters to official sponsoring agents of the projects. The names of such agents were secured during the period of inventory development. Sponsoring agents were found to be principally of two types. For the county hospital category, the presiding official of local governing bodies was listed as the official agent, and the questionnaire was directed in each instance to him. The second type was that of the chairman or president of an appropriate hospital board, representing non-profit hospitals with a differing administrative base than that of county. It was assumed throughout that it was possible that the official agent might not be in the best position through knowledge to report on a particular local project. Although later field study checks indicated that official agents were generally active in the development, covering letters included the suggestion for passing the questionnaire, if necessary, to another more fully aware of the details.

Three separate mailings of the questionnaire were made. The first and second mailings included a questionnaire and a covering personal letter. The third mailing was a final personal note designed to serve as a reminder.[9]

Response to Questionnaire

Response. Questionnaire reports were returned for 218 projects, or almost a 60 per cent response. Of this number, 187 cases were new general hospitals, and 31 were additions to general hospitals currently operating.

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[9]See Appendix (A) for reproductions of initial and supplementary covering letters.

Characteristics. Recognizing that the hospital questionnaire returns may not be a representative sample of the universe to which the questionnaires were mailed, a statement of characteristics may permit a judgment on the descriptive qualities of the quantitative data available for this study. Reference to Table 2 will indicate that the responding hospital cases were more heavily concentrated in the Southeast and Middle States regions, due principally to the relatively greater number of projects developed originally. The Northeast and Middle States had the greatest proportion reporting.

TABLE 2

REGIONAL LOCATION OF HOSPITAL PROJECTS IN ORIGINAL AND RESPONDING INVENTORIES

	Original Inventory		Reporting Projects		Per Cent Reporting
Region	No.	Per Cent*	No.	Per Cent	Per Cent
Southeast	123	33	52	24	42
Southwest	50	13	25	12	50
Northeast	31	8	24	11	77
Middle States	76	20	58	26	76
Northwest	64	18	40	18	63
Far West	30	8	18	8	60
Unknown			1	1	
Total	374	100	218	100	58

* Percentage figures will be henceforth rounded off to whole numbers.

The responding projects represented in the inventory indicate that the responding projects demonstrate a marked tendency to be predominantly rural. Seventy-five per cent of the reporting hospital projects fell in hospital service areas that had more than 90 per cent of the population as rural. The economic base of the reporting hospital projects has been computed in terms of the per capita income in the respective hospital service area.[10] Approximately 30 per cent of the hospital projects exhibited a per capita income of less than $600; almost 50 per cent, $600-$999.

Total population characteristics of respective hospital service areas show that almost 45 per cent possess total populations of not more than 19,000, and another 45 per cent, 20,000-39,000. The degree of need for a hospital was computed for the reporting hospital projects. The index of need was the ratio of total needed hospital beds to beds already available. Fifty-four per cent of the reporting hospital projects exhibited less than 19 per cent of need already met; 20 per cent ranged from 20 to 39 per cent met need; and 26 per cent more than 40 per cent of need met.

For the 218 hospital projects, 45 per cent were oriented to the county as the area of potential use; 19 per cent to more than one county, i.e., combinations of two or more counties. Almost 20 per cent had areas of use that included several villages and their surrounding trade areas; and 11 per cent of the cases reported that a single village, town, or

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[10] Sales Management, "Survey of Buying Power," May 10, 1947, copyright, Sales Management, Inc.

city and its surrounding trade area was concerned. Reference to Table 1 will indicate the general uniformity of the 218 reporting projects compared with the original inventory of 374 projects.

Selecting Individual Cases for Field Study

Selection criteria. The general purpose of the project, of which this study is a part, was to make an assessment of the community organizational aspects of providing major health facilities for small town and rural communities throughout the United States. The inventories of projects developed, and discussed heretofore, were an attempt at national inventories, within certain specifically and arbitrarily defined limitations.

The earlier discussion of the problem for the study (Chapter One) listed among the needs in community studies that of viewing local community behavior in relation to extra-community levels, i.e., the nation, region, and state. Early reviews of the literature, and exploratory analyses of returned questionnaires, indicated that the phenomenon of health differs in various parts of the United States. In addition, particular combinations of such factors as economic resources, industrialization, communication, transportation, population density--all delimit certain broad geographical areas in the United States. That these areas may be also distinguished socially and culturally is reported by many authors. Note the comments of two rural sociologists:

> . . .social differentials are much greater in some parts of the country than in others. Broadly speaking, the differences are least in the Eastern, Middle Western, and high Plains areas, where practically all the population elements are from northern and central Europe, where either farm tenancy rates

> are low or the status of tenants approximates that of resident land-owning families, and where there are relatively few hired farm workers, most of whom are recruited from neighboring farms. The differences are greatest in the Southern, Southwestern, and Far Western areas, where the population elements are composed of widely differing cultural and racial groups, where farm tenancy rates are high and the status of tenants is low, or where numerous people who have practically no property and are unattached are used as seasonal farm wage workers. Wide regional differences are obvious where family incomes and other material criteria commonly associated with social status are regarded from the over-all national point of view.[11]

Loomis and Beegle refer, at one point, to the concept of region as follows:

> . . . these regions in most cases, however, are potential social systems. The attitude of the average southern white and Negro farmer toward race, religion, and politics has been found to differ significantly from attitudes of other sections of the country. . . . A crisis situation can, and sometimes does, lead to concerted action on the part of the regions.
>
> Threatened ruin or starvation resulting from poor crops or low prices has served to mobilize farmers of many areas in farmers' movements and uprisings. Reflections of such conditions are likely to be found in the voting behavior of farmers' representatives in Congress. Because of similar interests, value orientations, work patterns, and social structures in areas having similar farming practices, agricultural regions are potential social systems. We may say, therefore, that the dairy, cotton, corn, wheat, range, subsistence, or livestock farmers constitute potential social systems.[12]

Beyond statements of basic physical, geographical, and sociocultural differences, the field of health itself must be given consideration. For instance, the industrialized Northeast and its density of population provokes differences in health planning when compared with the sparsely

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[11] C. C. Taylor, et al., from A. F. Raper, "Rural Social Differentials" (Ch. 18), Rural Life in the United States, Alfred H. Knopf, New York, 1949, p. 309.

[12] C. P. Loomis and J. A. Beegle, Rural Social Systems, Prentice-Hall, Inc., New York, 1950, pp. 249-250.

settled stretches of the Great Plains. The cooperative devices in the Southwest for the prepayment of medical care costs and the "hospital district" legislation of the Far West are other examples of specific instrumentalities under way in limited areas of the country. Another full documentation could be made of the disparities in health facilities in certain geographical areas. That certain health agencies recognize the region as an administrative unit is demonstrated by the maintenance of "Public Health Service Regional Staffs."[13] The U. S. Public Health Service has reported that organizational changes are in the direction of decentralizing administration to "22 major field stations."[14]

Regional health planning arrangements have been growing in number and in operation. Mott and Roemer state in regard to such planning:

> Regional planning is uniting the interests of groups of states and stimulating further state action. The northern Great Plains Council has set up a multistate rural health committee and furnished a planning coordinator. The state agricultural colleges have cooperated with the federal Department of Agriculture in sponsoring rural health committees. Productive regional conferences dealing with the many facets of rural health and medical care have been held in Dallas, in San Francisco, in Atlanta, in Lincoln, and in Washington, D. C. A broad-scale Southern Rural Health Conference was held in Chattanooga. Farm and labor leaders from several nearby states joined in workshop conferences on health services in St. Paul, Minnesota and at Jamestown, North Dakota, linking their efforts in recognition of their common aims. The momentum of local, state, and regional rural action has increased day by day.[15]

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[13]Federal Security Agency, Annual Report of the Federal Security Agency, 1949, U. S. Gov't. Printing Office, Washington, D. C., 1950, p. 263.

[14]Ibid., p. 266.

[15]F. D. Mott and M. I. Roemer, Rural Health and Medical Care, McGraw-Hill, New York, 1948, pp. 554-555; see also the following reports

The limitations of resources for the field studies made it impossible to conduct more than six intensive investigations in the field. In keeping with extending the data on hospital projects as the core of information desired, each case was arbitrarily selected for intensive study from the 218 reporting hospital projects. A plan was also needed to select cases that represented widely varying physical, economic, and social situations. At the same time, the design of the study encouraged the selection of individual cases that could be, if crudely, meaningfully related to broader and extra-community levels of social and cultural integration. It was in this sense that the concept of region became a criterion of location for the studies.

Several students of regionalism have presented various constructions of regions of the United States. Raper and Taylor[16] have developed seven types of farming areas, i.e., Wheat areas, the Corn Belt, Dairy areas, General and Self-Sufficing areas, Range-Livestock areas, Western Speciality-Crop areas. Beck and Forster[17] have reported on six types of

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(Cont'd) on regional health developments: Northern Great Plains Council, Subcommittee on Health, Medical Care and Health Services for Farm Families of the Northern Great Plains, Lincoln, 1945; L. B. Tate (ed.), "The South's Health: A Picture with Promise," Hearings before Special Subcommittee on Cotton of the Committee on Agriculture, House of Representatives, 80th Cong., 1st Sess., Study of Agricultural and Economic Problems of the Cotton Belt, Gov't Printing Office, 1947, pp. 808-876; a variety of regional references are made in University of Michigan, School of Public Health, Public Health Economics: A Monthly Compilation of Events and Opinions, especially the issues of 1945, 1946, and 1947; see also Regional Planning and Development, University of North Carolina, Chapel Hill, January, 1951.

[16] C. C. Taylor, et al., op. cit., A. F. Raper and C. C. Taylor, "Rural Culture" (chaps. 19-27), pp. 329-491.

[17] P. G. Beck and M. C. Forster, Six Rural Problem Areas, Research Monograph I, Federal Emergency Relief Administration, Washington, 1935.

problem areas, i.e., winter wheat area, spring wheat area, Eastern Cotton Belt, Texas and Oklahoma Cotton area, Appalachian-Ozark area, and the Cut-Over area of the Lake States. Odum,[18] and later Odum and Moore, employed states as units and combined them into six regions noted as "societal regions." These are termed the Northeast, Southeast, Middle States, Southwest, Northwest, and Far West." Mangus,[19] differing from Odum and Moore, has employed the county as a unit and applied seven variables to derive 34 "rural cultural regions."[20]

Investigation of various approaches to regionalism[21] led to the acceptance and use of Odum's six regions, the Northeast, the Southeast, the Middle States, the Southwest, the Northwest, and the Far West. General reasons for this selection were as follows:

1. A sixfold classification of the 218 hospital cases permitted sufficient, but barely so, numbers in each regional category for purposes of analysis.
2. Since all of the hospital projects were easily identified by states, the state combination plan of Odum and Moore removed

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[18]H. W. Odum, Southern Regions of the United States, University of North Carolina Press, Chapel Hill, 1936; also, H. W. Odum and H. E. Moore, American Regionalism, Henry Holt and Co., New York, 1938.

[19]A. R. Mangus, Rural Regions of the United States, Work Projects Administration, Washington, 1940; see also for the development of sub-areas in Ohio, C. E. Lively and R. B. Almack, A Method of Determining Rural Social Sub-Areas with Application to Ohio, Ohio AES Mimeograph Bulletin No. 106, January, 1938.

[20]For some critical comments on the concept of region as employed by sociologists, see O. D. Duncan and E. F. Sharp, "Rural Sociological Research in the Wheat Belt," Rural Sociology, Vol. 15, No. 4, pp. 339-40 and p. 351.

[21]For a review of some forty definitions of region and regionalism, see H. W. Odum and H. E. Moore, op. cit., pp. 3-34.

the concern with subregional classification.

3. The six regional groupings of states developed by Odum and Moore have been studied from the vantage point of a variety of factors contributing to homogeneity. Since this is a study of process, no good reason was found to consider only types of farming areas.

4. It should be pointed out that no great case is to be made for a precise regional analysis. Rather are regions desired to serve as broad rubrics in order to make an arbitrary selection of individual cases located in different areas of the United States.

Note the following quotation by Odum in Southern Regions of the United States:

> . . . the perfect region would have the natural area coincide with the cultural and administrative. Since this is never possible we must approximate the combination as best we can, allowing within the major regions ample opportunity for delimiting and using major sub-regions of geographic areas and of socio-economic which cut across state lines. On this basis the six major regions of the United States have been characterized as the Northeast and the Southeast, the Northwest and the Southwest, the Middle States and the Far West.[22]
>
> In these threefold criteria of physiography, population, and cultural history are thus seen abundant evidences for pointing up the homogeneities of the several regions. They must, of course, be liberally supplemented with socio-economic measures, but this should in no way minimize their importance.[23]

The above references shape the present purpose of assuming regional location as a primary criterion in the selection of cases for intensive field study.

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[22]H. W. Odum and H. E. Moore; op. cit., pp. 435-436.

[23]Ibid., p. 444.

Other selection criteria. The hospital cases to be selected for intensive field study were desired to crudely represent the characteristics of hospital projects within a particular region. Thus, the cases to be selected would not compare necessarily with all the small town situations of the region, but compare, at certain points, with the hospital projects of the region that otherwise met the criteria for this study, i.e., Hill-Burton general hospitals and towns with less than 7,500 population. The intent was one of attempting to investigate cases in the field that roughly approximated the character of the development in a particular region.

The questionnaire data provided by the responding 218 cases indicated certain regional regularities as to (1) method of raising funds, (2) size of hospital goal operationally measured by number of planned beds in the proposed hospital, (3) the total population in the hospital service area, (4) proportion of rural population in the service area, and (5) the percent of hospital need met. These four factors, size of goal, population, rurality, and need were termed the "community situation." The rule was used that high and low qualities of each factor would be represented by dividing the cases in each distribution in two groups of approximately equal number, one group characterized by lower qualities, the other by higher qualities.[24] The four factors of community situation

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[24]Small size of goal, 127 projects each with less than 39 beds; large goal, 91 projects each with from 40-159 beds. Small population in the service area, 95 projects with less than 19,000; large population, 123 projects with 20,000 to more than 60,000 population; low rurality, 100 projects that had less than 79 per cent of the population as rural; high rurality, 118 projects with more than 80 per cent of the service area population as rural; high hospital need, 118 projects with less than 19 per cent of total need met; low need, 100 projects with 20 to more than 90 per cent of total need met.

Fig. (I) Reporting Hospital Projects by Region

Southeast

Virginia
North Carolina
South Carolina
Georgia
Florida
Kentucky
Tennessee
Alabama
Mississippi
Arkansas
Louisiana

Southwest

Oklahoma
Texas
New Mexico
Arizona

Northeast

Maine
New Hampshire
Vermont
Massachusetts
Rhode Island
Connecticut
New York
New Jersey
Delaware
Pennsylvania
Maryland
West Virginia

Middle States

Ohio
Indiana
Illinois
Michigan
Wisconsin
Minnesota
Iowa
Missouri

Northwest

North Dakota
South Dakota
Nebraska
Kansas
Montana
Idaho
Wyoming
Colorado
Utah

Far West

Nevada
Washington
Oregon
California

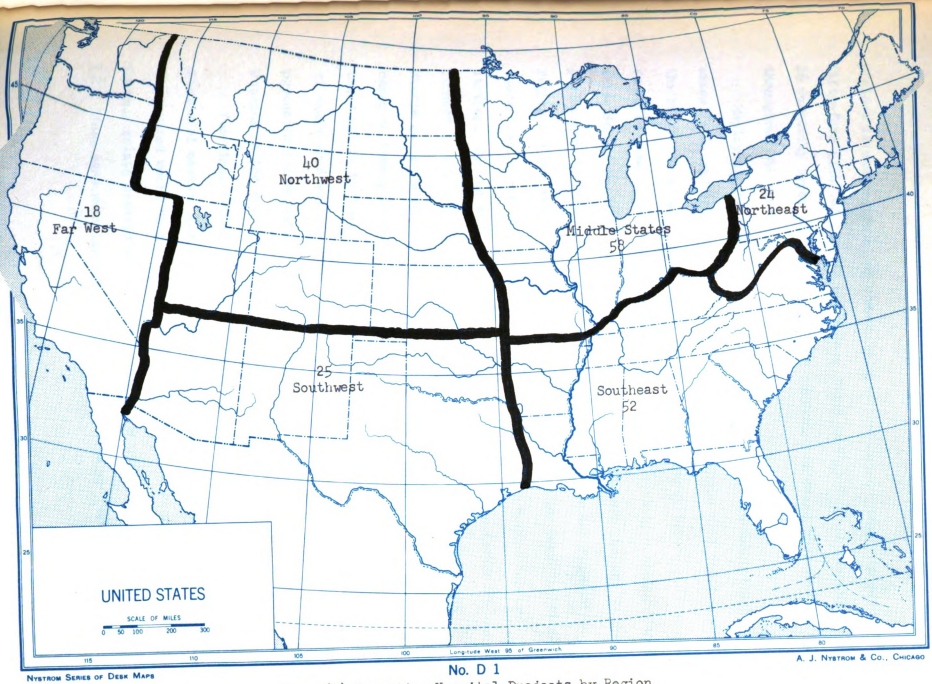

Fig. (I) Reporting Hospital Projects by Region

yielded 16 combinations, or community situation types. One hundred fifty-four (154) of the 218 cases were found in eight of the possible 16 community types so constructed, the remaining 64 cases distributed throughout the remaining eight situations.

Employing the eight types of community situations in which the 154 cases fell, and discarding the remainder, relationships were found between the cases for a particular region and certain community types. Likewise, specific fund raising methods were associated with certain regions. The selection of possible cases for intensive field study was limited to the predominant pattern of hospital community situation for the respective region and the associated method of raising funds. After such technical operations, a limited number of cases remained in each region for selection. By the above process a total of 24 cases in the Northeast was reduced to eight for possible field study selection; 58 cases in the Middle States were reduced to seven; 52 cases in the Southeast were reduced to seven; 18 cases in the Far West were reduced to three; and 40 cases in the Northwest were reduced to three. The reduced categories of cases from which a single case was to be selected represented the predominant community situation pattern and the principal method of fund raising in the respective region.

Two final criteria of selection were applied to the reduced categories of cases: (1) that the municipality in which the hospital was to be located would be a county seat town, and by this an attempt to uniformly relate centers of political activity to each selected case, and (2) these same municipalities would be free of major institutions, such

as large colleges or universities, state hospitals, penal institutions, etc.

As an example of selecting an individual case within a particular region, the Northeast procedure may be illustrative. Nineteen Hill-Burton hospital projects, meeting the general criteria for the entire study, had returned questionnaires from the Northeast region. Eleven of the 19 cases fell in a community situation (III) consisting of a relatively low need for a hospital, low rurality, high population in the service area, and a large goal measured by number of beds for the hospital. Of the 11 cases, eight had employed professional fund raisers to assist a voluntary public subscription of finances. Three of the eight were hospital projects centered in county seat towns. A case was finally selected in western New York state after the application of such judgment factors as distance and accessibility. Definite planning of field operations was withheld until local sponsoring agents were informed of the impending study and their approval and cooperation assured. (See Table 3 and Figure II.)

Selection of field study cases. Five Hill-Burton hospital projects were selected, one for each of five regions. The Southwest was finally eliminated due to the cooperative hospital development unique to this area. The cooperative hospital program has been specifically studied by others,[25] and it seemed doubtful as to the practicability of a single

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[25]Notably among such studies of the cooperative hospital and frequently attached prepayment plan for medical care are: H. L. Johnston, op. cit., J. Warbasse, Cooperative Medicine, 4th edition, Cooperative League of the U. S. A., 1946; Farm Credit Administration, "Cooperative

TABLE 3

NUMBER OF HOSPITAL PROJECTS BY PREDOMINATING COMMUNITY SITUATION TYPES BY REGION

Region	I High Need Very Rural Low Pop. Small Goal	II Low Need Rural High Pop. Small Goal	III Low Need Rural High Pop. Large Goal	IV High Need Rural High Pop. Large Goal	V Low Need Rural Low Pop. Small Goal	VI High Need Rural High Pop. Large Goal	VII High Need Rural High Pop. Small Goal	VIII High Need Rural Low Pop. Small Goal	Total
Northeast	--	5	11	--	--	2	1	--	19
Middle States	14	7	5	6	--	8	3	3	46
Southeast	6	3	3	9	2	1	4	--	28
Far West	4	3	1	--	1	1	--	5	15
Northwest	8	3	2	2	8	1	3	3	30
Total	32	21	22	17	11	13	11	11	138

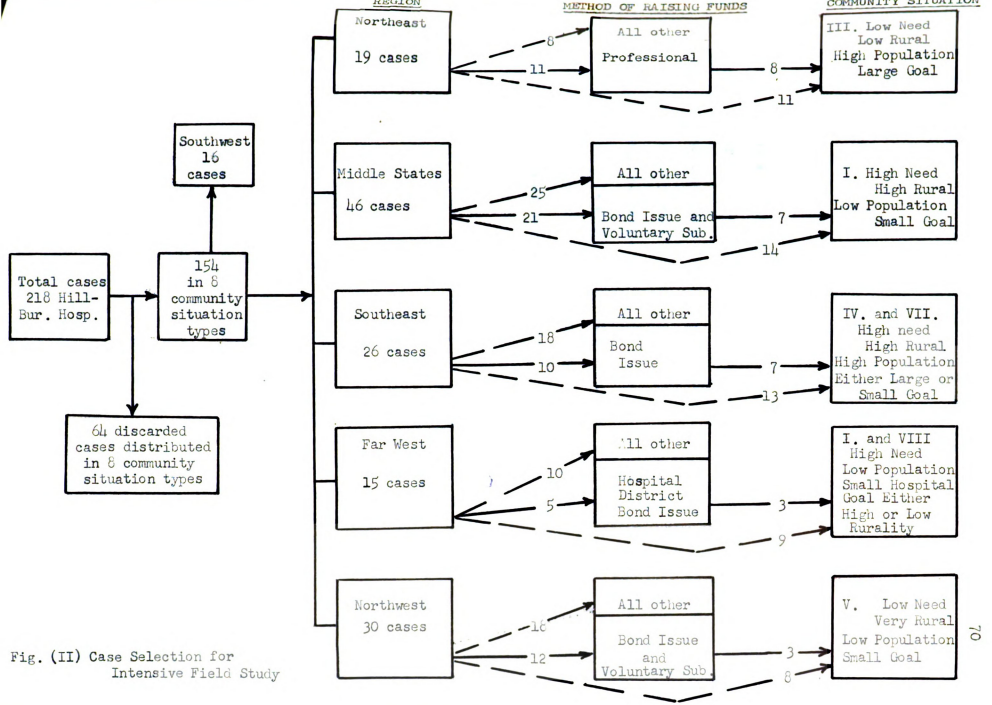

Fig. (II) Case Selection for Intensive Field Study

community study in this field. In addition to an attempt at wisely allocating limited research funds, the assumption was held that the cooperative hospital arrangement was enough different that it could not be held in a strict comparative sense with the five Hill-Burton hospitals.

The five selected cases for intensive field study were located in the states of New York, Indiana, Alabama, Wyoming, and California. References to their characteristics will be made later in those chapters that deal directly with the case studies. However, from this point the five cases will be treated under the following synonyms when the specific communities are treated: Northeast selection will be Noreast; the Southeast selection will be Southeast; the Middle States selection will be Mid-State; the Northwest selection will be Norwest; and the Far West selection will be Farwest.

Intensive Field Study Operations and Methods

Plans and operations. After the selection of a hospital case was made, certain procedures were utilized in preparing for and carrying out the field work. In the Noreast, Southeast, and Norwest studies the field research team consisted of three workers--a staff member of the Department of Sociology and Anthropology as leader, and two graduate assistants. For the Farwest study, four workers formed the research team--one staff

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(Cont'd) Health Articles," reprinted from the News for Farmer Cooperatives, Series I, revised June, 1947, Washington, D. C.; M. C. Klem, Prepayment Medical Care Organizations, Social Security Board, Bureau of Research and Statistics, Memo. 55, Federal Security Agency, June, 1945; N. Sinai, O. W. Anderson, and M. L. Dollar, Health Insurance in the United States, The Commonwealth Fund, New York, 1946; also, the unpublished studies of W. C. Rohrer, formerly of Texas Agricultural and Mechanical College, College Station, and E. L. Robinson, Texas State College for Women, Denton.

leader and three graduate assistants. Mid-State served as the first exploratory study, and provided the occasion for an interdisciplinary field reconnaissance and seminar.[26] It was at the latter site that the interdisciplinary project committee and consultants began to formulate more specifically a conceptual model that had been shaping itself throughout the development of the entire project. Since the Mid-State case was exploratory, as well as serving as the initial study, a return trip was made at the close of the field study period to more rigorously complete this particular study, and to render it comparable to the others. Before passing, it should be mentioned that the second field study was in Norwest and here, too, an experimental attitude was assumed in order to proceed to refinement of both conceptual scheme and field research methods.[27] One further operational note should be made. Although no two field research teams had identical personnel, two staff members did serve as the leaders for the five studies, and each team include at least one other member that had participated in a previous study.

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[26]For the Northwest study, or termed Norwest, Dr. J. Allan Beegle, Mr. Joseph Locke, and Mr. Wayne C. Rohrer; for the Northeast study, or termed Noreast, Mr. Paul A. Miller, Mr. Joseph Locke, and Mr. Wayne C. Rohrer; for the Southeast study, or termed Southeast, Mr. Paul A. Miller, Dr. John B. Holland, and Mr. Benjamin Thompson; for the Far West study, or termed Farwest, Dr. J. Allan Beegle, Mr. Sheldon Lowry, Mr. Frank Nall, and Mr. Benjamin Thompson; and for the Middle States study, or termed Mid-State, Mr. Paul A. Miller, Mr. Joseph Locke, Mr. Wayne C. Rohrer, and the field assistance of Drs. Charles R. Hoffer, John Useem, Christopher Sower, Duane L. Gibson, J. Allan Beegle, and Mr. David G. Steinicke.

[27]Undoubtedly the developing experience with successive case studies resulted in certain qualitative and quantitative variations in the field work and the body of data that resulted for each field study.

The planning for a particular field study included the following operations. The first step, of course, was to form the research team, and to immediately contact official agents of the prospective hospital project to gain approval, to establish arrival dates, and to provide for working and living arrangements for the team. Next followed two major tasks of the research team in preparation for the field trip. The first was that of individual team members assembling socioeconomic data for the service area of the hospital project--population characteristics, proximity to metropolitan centers, and extent and quality of businesses and industries. The entire team next reviewed the information as well as the questionnaire data and other documentary evidence supplied in the report from the case.

The second task was a series of training meetings, during which the conceptual scheme for the field studies was reviewed and discussed in connection with previous experiences. From the data on hand certain expectations were discussed regarding the forthcoming study so that the research team would be prepared for the type of local process that might be expected. For example, the Southeast questionnaire data indicated the county-wide nature of the project and the actual participation of political officials. What this might mean in terms of the frame of reference was then discussed. Equally important, however, was the necessary briefing on the methods of field investigation. Since the plan was to focus on a selected process of community organization, the comparability of field methods employed by differing research teams had to be insured.

Field methods of investigation. The methods of investigation employed in the five field studies of small hospital developments were developed with the intent that (1) the decision-making process would provide the central focus, and (2) that the methodological vantage point would be the decision-makers, their decisions and operations, rather than tracing the reverberations and reactions of the entire community organization process throughout the community. Five procedural steps or methods were employed. They will be described in the approximate order in which they were employed in the respective communities. It should be stated that an average of 13 days was spent in each of the five communities. Thus, a range of 39 to 52 man days was devoted to each field study, or a total of approximately 208 man days of time.

The initial problem, after entering the community and appropriate identification and introduction were made,[28] was that of constructing a detailed sequence of events for the particular hospital development. This was accomplished by two methods. One was that of a detailed examination of the local newspapers over the period of the project, aiming to note persons, events, plans, dates, associations, and other descriptive material that would suggest the social organization of the community. The information of the newspaper analysis was then ordered into a reconstructed statement of the events in the local process. The second step followed from this juncture--that of submitting the statement to members

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[28]Letters of identification from officials of Michigan State College and the sponsoring organization, the Farm Foundation, in additional to a personal letter through the mails from the Director of the Farm Foundation to respective sponsoring agents.

of the hospital board for full discussion and eventual redrafting. These two methods provided an orientation for field workers to both the local community and the hospital-getting process and tended to establish rapport with the official representatives of the hospital project.

The third step, after the members of the research team had agreed on an adequate knowledge of the sequence of events, was that of completing a schedule of questions to secure data by which the general community setting regarding the local project for a hospital might be reflected. Information was desired from community informants about (1) beliefs concerning already existing hospital facilities in an attempt to learn the "feeling of need" for a new hospital; (2) attitudes regarding the manner in which the local project had been carried out (financing and the behavior of sponsoring groups); (3) general recommendations to other communities attempting a similar project; and (4) the images held by the informants of the various persons and their participating roles in the process. The names of persons placed in the schedule for the elicitation of community imagery were arbitrarily selected after noting both the frequency and intensity of their participation provided by steps one and two above. This schedule was administered to the following four categories of informants, which were developed in each instance from the steps above as well as other assumptions of the project. A major assumption was that the central core, the "inner circle", of decision-making was of primary concern, and that less attention would be given to the community-wide implications and ramifications of the project.

1. The first category was the members of the hospital board. This selection was made because of the expected high level of participation

by these members, and the need to learn the reciprocal imagery of each board member of his associates.

2. Finance campaign leaders constituted a second category of informants in those instances where concrete campaigns to raise funds were organized. This selection is based on the assumption that the matter of planning and organizing for adequate financial resources is a crucial event in the hospital project and provides a decision-making situation amenable for intensive study.

3. Selected rural leaders provided a third category of informants. The questionnaire data led to the assumption that the community plan for a hospital is largely a town (municipality) centered operation. In order to both answer this question and to gain an expression of rural sentiment and imagery about the process, the schedule was completed with such rural leaders. In each instance these persons were selected from the service area community of the hospital by (a) arbitrary employment of the materials developed in previous steps and (b) by the addition of nominations made by professional agricultural workers such as the county agricultural agent.

4. The fourth and last category was that of the formal officers of relevant associations, as revealed by the reconstruction of the sequence of events through procedures listed above. Since the concept of gaining approval for decisions made in the hospital project is assumed to relate to the formal associational life of the community, justification seemed apparent to select the representatives of, in this case, the relevant segments of the formal associational structure.

As would be expected, many informants occupied more than one role as represented above. Schedules taken for each case ranged in number from 35 to 41.

A fourth major field procedure was that of a series of intensive interviews with the centrally important decision-makers. From the vantage point of the decision-making process such centrally important decision-makers were selected after the completion of the procedures described above. Interviewing was developed on the basis of a schematic diagram of determinant points in the respective community action process. By the use of this diagram the informant was asked to speak to its implications, and encouraged to elaborate or change. From this the informant could be led into the casting of a self image, and an indication of the content and form of his relationships with other decision-makers as well as with the total community. An attempt was made to elicit comments from the informant and his associated decision-makers concerning rigidities and flexibilities, personal welfare and community welfare images, "means" or "ends" orientations, and such specific skills as those, for example, characterizing the innovator or expeditor. Finally, the informant was encouraged to describe in detail the form and content of negotiations with others in which he had been engaged at certain selected points in the process.

A fifth major field procedure was the development of a postcard questionnaire which was mailed to a sample of the registered voters in the service community prescribed for the hospital. The purpose here was to obtain a crude measure of the awareness of the community residents

in the mass, or perhaps the "outer circle" of decision-making, regarding the hospital project. Information was sought as to those persons to whom the public at large gave credit for efforts made in the hospital-getting process. Also desired was an indication of the public sentiment as to the need for a hospital.

Summary

The foregoing comments have elaborated the manner in which two major research methods have been employed, the mailed questionnaire and the case study. The former was intended to produce the necessary data to reflect on the broad limits of the community organizational setting for the process of decision-making; and the latter to provide a qualitative body of materials by which selected aspects of decision-making may be comparatively analyzed and interpreted in terms of a conceptual model. A particular social process takes place amidst the limitations of specified events and institutional arrangements. Hence, use is made of the questionnaire to set forth these specified events and institutional arrangements; and the case study to permit the abstraction of particular processes for analytical and comparative purposes.

CHAPTER THREE

CHAPTER THREE

THE COMMUNITY ORGANIZATIONAL SETTING FOR HOSPITAL PROJECTS

The purpose of this chapter is to describe a selected sequence of events in the community process of obtaining a hospital; and to attempt to delimit some of the institutional arrangements and practices in the 218 reporting Hill-Burton hospital projects; for it is within these arrangements that the decision-making process occurs. Although this presentation is primarily concerned with a descriptive profile of community action for the 218 cases, some attention will be given to selected regional differences in this profile. Chapter Two discussed the concept of region as an intervening variable to be employed in this study, namely, that varying community situations would be subsumed under the more general and integrating concept of region. Thus, the reader should view this chapter as having the secondary function of indicating the influence of regional location on some aspects of the hospital projects considered. To be noted is the consistent ordering of the regions as employed in each table. This arrangement is suggested by an inspection of the questionnaire data, which indicates an ordering which places the Southeast Region as differing most greatly from the Northeast Region.

The plan of this chapter is to organize and summarize the data obtained from the receipt of 218 completed questionnaires for the original inventory of 374 Hill-Burton projects. For the purpose of adding illustrative material some reference will be made to the five intensive field

studies. This, however, should not be considered an analysis of the case material in any sense, but simply illustrative and supplementary.

The available information for the 218 hospital projects will be treated under four stages in the community organizational process. First of all will be the community situation that prevailed at the time the community initiated either interest or activity toward the intended goal. Next will follow the initiation of community activity or the initiating personnel and processes. Next will be a treatment of an aspect of community planning and action toward a hospital, or the patterns and practices of sponsorship. Finally, attention will be given to a variety of community organizational methods employed throughout these communities in the hospital projects.

The Community Situation

Mobilization and organization of the physical, social, and economic resources of a community toward some objective spring from early, and often peculiar, intra-community circumstances. As to the matter of health a great variety of community forces affect the state of readiness on the part of the people to commit themselves to such tasks. For example, attitudes in the community may be highly positive or highly negative regarding the extent to which additional health facilities are really needed.[1] The task of any community organization plan is that of

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[1]See the following which stress the importance of value attitudes in local action settings: M. L. Wilson, Cultural Approach to Extension Work, Extension Circular 332, Washington, May, 1940; see also, American Association of Social Workers, Community Organization, Its Nature and Setting, Community Chests and Councils, Inc., New York. For the dynamic

eventually securing sufficient positive approval of the project on the part of the citizens. The extent to which this may be accomplished refers to the feeling states of these citizens in regard to the need and desirability of moving the community toward better health. In this way, the "feeling of need" on the part of community residents is a vital factor in understanding the community situation from which both interest and action flow.

Beyond this is the presence of adequate financial resources and the opportunities for assistance to be rendered by extra-community agencies. Not to be overlooked is the present or potential reservoir of experience, proficiencies, and leadership within the community which may be employed in the mobilization and organization tasks.

Another aspect of the community situation has to do with the legal and political measures which may hinder or strengthen, as the case may be, community efforts. Hill-Burton hospitals have been developed within a framework of enabling legislation, which affects the standards of hospital construction and details of planning and administration. Whatever the restrictive and permissive measures may be they constitute a form of limitation or facilitation in the early community situation.

Another consideration is that of the experience which the community had had previously with similar facilities or community attempts. It is possible that the history of some communities includes a continuing interest in vigorously attacking and solving community problems while at

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(Cont'd) phase of community action as the recognition of "felt needs," see E. D. Sanderson and R. A. Polson, op. cit.; and C. M. King, Organizing for Community Action, Harper and Bros., New York, 1948.

other times little has been accomplished in developing arrangements by which such tasks are expedited.[2]

Finally, experiences with previously existing health facilities may lead to either positive or negative attitudes of the citizens, which have a real effect upon those who suggest that new action be taken.

Time elapse. The 218 hospital projects reported considerable periods of informal discussion as having preceded successful attempts at obtaining new or additional hospital facilities. Eight out of ten projects reported a long gradual period of community development, while but one in ten indicated a short period of development resulting from a recognition of emergency conditions in the community. Although about one in five of these projects reported but one year from the time of the first interest to the point of initiatory action, the remainder varied from two to ten years of discussion before a plan of organized action was initiated.

Reference to Table 4 will indicate the rather uniform discussion periods in the 218 projects prior to community action. With the relatively smaller number of total projects responding to this question, little justification appears to point out regional differences in time span between first interest (as reported) and date of initial action (as reported).

Reasons for time elapse. A variety of reasons was reported for the prolonged and intervening discussion between the first expression of interest and the initiation of the most recent, and eventually successful,

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[2]For a note on community "personality," see C. C. Zimmerman, The Changing Community, Harper and Bros., New York, 1938, p. 636.

TABLE 4

TIME SPAN BETWEEN FIRST INTEREST AND INITIAL ACTION

	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
One year	15	35	28	21	23	17	22
Two years	15	3	11	3	15	13	10
Three to five years	12	15	17	9	5	8	11
Six to nine years	16	8	17	22	13	8	15
More than nine years	8	16	11	10	17	21	13
No reply	34	23	16	35	27	33	29
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

action. The problem of inadequate community finances appeared as an obstacle throughout the early community situation of achieving a hospital. Two-thirds of the hospital projects reported that not enough finances were available locally as a reason for prolonged discussion before action could be initiated. It would appear significant that the event of federal legislation provided an opportunity for such communities, in that more than half indicated that the unavailability of federal financial support was a factor in extensive community discussion and delays prior to a definite plan of action. It should be noted that the advent of World War II

was reported, in one out of ten projects, as a delaying factor to community plans that might have matured otherwise. The 218 projects reported a definite increase in community discussion for a hospital in the period just after World War II, as is evidenced by about half which reported an upswing in community discussion in the years 1944 to 1946. There should be little doubt that one of the several functions of the federal Hill-Burton legislation was that of a catalyst to the already developing discussions and plans in many small communities.

TABLE 5

REPORTED REASONS FOR DELAYS IN INITIATION OF HOSPITAL PROJECTS

Reported Reasons	Region						
	South-east Percent	South-west Percent	Far West Percent	Middle States Percent	North-west Percent	North-east Percent	Total Percent
Lack of local funds	71	60	72	66	65	63	67
Lack of outside funds	46	12	57	34	15	29	32
Lack of federal funds	65	48	57	50	47	54	54
Lack of interest	27	16	39	26	30	25	27
Lack of leadership	25	24	39	28	35	12	28
World War II	8	8	0	14	12	12	10
No reply	6	8	6	3	5	13	6
Total percent	248	176	270	191	209	208	224*
Total number	52	25	19	58	40	24	218

*Percentages do not total 100 due to multiple reporting. The total of accumulated percentages is computed in each instance to serve as an index of incidence of total reasons reported.

Reference to Table 5 will indicate that it was the Southeast that experienced the greatest financial obstacle, and reported that the lack of extra-community resources was a delaying factor. Contrariwise, although the Northeast projects felt the financial problem, a smaller proportion reported the unavailability of federal funds to assist local hospital projects.

In the five cases studied intensively it was found that the community situation prior to the initiation of action was often characterized by peculiar and individual factors within each respective community. In two of the five cases community concern had developed when local people observed that physicians in the area were departing. In one community this exodus eventually depleted the community entirely of medical practitioners, and in both instances there was local understanding of the relation of modern hospital facilities to attracting and maintaining competent medical personnel.

In two other cases the crucial factor appeared to be the increasing dissatisfaction with already existing and privately operated hospitals. In one community local citizens reported a growth in suspicion of the practices under way in the local hospital, which became focused when two leading citizens, after having visited a friend in a local private hospital, observed what they believed to be inadequate care of this patient. They were provoked to immediately remove this friend from the local hospital to a larger facility some 40 miles distant. These persons, after this event, served as the core of an initiatory movement within the community to improve local hospital facilities.

In another intensively studied case, it was reported that people had been rumoring for some time about the conditions of the already existing hospital, a converted dwelling. As one informant declared, "Going to the hospital was like spending a period in the refrigerator. They would mend your leg but you would have pneumonia when you were discharged." Another person exclaimed, "It had become so crowded there that I heard they were using bathtubs for beds." As another informant put it, "When I was at the hospital recently I spent most of my time attempting to dodge the water that was dripping from the roof." In this same community considerable discussion had occurred of the event of a local resident seriously injured in an accident, who was unable to gain space in the local hospital, was taken to another but eventually died. Such events stimulated the development of street corner gossip and argument.[3]

The foregoing remarks may indicate the range of situational factors and events which influence a particular community situation prior to the initiation of a definite community action plan. They also suggest one of the contemporary impacts of national and state-wide agencies, as embodied in the Hill-Burton provisions for hospital construction. Also, adult education within the community may assist in the formation of a particular community situation and its attending organization of sentiments and beliefs about the specific issue, i.e., a hospital. The efforts of public health educators, medical societies, universities, and the many

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[3]Important in any community situation for which community action and organization develops is what people really <u>believe</u> to be true irrespective of what the actual facts of the matter may be.

other agencies of education in health have had much to do with the shaping of the community situation to a state of readiness for action projects in health.[4]

Initiation of Community Activity

The initiation and development of a particular action plan for the community may be viewed as a flow of action from a prevailing community situation. Always a real problem of interest to both the investigator and the community worker is to understand how major projects such as the hospital are initiated and, even more specifically, who are the initiators.

The initiators. The 218 reporting hospital projects indicate, in 32 per cent of the cases, that one person should be credited with actively encouraging a concrete action plan leading to a hospital. In 28 per cent of the reporting cases credit was given to "several persons working together." An organized group was named as the initiator in 12 per cent

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[4]Health education is an important and growing field of endeavor, as evidenced by a great variety of agencies and programs. See, for example, W. G. Smillie, Public Health Administration in the United States, The Macmillan Co., New York, 1947; W. W. Bauer and T. G. Hull, Health Education and the Public, W. B. Saunders, 2nd Edition, 1942. For some of the devices employed in community health education, see I. A. Hiscock, Ways to Community Health Education, The Commonwealth Fund, Oxford University Press, New York, 1939; M. Rugen, "Working Together for Better Health Education," Journal of Educational Sociology, Vol. 22, pp. 51-59; A. Oppenheim, "Health Education in Action," American Journal of Public Health, Vol. 33, 1943; B. G. Harvey, et al., "The Community Health Education Program," American Journal of Public Health, Vol. 31, pp. 310-316; C. E. Turner, Community Organization for Health Education, The Technology Press, 1941; also developing is the emphasis on rural health extension work in sixteen Land Grant Colleges, within the respective Cooperative Agricultural Extension Services; and see E. L. Anderson, op. cit.

of the cases. It is somewhat striking that in half the reporting cases acknowledgment is given to an individual or a group of individuals not formally organized as having played the initiating roles. Reference to Table 6 will also point out the number (58 per cent) of projects that acknowledge some combination of an individual, individuals, or groups. It is of significant interest that local business or industrial firms were but incidentally reported as having bridged the gap between a readied community situation and an initiated project. Two percent of the reporting hospital projects indicated that a business or industrial firm provided the original impetus. However the relatively small size of the communities studied probably means that the extent of industrial firms is limited.

Note from Table 6 that the projects located in the Northeast and the Northwest report the higher incidence of organized groups as the initiators of community action; and that the Southwest, Middle States, and Southeast projects indicate a higher incidence of individuals and informal groups of individuals.

Occupation. The five intensive case studies indicated that those persons who at first initiated the project in the community likewise shared major responsibilities in carrying through to completion. For the purposes at hand, it is particularly useful to use occupation as a characteristic of the initiating persons.[5]

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[5]See E. T. Hiller, op. cit., p. 479: "Next to age and sex, occupation appears to be the most general basis on which rights and duties are assigned; for although no one escapes classification by age and sex, not everyone is assigned a vocational status." See also, D. C. Miller

TABLE 6

INITIATORS OF HOSPITAL PROJECTS

Initiators	Region						
	South-east Percent	South-west Percent	Far West Percent	Middle States Percent	North-west Percent	North-east Percent	Total Percent
One person	33	36	33	38	15	42	32
Several persons	33	40	22	29	20	21	28
An organized group	23	24	28	29	57	37	12
All the people together	8	00	11	3	5	4	5
Business or industry	4	00	00	2	00	4	2
Some combination	44	64	61	57	65	71	58
No reply	2	00	6	2	00	00	1
Total percent	147	164	161	160	162	179	138
Total number	52	25	19	58	40	24	218

From both the evidence gained from the reports of 218 hospital projects and the five case studies it seems apparent that the active persons in an initiating sense were not only predominantly male but also, through an occupational analysis, town centered in residence and participation. Thirty-four per cent of the 670 persons termed most active were self employed businessmen. Next in prevalence were professional persons, to the extent of 28 per cent of the total named. Nine per cent of the

(Cont'd) and W. H. Form, Industrial Sociology, Harper and Bros., New York, 1951, pp. 120-121; and W. W. Warner and P. S. Lunt, op. cit., p. 261; J. H. Locke, The Participation of Occupational Groups in Local Efforts to Obtain Hospital Services, Unpublished M. A. Thesis, Michigan State College, East Lansing, 1951.

most active persons were medical doctors, and almost 16 per cent were employed managers or executives. In this way more than two-thirds of the 670 persons named most active were either self employed businessmen, professionals, or managers and executives. Ten per cent of the persons named most active were farm owners or operators and eight per cent were civil officials. Significantly enough, but four per cent of the most active persons were non-supervisory employees.[6]

Attention to Table 8 will reveal certain differences in the regional distributions of occupational characteristics for the most active persons. Self employed businessmen are associated more greatly with the urbanized Northeast, the Southwest, and the Northwest and least greatly in the Middle States. The incidence of professionals seems relatively uniform excepting the somewhat lower reporting in the Northwest and Far West and somewhat higher reporting in the Southeast and Southwest regions. Employed managers and executives were most highly reported as active persons in the Middle States and the Northeast, least reported in the Northwest and Southwest. Farm owners and operators were apparently relatively more active in the Far West than any other region and relatively less active in the Northeast. It is indeed significant that with but four per cent of the 670 persons named most active as non-supervisory employees, 13 per cent of these named for the Far West were of this occupational classification.

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[6]Another important community health goal, the public health department, was associated with a different occupational configuration, with almost three times the incidence of professionals, and 17 per cent of those named as housewives.

TABLE 7

OCCUPATIONAL POSITION OF PERSONS NAMED MOST ACTIVE IN HOSPITAL PROJECTS

Occupation	Hospital Projects		Employed Workers* Male Labor Force
	Number	Percent	Percent
Self employed businessman	231	34	7**
Professional	180	28	5
Employed manager	107	16	4***
Farm owner or operator	69	10	14
Civil official	56	8	0****
Non-supervisory employee	27	4	57*****
Total	670	100	87******

* Estimated from the following: "Percent Distribution, by Social-Economic Groups, of Employed Workers (Except on Public Emergency Work), By Sex, for Divisions and States, 1940 (Table XXXI)," Comparative Occupation Statistics for the United States, 1870 to 1940, Sixteenth Census of the United States, 1940, p. 194. The computation of Employed Workers in the male labor force is, of course, not strictly comparable to the computation for the 218 reporting hospital projects, since the latter represents one class of communities in the United States, while the former is irrespective of community size.

**Represents an estimate between two socioeconomic classifications, "wholesale and retail dealers," (5.3 per cent of the employed workers in the male labor force) and "other proprietors, managers, and officials," (4.9 per cent of the employed workers in the male labor force).

***Represents an estimate of the classification, "other proprietors, managers, and officials" (4.9 per cent of the employed workers in the male labor force).

****Represents an estimate calculated on the basis of 61,712 "county and local," and "city" officials, and a total male labor force of 40,284,000 persons, Ibid., p. 50, Table 2; and p. 12, Table 1.

*****Represents an estimate of three totaled socioeconomic classifications, "skilled workers and foremen," (15.0 per cent), "semi-skilled workers" (18.2 per cent), and "unskilled workers" (23.0 per cent).

******The difference of 12.8 per cent represents the classification of "clerks and kindred workers."

TABLE 8

REGIONAL VARIATION IN OCCUPATIONAL POSITION OF PERSONS NAMED MOST ACTIVE IN HOSPITAL PROJECTS

Occupation	Hospital Projects By Region						Employed Workers Male Labor Force* By Region					
	South-east	South-west	Far West	Middle States	North-west	North-east	South-east	South-west	Far West	Middle States	North-west	North-east
	Percent											
Self employed businessman	31	39	33	26	46	36	6	6	8	7	7	8
Professional	30	32	20	29	20	25	3	5	6	4	5	5
Employed manager	14	12	13	20	10	26	3	4	5	4	4	4
Farm owner or operator	11	8	15	11	13	6	27	22	7	18	19	3
Civil official	10	8	6	10	9	3	0	0	0	0	0	0**
Non-supervisory employee	4	1	13	4	2	4	50	49	58	50	51	61
Total percent	100	100	100	100	100	100	89	86	84	83	86	81
Total number	158	75	54	178	132	73						

*Estimates only, computed from "Percent Distribution, by Social-Economic Groups, of Employed Workers (Except on Public Emergency Work), by Sex, for Divisions and States, 1940 (Table XXXI)," Comparative Occupation Statistics for the United States, 1870 to 1940, Sixteenth Census of the United States, 1940, p. 194. Computed by the cumulative total of percentages of states in the six regions employed and interpolated with percentages of state groupings employed by the census. Refer to footnote of Table 7 for explanation of social-economic combinations.

**Not computed.

Summary. The foregoing comments regarding the initiating personnel for the hospital projects under consideration in this study suggest the following tentative conclusions. Active leadership in the projects would seem to be essentially male and town-centered in residence. The initiation of hospital projects focuses around individuals and groups of individuals rather than formally organized associations, although combinations of individuals and organizations are important. In an occupational sense businessmen and employed executives are associated as active initiators in the Northeast, Middle States, and Northwest regions, while farmers, civil officials, and professionals appear more highly active in the southern and western areas. Finally, reference to Table 9 will demonstrate that it is only with self employed businessmen that a tendency occurs for two or more identical occupational classifications to be represented within any one set of four active persons.

The Patterns of Sponsorship

One of the provisions included in the Hospital Survey and Construction Act was that of the necessity for a single responsible sponsoring group for the hospital project. Indeed, it would seem unnecessary to stress this requirement from the standpoint of the community organizational process. This would seem especially true in view of the magnitude of the hospital as a project for the small community. The sponsoring body and the process of sponsorship stands at the core of the community organizational scheme. It is the sponsoring body that provides a channel of communication to extra-community agencies and persons related to the project. The sponsoring body assumes the responsibility of securing

TABLE 9

INCIDENCE OF OCCUPATIONS AMONG THE FOUR MOST ACTIVE PERSONS FOR HOSPITAL PROJECTS

Occupation	Percent Reporting Incidence of One	Percent Reporting Incidence of Two	Percent Reporting Incidence of Three	Percent Reporting Incidence of Four
Self employed businessman	26	15	6	5
Farmer or plantation owner	16	5	2	0
Medical doctor	15	2	0.5	0
Professional (non-physician) employed	28	4	0.5	0
Professional, employed	13	3	0.5	0
Non-supervisory employee	6	0.5	0	0
Executive or manager	17	6	2	0
Total percent	121	35.5	11.5	5

continuing approval from the citizens at large in the community and from the organized associations which they represent.

The sponsoring group is constantly concerned with the need to sense potential opposition to the project, to prevent it if necessary, and to reduce it if it becomes active. Sponsorship includes the formulation of such policy as to affect decisions ranging from those of construction and finance to the appeals used to secure community interest.

Types of sponsorship. The most prevalent sponsoring group for the 218 hospital projects was that of previously existing or newly formed hospital boards. In 61 per cent of the projects, hospital boards or associations were reported. The evidence suggests that the growth of new hospitals quite frequently developed from a previously existing facility and that the associated managing body continued as a sponsoring agent for the new hospital.

The incidence of political sponsorship is relatively high, with both county and municipal governing groups active in the roles of official sponsors. Thirteen per cent of the 218 hospital projects reported a county political body in this role, and eight per cent a town political body. The latter incidence of municipal governing bodies suggests that larger administrative units are important in hospital development in small communities rather than local municipalities.

Reference to Table 10 will indicate that in 20 per cent of the projects community wide councils were reported as sponsors, of which health councils, specifically, were reported by three per cent of the projects.

TABLE 10

CENTRALLY IMPORTANT SPONSORING GROUPS IN HOSPITAL PROJECTS

Type of Sponsoring Group	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Hospital boards or associations	54	64	39	65	51	83	61
Political	38	36	11	19	10	00	21
Service clubs	15	20	29	17	45	00	21
Women's clubs	00	4	00	3	7	4	3
Citizens councils	23	20	33	17	12	25	20
No reply	15	8	28	20	40	8	21
Total	145	152	140	141	165	120	147
Number	52	25	19	58	40	24	218

The importance of service and civic organizations has been felt in community organizational plans for hospitals. Twenty-one per cent of the 218 projects reported, specifically, a Chamber of Commerce or some other form of service club as the official sponsoring agent, and three per cent reported some form of women's club. There was a small incidence only of farm organizations, churches, and councils of social agencies in the role of sponsorship.

The regional patterns of sponsorship indicate certain interesting differences. As shown by Table 10 the incidence of county and town political bodies is highest in the Southeast and Southwest, and entirely

lacking in the Northeast. Hospital boards are associated with by far the majority of projects in the Northeast, and together with hospital associations, form more than 80 per cent of the sponsoring groups represented. Although all regional locations demonstrate the importance of the specifically formed hospital board or association, the Far West and Southeast are relatively lowest in this regard. Community citizens councils are most highly reported in the Far West, Northeast, and Southeast; while least reported as sponsoring groups in the Southwest, Middle States, and Northwest.

The above evidence suggests that the problems of organization and finance in small community hospital projects have been borne by specifically formed hospital boards and associations and existing political groups, and that the Northeast has almost entirely employed the former, and the southern areas relatively more greatly the latter. These data suggest that acquiring the small town community hospital has as its central base of operation the town itself, rather than the entire service area which has been throughout designated as the relevant hospital community.

In none of the five projects studied intensively was it found that a previously organized citizens group, such as the health council, played an important part in initiating or sponsoring the community organizational plan. The evidence from the case studies suggests that the device of the citizens council is related to community activities of a more short range nature and of less magnitude than the hospital.[7]

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[7]The evidence suggests that the health council, beyond its defined function of coordination, has been related to public health programs

Secondary sponsorship. Sponsorship usually involves more than the single and centrally important sponsoring group. Although such a group has been necessary a variety of others has actively participated. Such participation has had to do with giving approval to the primary sponsoring body and of providing participants and other resources for the active work of the project.

Various civic and service clubs have been important to the reporting hospital projects. In Table 11 it will be found that local Chambers of Commerce, Lions, Kiwanis, Rotary Clubs, the American Legion, and Veterans of Foreign Wars, and the Farm Bureau--have all been cited for active participation. Attention to the rank order of these associations by the proportion of hospital projects reporting their activity will again demonstrate that business and professional classes in the community would, by inference, be more closely associated with the hospital project, and indicates that the town as the site of the hospital must be considered a disproportionately important subgrouping of the community in a decision-making sense.

Reference to Table 11 will indicate that the service clubs, in total, were reported as active participants more commonly in the Southeast,

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(Cont'd) within the community rather than hospital developments. A report by the National Health Council on selected characteristics of local health councils indicates that community needs frequently related to the functions of the health department resulted in the organization of a health council, as for example: "need to publicize work of Health Department," "need for sponsoring health project," "need for public health education," "to work for the establishment of a health department," "need to expand and improve Health Department." References are made to highly specific projects, i. e., "need to improve school health program." For this see National Health Council Study of Health Councils, mimeo., National Health Council, New York, October 30, 1950.

Southwest, and Far West, regions. The Farm Bureau was reported with a slightly higher incidence in the Middle States, and not at all in the Northeast.

TABLE 11

HIGHEST RANKED PARTICIPATING ASSOCIATIONS IN HOSPITAL PROJECTS

Participating Groups	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Chamber of Commerce	15	44	44	22	43	4	27
Lions Club	23	44	33	15	33	17	25
Rotary Club	29	16	17	26	20	13	22
Kiwanis	15	16	28	17	5	17	15
Farm Bureau	13	12	11	19	15	00	13
American Legion	00	4	22	19	23	12	13
Veterans Foreign Wars	4	4	11	9	10	4	7
No reply	13	12	7	12	5	21	12
Total percent	112	152	173	139	154	88	134
Total number	52	25	19	58	40	24	218

Note: Fifty-seven, or 26 percent, of the projects reported some other type of group which, varying over a wide variety, was inconsequential in its respective totality.

The Practices of Sponsorship

Formality of organization. Sponsoring groups, as reported by the 218 projects varied in the formality of their organization. Reference to Table 12 will demonstrate that approximately 40 per cent of the centrally important sponsoring bodies had no sharply defined officers. Moreover, the use of subcommittees for specific tasks was limited to one-third of the projects, and the presence of budgets, membership dues and fees was reported by a minority.

The size of membership was relatively low for the hospital projects, due probably to the more formally organized hospital boards and associations. Beyond this, representation on sponsoring groups was almost

TABLE 12

ORGANIZATIONAL FORMALITIES OF CENTRALLY IMPORTANT SPONSORING GROUPS

Formality	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Constitution	33	28	39	31	38	46	35
Officers	48	48	67	62	65	67	59
Subcommittees for special problems	36	20	33	22	28	46	30
Budget	14	12	11	14	10	13	12
Membership fees	00	4	6	9	15	00	6
Membership dues	8	8	00	10	7	13	8
None of these	2	36	28	26	22	21	18
No reply	4	8	00	5	3	13	5
Total percent	145	164	184	179	188	219	173
Total number	52	25	19	58	40	24	218

entirely male. The most active persons in each project, as nominated by respondents, were almost completely male, and the earlier occupational analysis would directly support this. In only one of the five field studies did a woman play an important role in the central sponsoring group and in the inner circle of decision-making.

It will be noted from Table 12 that it is the Northeast, Northwest, and Far West projects that indicate the relatively greater degree of formality as measured by a constitution and officers of the sponsoring body. This might be explained by the higher incidence of hospital boards and associations in the former three regions, and the condition present of needed organization to develop fund raising methods of a public subscription nature rather than the bond issues of the Southeast. The formality of the Far West cases is explained by the special hospital district in practice, which requires specific hospital governing and managing officials.

Member selection. To understand the process of sponsorship, and the locus of decision-making, requires a study of the relationship of sponsoring groups to the community at large. One way to view this relationship is that of determining the manner in which members of centrally important sponsoring groups are selected. For the 218 hospital projects, appointment by local officials and community elections were favored methods of member selection. Almost half of the hospital projects used these two devices. To a relatively less degree were community organizations asked to appoint some representative to serve as a member of the sponsoring group. It would seem apparent that the participation of local officials and elections at community meetings would be expected

devices for those hospitals that had employed either political bodies or hospital boards as centrally important sponsoring groups.

TABLE 13

METHODS OF MEMBER SELECTION FOR CENTRALLY IMPORTANT SPONSORING GROUPS

Method	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Appointment local officials	36	36	33	20	12	8	24
Elected at community meeting	11	20	6	26	40	33	24
Appointed from community organizations	12	12	33	19	25	13	18
Informally through interest (voluntary)	10	12	6	10	5	4	8
Other (miscellaneous)	10	8	00	10	5	17	9
Formal election	10	4	11	3	5	4	6
No reply	11	8	11	12	8	21	11
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

As found in Table 13 some differences exist in the methods employed by the projects located in differing regions of the United States. The Northwest and Far West cases employed more greatly appointment through community organizations than did the other regions, while the Southeast

and Southwest reported the least use of this method. Appointment by local officials occurred more frequently in the Southeast, Southwest, and Far West projects, while elections at community meetings appears associated with the Northeast and Northwest projects. The lowest incidence of appointments by local officials occurred in the Northeast.

Specificity. Sponsoring groups for hospital projects appear to have been largely organized for the particular task of acquiring a hospital. Sixty-six per cent of the projects reported this practice, while 25 per cent had served as sponsors of other and previous community developments. This reporting again indicates that the organization of sponsorship for the hospital project is specific in nature. Reference to Table 14 indicates one variation, namely, that not a single Northeast case reported that the sponsoring group had been active in other community projects. This occurrence is undoubtedly related to the employment of organizationally specific hospital boards which are almost universal.

In passing it should be noted that paid assistance to the centrally important sponsoring groups was seldom reported by the 218 hospital projects. Seventy-five per cent of the projects reported no paid assistance, and 25 per cent indicated some form of secretarial or executive secretarial assistance. The highest incidence of paid assistance occurred in the Northeast projects, because the majority here had employed professional fund-raisers to assist with money raising plans.

TABLE 14

HISTORY OF SPONSORING GROUP ACTIVITY

Activity Pattern	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Sponsored previous activities	33	28	28	21	35	00	25
Sponsored only hospital project	62	60	61	69	60	88	66
No reply	15	12	11	10	5	12	9
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

The Problem of Sponsorship

Internal problems. The evidence from the five case studies indicates that the sponsoring body found it necessary at times to resolve internal disagreements and conflicts. Remembering that the 218 hospital projects are examples of successful endeavor, it is not surprising that two-thirds reported that no significant problems arose of this kind. However, reference to Table 15 indicates that the other one-third experienced a variety of these problems. The more pronounced problem was conflict between professional and other members. The professional nature of major health goals such as the hospital would be expected to provide points of disagreements between the expectations of the health workers who make their livelihood in the health field, and lay persons who constitute the

consumers. The regional location of the project appears to have little influence on the incidence of such internal problems, but the small number of reporting cases makes the evidence inconclusive.

TABLE 15

INTERNAL AND INTERPERSONAL PROBLEMS OF SPONSORING GROUPS

Problems	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Conflict with professionals	17	16	11	3	5	12	10
Rivalry of members	11	4	11	00	15	00	7
Competition for credit	11	00	7	2	15	00	6
Ineffective meetings	00	00	6	2	5	4	2
Disagreement on major policies	4	8	6	2	5	4	4
Authoritarian members	4	00	17	2	10	8	5
Other (miscellaneous)	2	00	6	2	5	4	3
No reply	6	16	6	7	00	00	6
No problems of this type	65	60	61	80	60	68	67
Total percent	55	44	70	20	60	32	43*
Total number	52	25	19	58	40	24	218

*Percentages summed without the percents of projects reporting "no problems of this type."

Community problems. These problems are those associated with the role of sponsorship in its relationship to the larger community. As the community organization plan evolves, there is the constant need for the recruitment and the development of manpower, promoting the project to the far corners of the community, and the recognition of contained opposition which may be held in various administrative units and subdivisions of the community. Not to be forgotten are the existing sentiments about the activity which may prevail in the total community or in specific subgroups.

The evidence indicates that the potential conflict that may occur between different parts of the community is always a threat to the successful completion of the hospital project. Very often the rivalry between two towns that may manifest around competing athletic teams may carry over into a community plan for achieving a major health goal such as the hospital. Forty per cent of the hospital projects indicated the presence of conflict between neighboring towns or counties, and 25 per cent reported a degree of resistance from outlying areas of the community. One explanation here, of course, would be that those local residents who live at the perimeter of the proposed hospital service area may also be proximate to the service area of another hospital and be undecided in the interests, loyalties, and promised future use which they give to the new hospital project.

Some resistance was reported due to feeling of some people that the hospital was unnecessary. Forty-eight per cent of the hospital projects reported this problem. Undoubtedly this problem is linked to the

TABLE 16

COMMUNITY PROBLEMS OF SPONSORING GROUPS

Problem	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Insufficient feeling of need	50	44	55	46	45	54	48
Inter-town conflict	35	28	56	35	65	17	40
Lack of leadership	31	32	61	27	40	33	34
Outlying area resistance	14	24	28	29	45	17	26
Other (miscellaneous)	2	00	00	2	5	00	2
No reply	12	20	6	5	5	8	9
Total percent	144	148	206	144	205	129	159
Total number	52	25	19	58	40	24	218

attitudes assumed by those living on the periphery of the proposed hospital service area.

Another reported community problem deals with the recruitment of individuals with sufficient experience and "leadership" to carry out the project, expecially in regard to such highly organized tasks as money raising campaigns. Again about 34 per cent of the reporting projects reported this problem.

Reference to Table 16 reveals some regional differences in the incidence of such problems of sponsorship dealing with the total community.

The Far West and Northwest projects consistently report a greater occurrence of such problems as the lack of community "leadership", lack of specific experience and proficiencies, conflicts with neighboring towns and counties, resistance from outlying areas of proposed service areas, and prevailing sentiments that the hospital was unnecessary. The Southeast projects reported practically no difficulty with other neighboring towns. It should be remembered in this connection that the South experienced county hospitals rather than other relevant administrative units. However, the Southeast did more commonly report the problem of inadequate consciousness of the need for the hospital, or the problem of apathy.

The hospital can have but one site, and in almost all the projects for which evidence is available, this site has been a location in one of the towns in the proposed service area. The presence of two or more towns in this service area, based on these data and the evidence of the five case studies, suggest potential difficulty in later organization. Moreover, persons and associations related to the perimeter of the service community may be overlooked in the educational and promotional activities and may constitute a continuing threat of opposition to the hospital project. In one of the hospital cases intensively studied a delay of almost two years resulted through the inability of the "leaders" of two traditionally competing towns to agree on the location of the hospital. In this case the members of the sponsoring body were centralized in one town, coupled with the initial but not continuing efforts of these sponsors to encourage the active participation of potential sponsors from the other.

Problems with other groups and individuals. The problems confronting the sponsoring body are not limited, however, once the segments and subgroupings of the community are successfully made a part of the local activity. The lack of support or the direct opposition of influential persons is each reported by almost half of the hospital projects. To a less extent the lack of support by community groups is reported. Referring to Table 17, it should be noted that the Far West and Northwest projects exhibit a higher tendency for problems with influential persons, while the Northeast, Northwest, and Far West tended to more experience the problems of lack of support or active opposition by organized community groups.

TABLE 17

PROBLEMS CONFRONTED BY SPONSORING GROUPS WITH OTHER INDIVIDUALS AND GROUPS

Source of Resistance	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Influentials	44	56	77	29	63	49	48
Organized groups	11	8	17	12	23	21	15
Other (miscellaneous)	2	8	6	3	00	00	3
No reply	2	20	00	9	5	8	7
No opposition	52	20	39	48	33	37	41
Total percent	111	112	139	101	104	115	114
Total number	52	25	19	58	40	24	218

Summary. These data suggest that the problems of sponsoring the development of small community hospitals have much to do with the management of representatives of sub-groups within the hospital service community. The members of the centrally important sponsoring body may represent but limited segments of a particular service community, and their experience may accordingly be developed and dependent within these limitations.[8] In one intensive case study a prominent and active member of the sponsoring group had had little experience with organizational work outside the limits of the town that was to serve as the site for the proposed hospital. He was held in some suspicion by those who lived in the surrounding rural trade area. Local rural informants agreed that

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[8]See C. M. King, Organizing for Community Action, Harper and Bros., New York, 1948, Chapter IV, which considers such questions as: "When may it be good technique to add an outsider to the committee to make it jell? . . . When is it helpful to have an objector on the committee?" In I. T. Sanders, Making Good Communities Better, University of Kentucky Press, Lexington, 1950, will be found these statements: "The farther removed the planners are from the communities where the program is to be put into action, the less effective will be their planning. Programs too hastily devised and based on too limited observations of a few people frequently have to be changed later on; each unexpected change means added confusion and a loss of support for the program. Proper anticipation avoids later amputation." (p. 43); "A word of warning needs repeating; if the desire of a worker to set up a new organization . . . makes him ignore the existence of a well-established group already associated in the public mind with the kind of a job to be done, by-passing it purposely may prove a serious blunder as well as a waste of available social resources." (p. 48); although concerned with the larger urban community, cf. the article by W. H. Form, "Mobilizing Urban Community Resources," in I. T. Sanders, Ibid., pp. 133-139. For example: "The larger the city grows the greater is the need for its sub-areas to cooperate in attaining common services and goals. Since size itself makes personal and spontaneous cooperation on a continuous basis almost impossible, special associations are created to meet special needs. Thus, in a real sense, organizations and institutions, not personalities, run the life of the city." (p. 133); "The first job of urban action-minded people, then, is to decide: (1) whether their problems are city-wide or local in character; (2) what organizations already exist on a city-wide or local basis." (p. 133).

this individual made mistakes in approaching rural people regarding certain financial matters of the campaign, but that other members of the sponsoring group were able to reduce the effects of the errors.

Reference was made in Chapter Two to the written reports of 33 community organization specialists. Some of their comments dealt with the function of sponsorship. One such question was: "What sponsoring groups in rural communities do you find most successful to work with?" A variety of comments included the following. One rural sociologist in a southeastern state emphasized "that they (sponsoring groups) should not be too closely tied to one institution or clique within the community. It is important that they have both lay and professional leadership; and that they reach the masses as well as the privileged few." The inability to decide on the one group to employ is referred to by another sociologist in a southeastern state, who pointed out that "the use of groups will depend upon the project to be done." Then, he added, "we often find that a group is zealous but with very little influence in terms of the power structure. After they have done the spade work it is frequently helpful to get an established influential organization actively engaged."

Selected Community Methods Employed

Earlier treatment has been given to the patterns and forms of sponsorship that have been associated with 218 reporting Hill-Burton hospital projects. In addition, some predominant problems were described as they apply to the role of the sponsoring group of the community action plan. These problems have to do both with subgroups within the service community, and those growing out of resistances from local organizations and

influential persons. This chapter will now turn to certain selected methods, in a community organizational sense, employed by centrally important sponsoring groups. It is assumed that the selection of methods by which individuals and groups are encouraged to participate, by which finances are collected, and by which legal and political regulations are met and resolved--all have a direct effect upon the successful outcome of the project. They, in fact, represent the way in which the means in the decision-making process are organized.

The method evoking problem. Before an elaboration of the selected community organizational methods is presented, it should be repeated that for such major health goals as the hospital the almost always predictable resistance of local citizens has had to do with present or potential financial investments. There is little doubt that for the hospital projects one of the predominant problems to be overcome is that of the resistance through both explicit and implicit fears of higher taxes. Reference to Table 18 will demonstrate the importance of opposition through threat of higher taxation as compared with other types of opposition.

Continued reference to Table 18 also will provide regional differences. The threat of higher taxes apparently was more greatly felt in the Far West, the Middle States, the Southeast, and the Southwest. It is striking that only one in five of the Northeast projects reported such opposition. The opposition of professional persons (probably due to their feeling of interests not served) was greater in the Far West, least great in the Southeast and Northeast.

TABLE 18

TYPES OF OPPOSITION

Opposition Type	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Threatened high taxes	54	60	72	64	42	21	53
Professional interest not served (non-M.D.'s)	4	12	28	7	13	4	9
Interest or Medical Practice not served	17	12	00	7	13	17	11
Other (miscellaneous)	4	12	28	12	20	29	15
No reply	2	00	00	2	2	00	1
No important opposition	29	16	11	21	20	38	23
Total percent	110	112	139	113	110	109	112
Total number	52	25	19	58	40	24	218

Individual and organization focus. Remembering that the 218 reporting hospital projects were examples of successful attempts, the informants, through both questionnaire reports and case studies, insist that it was necessary to appeal not only to organized groups in the community but independently to influential persons. A small minority of projects reported that appeals had been made only to organized groups or only to

individuals for support. In this way organizational plans, and associated skills, had to be focused in terms of both organizations and individuals.

Long and short range plans. The evidence suggests repeatedly that obtaining a hospital requires the transference of this concrete goal into specific goals as "raising money through a campaign," "developing a promotional program for the community," "negotiating with local government bodies." One of the skills in hospital project decision-making would appear to be the ability to re-define the long range and generalized problem, such as the hospital, into the more short range and specific goals of campaigns, raising money, hiring a contractor, hiring an architect, etc.

Fund raising devices. Perhaps the most important choice of the sponsoring group of a hospital project is that of selecting the method by which the local share of construction costs may be obtained. More than half of the hospital projects employed voluntary gift campaigns under the leadership of local individuals. Ranking next in importance as a fund-raising method was that of voting a county bond issue to supply the funds required by the community under Hill-Burton legislation. Forty-two per cent of the hospital projects reported the use of this fund-raising method. Ranked third was the voluntary gift campaign under the leadership of a professional fund-raiser from without the community under consideration. Other less frequently employed fund-raising methods were those of the bond issue limited to the municipality of the relevant town, securing memberships in a cooperative hospital (Southwest and Northwest), and the

TABLE 19

METHODS OF FUND RAISING EMPLOYED

Method	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Locally led public subscription	54	44	39	71	80	29	58
County bond issue	48	56	22	48	40	13	42
Professional led public subscription	10	00	6	15	15	71	17
Municipal bond issue	10	12	6	19	13	00	11
Cooperative membership	00	12	00	00	8	00	4
Hospital district bond issue	2	00	33	00	00	00	3
Other (miscellaneous)	2	00	00	3	2	00	2
No reply	2	4	00	00	00	00	1
Total percent	128	128	106	156	158	113	138
Total number	52	25	19	58	40	24	218

specialized hospital district bond issue currently being developed in the Far West.

The comparison of regional differences in fund raising methods is significant. The voluntary gift campaign under local leadership, although relatively important in all regions, has been employed almost

entirely in the Northwest projects, although in combination with the county bond issue, in that 40 per cent of the Northwest projects report its use. The voluntary gift campaign under the leadership of a professional fund raiser was employed in more than seven of ten hospital projects in the Northeast, with all other regions showing a relatively minor use of this professionalized device. Voting a county bond issue was an important method in the Middle States, the Southwest, and the Southeast. It is important to note that the projects of these three regions, in addition to the Northwest, also joined the locally led voluntary gift campaign with the county bond issue. Selling memberships in a cooperative hospital to raise the community's share of construction costs showed the greatest incidence in the Southwest and the Northwest. One in three of the hospital projects in the Far West region had utilized the hospital district as a device in that it provides the mechanism for levying sufficient district bond issues to provide the necessary proportion of construction costs.[9]

Two factors would appear to be related at this juncture, to an explanation of regional differences. One is the type of community

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[9]For the details on the special hospital district, see Laws Relating to Hospital Districts, An Excerpt from the California Health and Safety Code, San Francisco, Department of Public Health, 1950 (Division 23: Hospital Districts, added by Statutes, 1945, ch. 932). Cf. par. 32001: "A local hospital may be organized, incorporated, and managed as provided in this division and may exercise the powers herein granted or necessarily implied. Such a district may include incorporated or unincorporated territory, or both, or territory in any one or more counties. The territory comprising this district need not be contiguous but the territory of a municipal corporation shall not be divided."

participant for the hospital projects, the other is the past experience of communities with the use of political machinery to solve local problems. For instance, it might be assumed that the incidence of employed executives in the Northeast as hospital project "leaders," and their attending beliefs in specialization, was a factor in the employment of professional fund raisers. It was found in the intensive study made in the Northeast that there was a stated lack of confidence on the part of the leaders in their own local administration of specialized campaigns for raising money and that professional skill was necessary. In the Northwest case local leaders believed that they possessed the necessary skills not only to initiate and organize the program but to remain actively in charge of the fund raising activities. It should be remembered, too, that employed executives were highly associated in the Northeast, self employed businessmen in the Northwest.

The incidence of professional fund raising in the Northeast would seem to coincide with the fact that the existence of previously established small hospitals is perhaps greatest in this region, leading to a greater exposure of Northeast communities to the skills of the professional fund raiser.[10] Moreover, since the locations of professional fund raising

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[10]For regional disparities in hospital facilities, see the following: F. M. Mott and M. I. Roemer, Rural Health and Medical Care, McGraw-Hill, New York, 1948, pp. 226-227, for a state by state tabulation of hospital beds available per one thousand population. New York state has, for example, 4.9 beds per 1000; and Alabama has 1.8 beds per 1000; and Wyoming, 3.6 beds per 1000; see also J. W. Mountin, E. H. Pennell, and V. M. Hoge, Health Service Areas: Requirements for General Hospitals and Health Centers, U. S. Public Health Service Bulletin 292, Gov't Printing Office, Washington, 1945; American Medical Association, Council on Medical Education and Hospitals, "Hospital Service in the United States," Journal of the American Medical Association, Vol. 121, p. 1010 ff., March 27, 1943.

organizations are now largely in the metropolitan areas of the country, it would seem that the Northeast enjoyed greater access to such groups than did, for instance, the Northwest and Southeast regions.

Campaigns. The community organizational activities of the hospital project focused in an intensive campaign to raise the local share of construction costs. Four out of ten of the reporting 218 hospital projects gave evidence of campaigns of not more than two months in duration. Less than one in ten carried on a campaign for a longer period than one year, and more than two in ten performed the campaign in a period of from two weeks to two months. Moreover, when asked to recommend the length of campaign most desirable for fund raising in a hospital project, the reports indicated a general recommendation of spending from approximately one month to three months of intensive community work. This, of course, does not include the early discussions, organization development, conducting community surveys, and gaining technical assistance.

The task of raising sufficient funds for hospital construction was not always solved by a single campaign. In a few instances as many as four campaigns were required. Reference to Table 20 will give a summary of such experiences. Note should be taken of certain regional differences in this regard. By far the majority of the Southeast, Southwest, and Far West projects accomplished the task in one effort; while the Middle States, Northeast, and Northwest projects were more frequently confronted with two or more campaigns. It remains to be emphasized that the former groups of projects had most frequently employed the county or town bond issue as a fund raising method and the latter groups voluntary public subscription.

TABLE 20

NUMBER OF CAMPAIGNS EMPLOYED

Number of Campaigns	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
One	60	72	78	55	35	50	56
Two	19	16	11	26	30	38	24
Three	4	4	6	9	22	12	10
Four or more	2	00	00	5	13	00	4
No reply	15	8	5	5	00	00	6
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

Community appeals. A necessity for the development of a hospital project has been that of the selection of appeals or slogans to the community in order to encourage interest, loyalties, and the participation of community people. As reported by the 218 projects a wide range of slogans was employed and disseminated through the various communication media. Two frequently used slogans dealt with "health is a community responsibility," and "making the community a better place to live in." Reference to Table 21 will indicate the predominant slogans employed. Slogans and appeals dealing with personal orientations to well-being of one's person or family, and those invoking fear by implied threat of disaster, were more frequently employed in the Northeast, and to a less

extent in the Middle States and the Northwest. It should also be noted that the Northeast projects were concerned to some degree with slogans based on an appeal to prestige, competitive giving, and an appeal to the symbolic idea of the solidarity of the community as, for example, "others in the community are supporting it, why not you?" Such personalized appeals, manifesting an exercise of symbol manipulative skill, tend to

TABLE 21

COMMUNITY APPEALS EMPLOYED IN PUBLICITY CAMPAIGNS FOR HOSPITAL PROJECTS

	Region						
Appeal	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
"Making the community a better place to live in"	79	72	83	90	90	79	84
"Health is a community responsibility"	73	76	72	57	62	71	67
Memorial to relative or friend	31	40	17	53	45	88	45
Fear of personal or family poor health	19	28	22	24	30	29	25
Desire for prestige that a contribution would bring	13	8	17	15	30	29	18
"Others support it, why not you?"	6	8	6	8	3	25	8
Other (miscellaneous)	00	4	6	2	00	00	2
No reply	13	8	11	2	5	00	6
Total percent	234	244	234	251	265	321	255
Total number	52	25	19	58	40	24	218

be more greatly employed in the Northeast and are undoubtedly related to the professional fund raiser assistance characteristic of the hospital projects in this area of the United States. Reference to Table 21 will indicate, by noting the total computed percentages, the relatively greater variety of appeals employed in the Northeast, Northwest, and Middle States projects.

Communication media. The usual media for communicating to the community at large were employed by the 218 reporting hospital projects. Such communication occurred largely during the intensive campaigns, and was usually related to the need to raise sufficient funds for hospital construction. The evidence submitted by the 218 projects, as well as the testimonials of informants in the intensive case studies, indicates that a variety of communication media employed simultaneously were more effective than dependence on a single device. Repeated emphasis was given to the efficacy of face to face discussion and persuasion. Eighty per cent of the hospital projects reported extensive use of face to face contact in promoting the idea of the project and carrying on the intensive campaign.

Newspaper articles were used in about the same proportion, and to a less extent the presentation of speeches to organized groups. By reference to Table 22 it will be noted that the Northeast projects not only have reported a higher incidence of use of all the various communication media, but have more fully employed those media of personal contact, such as face to face discussion and speeches to organized groups. The Northwest and Middle States projects have been similar in a wide and frequent use of all media, especially those of personal contact.

TABLE 22

COMMUNICATION MEDIA EMPLOYED IN PUBLICITY CAMPAIGNS FOR HOSPITAL PROJECTS

Communication Media	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Newspaper articles	75	84	89	95	95	92	88
Face-to-face discussion	63	84	78	81	93	96	80
Speeches to organized groups	52	52	99	78	68	92	72
House bills and posters	21	00	39	46	53	29	34
Radio talks	21	24	16	14	5	25	16
Motion pictures	6	00	6	12	2	13	7
Other (miscellaneous)	6	4	6	17	2	17	9
No reply	13	4	6	2	2	4	6
Total percent	257	252	339	345	320	368	312
Total number	52	25	19	58	40	24	218

Contrariwise, the Southeast and the Southwest projects tend to have less employed the wide variety of media and especially that of, for the Southeast, person to person contact. The Middle States projects would appear to be somewhat intermediate in this regard.[11]

[11]See I. T. Sanders, op. cit., pp. 49-50, for this statement: "In some communities I would rather have two loquacious barbers reciting the virtues of my program for two or three days to all the customers who sat in their chairs than to have two or three high-sounding editorials in the local press. This is not to deny the power of the press and the

Preferred communication media. In addition to reporting actual communication media, the reports from the 218 projects included recommendations as to superior effectiveness of particular media. Although personal contact was stressed, as well as news articles and speeches to organized groups, reference to Table 23 will demonstrate that the

TABLE 23

PREFERRED COMMUNICATION MEDIA FOR PUBLICITY CAMPAIGNS IN HOSPITAL PROJECTS

Communication Media	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Personal contact	38	44	44	47	58	58	48
News articles	10	16	33	24	30	17	21
Speeches to organized groups	15	8	39	22	28	50	23
Direct mail	4	4	11	12	5	00	6
Hand bills	2	00	00	2	5	00	2
General meetings	4	00	00	2	00	4	2
No reply	48	40	33	26	25	21	33
Total percent	121	112	160	135	151	150	135
Total number	52	25	19	58	40	24	218

(Cont'd) tremendous role it can wield in the formation of public opinion. It just so happens that getting the program favorably accepted in some of the community's gossip chains will aid greatly in the launching . . . Every community has its loafing spots, such as the feed store, the court house, a fire station, or a bowling alley. Competent supporters in any of these places at the right times can be real assets."

recommendations of respective regions approximate the evidence on media actually employed. The Northeast, Far West, and Middle States projects stressed personal contact and presentations to organized groups, with a less felt awareness of their importance by the Southwest and Southeast projects. Note also from Table 23 that the proportion of projects in each region that failed to indicate a preference at all provides an indirect way to measure the relatively less concern of the Southeast and Southwest projects with communication media.

Extent of personnel. Since the development of the community organizational plan, and specifically the fund raising plan, required the activation of individuals to assist with the operations, it should be noted that a range in the number of participating persons was reported. Attention to Table 24 which represents the responses regarding the number of persons participating in the most recent campaign, will indicate this range and some regional variations. Almost two in ten of the projects indicated that more than 100 persons assisted in the most recent campaign; slightly more than one in ten reported less than ten assisting persons; and also more than one in ten reported that between 30 and 50 persons assisted. The Southeast and Southwest projects tended to fall into two groups, those that indicated less than ten persons associated with the campaign and those with more than 100 persons assisting. It is striking that nearly half of the Northeast projects reported more than 100 persons so participating. Although the Far West projects tended to agree with the Southeast and Southwest on the numbers of participating persons, their reports indicate that numbers of participating persons fell in the middle range.

TABLE 24

EXTENT OF PARTICIPATING PERSONNEL IN CAMPAIGNS FOR HOSPITAL PROJECTS

Number Individuals	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
10 or less	17	24	11	12	13	4	14
15	4	00	00	3	3	4	3
20	5	12	00	3	10	00	6
25	8	4	12	5	5	00	6
30	2	4	17	2	7	00	4
31-50	10	8	5	12	27	17	14
51-75	00	4	5	5	3	00	2
76-100	4	00	00	18	15	8	9
Over 100	19	16	5	20	12	42	19
No reply	31	28	45	20	5	25	23
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

Miscellaneous methods. Throughout the development of the hospital project various specific methods were employed to provide an orientation for the local project. For example, more than one in three of the hospital projects reported that "leaders" had traveled to other communities to learn about the experiences of others. More than one in three projects had employed some sort of community survey to learn the extent of need for

hospital facilities.[12] More than six out of ten projects have asked for and received technical assistance from various professional agencies. But five per cent of the projects reported assistance rendered by college specialists, indicating that hospital programs in small communities have not yet seen in the colleges a major source of assistance in the educational and organizational functions. The hospital projects reported a recommendation, nine to one, that the careful employment of community surveys and the wise use of extra-community technical help are worthy devices.

Reference to Table 25 will demonstrate the uniformity of use made of such devices by the regional groupings of hospital projects. It should be noted that the Far West, the Middle States, and the Northwest projects have tended to use them more, and the Southeast and Northeast less, especially in regard to the assistance of state hospital agencies and associations. The predominance of hospital boards as sponsors, and the experience with already developed facilities in the Northeast may account for this. The Northwest and Far West communities represent areas

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[12]The community survey, and specifically the self-survey, is of growing importance in the health field. See, for example, K. M. Pray, "Quantitative Measurement of the Community's Needs and Services," Proceedings of the National Conference of Social Work, Columbia University Press, New York, 1940, pp. 435-446; S. A. Rice, "The Factual Basis of Community Planning," Proceedings of the National Conference of Social Work, New York, 1939, pp. 512-521; Journal of Social Issues, Vol. 5, No. 2, 1949 (entirely given to community self-surveys); W. S. Ryden and E. C. Chenoweth, "Community Discovery Through Survey and Discussion," Journal of Educational Sociology, Vol. 19, 1946, pp. 436-444; and for two health surveys conducted by entire counties, see the following: Ohio State University, You and Your Neighbor, Columbiana County Rural Health Survey, Cooperative Agricultural Extension Service Bulletin 307, Ohio State University, Columbus, April, 1949; The Clinton County (Ohio) Health Council, Clinton County Health Survey, a bulletin summarizing the Clinton County, Ohio, self-survey of county health needs, 1950.

TABLE 25

SPECIAL COMMUNITY ORGANIZATIONAL SERVICES EMPLOYED BY HOSPITAL PROJECTS

Community Organizational Device	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Community survey of health needs	40	40	67	38	45	33	42
Community survey of financial data	33	36	57	33	45	33	37
Visited other communities	31	36	44	41	35	33	37
Consulted professional consultants	17	60	72	74	75	42	68
Consulted college specialists	2	00	00	16	7	4	5
Other (miscellaneous)	11	8	28	10	7	42	15
No reply	13	12	11	19	5	21	14
Total percent	147	192	279	231	219	208	218
Total number	52	25	19	58	40	24	218

of the country that have had a retarded growth of small hospital facilities, which may explain the greater use of devices to provide facts and orientation of the particular local project.

Ownership. The completion of the community organizational phases of the hospital project and the technical aspects of hospital

construction result in a final decision regarding ownership of the hospital. Attention to Table 26 will show that the favored ownership of hospitals for the 218 reporting projects is that of county ownership, non-profit hospital associations, and city ownership. Note that more than 60 per cent of the hospitals in the Southeast resulted in county or city ownership, and in the Southwest more than 70 per cent came under the ownership of county or city. This should be contrasted with the Northeast hospitals, of which almost 90 per cent have resulted in ownership by non-profit hospital associations. The hospitals of the Middle States, the Northwest, and the Far West are to be owned to some extent by county or city governments (65 per cent, 52 per cent, and 83 per cent respectively). In both the Northwest and Middle States hospitals another important method of ownership is that of the non-profit association (or 47 per cent and 33 per cent, respectively). It should be observed that in one-third of the Far West hospitals, ownership is assumed by the specialized hospital district.

Summary of Descriptive Comments

This chapter has stressed certain features of the community organization setting within which occurs the decision-making process toward hospital construction; and emphasized the broad limitations and institutional patterns associated with the planning and carrying out of hospital projects in regional areas of the United States.

Community situation. Some aspects of the community organizational setting for hospital projects encourage a brief summary statement. First of all, a wide range of informal discussion occurred in the early

TABLE 26

FINAL OWNERSHIP OF HOSPITALS

Ownership Type	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
County	51	44	50	43	40	12	42
City	10	28	00	22	12	00	14
County-City	00	4	00	2	00	00	1
Non-Profit Ass'n	39	24	17	33	48	88	40
Special Hospital District	00	00	33	00	00	00	3
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

community situation prior to the formal initiation of action. The delays throughout the discussion period were related to the events and circumstances regarding hospital facilities in the community and the attitudes of people as to hospital need. The delay of community activity has, in most instances, resulted from inadequate financial resources to provide the local share of construction costs under Hill-Burton legislation. The execution aspects of the decision-making process relates to the allocation and/or manipulation of the means at the disposal of the decision-makers. The delays to active planning for hospitals in small town and rural areas seem to be provoked by insufficient financial means or their expected insufficiency on the part of the decision-makers.

Initiation. The reports of the 218 hospital projects indicate that shifting from the early community situation to purposeful activity is related to the efforts of individual persons or informal groups of individuals. The identity of the initiators is in the direction of persons rather than organized groups. Also, the initiation of community activity appeared to spring from the municipal or town sites for the hospital, with male persons playing the initiating roles. In addition, two out of three of the most active initiators and leaders in the development were either self employed business men, professionals, or employed executives. Emphasizing that the hospital is a project of great financial stress for the small community and that its physical site is usually a relevant municipality or town, it would seem that decision-makers have been drawn from the business and professional classes of the relevant municipality or town.

Sponsorship. Following the initiation of action, hospital projects were characterized by centrally important sponsoring bodies that were generally organizationally specific. Such sponsoring groups were organized specifically for the hospital project task, and were not subgroups of, or extensions of, other persistent arrangements for community action, such as the formal political system, and particular associations or councils, although to a less extent, local political governing bodies were active in the sponsoring role and were associated with certain regional areas of the country, especially the Southwest, the Southeast, and the Far West.

Methods. The crucial event in the hospital project has been that of the fund raising campaign. The devices employed here have been voluntary public subscription under local leadership; the voluntary public subscription under extra-community professional leadership; the bond issue; and certain limited devices such as the cooperative membership plan of some Southwest projects, and the hospital district bond issue of the Far West. It is the planning and organization of the campaign that appears as the major nexus of the decision-making process.

Problems. Attention to the problems encountered in such hospital projects and the communication media, community appeals and methods--all indirectly define the required proficiencies for the decision-making function. The hospital is a highly specialized and technical institution, requiring the proficiency of adequate subject matter knowledge, either by intra-community "leaders" or extra-community consultants. The majority of hospital projects indicated a variety of problems such as deficiencies in community "leadership" and experience, the resistances and oppositions of subgroups within the community, and from community influentials and associations. Since the hospital project was constantly confronted with felt financial threats upon advent of the hospital, a body of skill was required that had to do with a knowledge of legal arrangements within the community, and negotiations with the functionaries of hospital agencies external to the community. The very fact that consensus on the part of the total community had to be gained, especially in regard to successful fund raising, required the exercise of ideological skill. Although this was apparently supplied in some areas, particularly the Northeast, by

the professional fund raiser, the majority of the projects raised sufficient funds largely through indigenous proficiencies of organizational and ideological skill.

So we find that the hospital project called forth the activity of local people and simultaneously rested in the midst of a larger framework of a federal and state program. Although the pattern of local political organization had to be reckened with, no less important was the contractual relations with federal and state agencies, the mobilization of sub-groups within the total community, the recruitment of influentials and associations, and the specialized negotiations with architects, physicians, and hospital planning agencies. The panorama of the hospital project is at once community, state, and federal; and is revealed in a veritable host of cues--"the court of commissioners," "the bond issue," "the professional fund raiser," "architects," "Hill-Burton legislation," "the hospital board," "regional hospital council," "doctors," "hospital administrator," "taxes," "the health council," "chamber of commerce and businessmen," "probate judge," "Farm Bureau," "the health survey," "the state college," "Lions and Rotary," "local weekly newspaper," "street corner discussion," "speakers bureau," "the campaign banquet," "hospital districts," "cooperative memberships," "influentials," "disagreement," "competition," "official appointments," "elections," "Memorials," . . . ."

Summary of Interpretative Comments

The concluding comments of this chapter will refer to selected similarities and dissimilarities of the hospital projects based on regional

groupings. The purpose here will be that of collapsing the data on the regional tabulations in an attempt to suggest certain guiding comparisons between regional hospital projects. Such comparisons may then be checked in greater detail as the five case studies are treated. Since the over-all purpose of this chapter has been to describe the community organizational setting for the decision-making process in hospital projects, the drawing of such comparisons, although crude, will tend to extend the over-all purpose in the direction of the theoretical interests of the study and preparation for case study analysis.

In order to collapse the material presented heretofore the method of rank order comparisons will be utilized. This method is not employed as a measure of statistical significance, but more largely as a mechanical device to regroup and reclassify the data into rubrics which will be assumed to be both relevant and meaningful in terms of the theoretical scheme.

Classificatory assumptions. Before proceeding with the analysis certain assumptions must be made explicit in that they deal with the subsequent reclassification of the data. These assumptions follow.

1. Since authority is a major capacity for decision-making, certain items in the community organizational process are combined with the assumption that the most direct expression of authority in the decision-making process for these projects is in terms of formal political or civil components. Six items have been construed to have the following logical relationship. If a county or municipal local governing body serves as the official sponsoring agent of the hospital project, it would be expected that the

representatives of promotional and operating hospital groups would be appointed by local officials; civil or political officials would be active participants in the decision-making process; political instrumentalities such as the bond issue would be used for fund raising; and the hospital would result in ownership under the jurisdiction of a governing body with civil mandate. Finally, with these assumptions operating toward the definition of a decision-making process functioning by authority as a major capacity, it would be further assumed that it would follow that the total number of active participants (decision-makers) would be relatively small.

2. Since hospital development is a specialized activity, and has required official sponsorship, it would be assumed that if formal political governing bodies are not sponsors, then an organizationally specific group must be; and this is construed here as the specialized hospital board or association, a functionally specific group that has no authority in the continuing and formal sense, but only in regard to the limited and specialized details of hospitals. It would then be assumed that non-political or civil or otherwise governing officials would not be the active participants, but others selected for resources and proficiencies peculiar to the specific task, and that these selections would be made through non-political methods related diffusely to the community. Further, it would seem to follow that certain methods, i.e., fund raising, would not be political instrumentalities but devices resulting from the resources and proficiencies of the active participants; and that ownership of the hospital would be not under the jurisdiction of formal political officials but in specialized arrangements having their loci in

the before mentioned sponsoring group. Finally, with these assumptions operating toward the definition of a decision-making process thriving on influence as a major capacity, it would be further assumed that it would follow that the subsequent community orientation would provoke a relatively large number of active participants (decision-makers).

3. Since the decision-making process that functions on authority, and assumed here as the formal political and legislative type, is characterized by generalized rights of political office, it would seem to follow that the possibilities of recourse to decisions by those which they affect would be somewhat less and, hence, less resistance and opposition would be expected to follow. Likewise, with this type of process it would be assumed that there would be less need to communicate and appeal to the community in order to gain consensus and support. For the process thriving on non-political components, i.e., the capacity of influence, the opposite would be assumed, namely, that without institutionalized offices and rights associated with the decision-making process but only narrow limits of jurisdiction one would expect to follow a relatively greater content of resistance and opposition. Also, would follow relatively greater communication and appeal to the community in order to gain consensus and support.

Analysis. Attention to Table 27 will provide comparisons on five items dealing with various components of formal political authority grouped on the basis of the assumptions noted above. Summarized, this grouping indicates a continuum of identifiable formal political components in the various regional categories of hospital projects. The Southeast

TABLE 27

RANK ORDER COMPARISONS OF REGIONAL HOSPITAL PROJECTS BY POLITICAL COMPONENTS

Political Component	Region											
	South-east	South-west	Far West	Middle States	North-west	North-east	South-east	South-west	Far West	Middle States	North-west	North-east
	Percent						Rank Order					
Political body as sponsoring agent	38	36	11	19	10	00	1	2	4	3	5	6
Sponsoring agent appointed by local officials	36	36	33	20	12	8	1	2	3	4	5	6
Civil officials as active persons	10	8	6	10	9	3	1	4	5	2	3	6
Bond issue as fund raising method	60	68	61	67	53	13	4	1	3	2	5	6
County or municipal ownership	61	76	50	67	52	12	5	2	1	3	4	6
Personnel in project 10 or less	17	24	11	12	13	4	2	1	5	3	4	6
					Sum of ranks		14	12	21	17	26	36
					Mean rank		2.33	2.00	3.50	2.83	4.33	6.00

and Southwest projects exhibit a high incidence of political bodies as sponsoring groups, the Northeast and Northwest projects a low incidence. The same relationship is true on the matter of the sponsoring and operating groups for the hospital having been appointed by local political officials. Some variation occurs relative to officials as most active participants, but the Southeast is ranked high, and the Northeast low. Even more variation occurs with such items as employment of the bond issue as a fund raising method, county or municipal ownership, and low participating personnel, but the Southwest and Northeast projects remain high and low, respectively.

Attention to the rank order, sum of ranks, and the mean rank of the regional categories of projects in terms of the six identifiable political components reveals that the Southwest and Southeast projects are relatively high, the Middle States and Far West projects fall in the middle, or moderate range, and the Northeast and Northwest projects result in the relatively low ranking.[13]

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[13]Many students admit of the high political content of the southern regions of the United States. See, for example, C. C. Zimmerman, Outline of Regional Sociology, Phillips Book Store, Cambridge, Mass., 1947, pp. 39-48; H. W. Odum, Southern Regions of the United States, University of North Carolina Press, Chapel Hill, 1936, speaks of the southern regions as ". . . this all powerful political culture which is inextricably interrelated with the religious and moral culture of the people." (p. 525); and: "The folkways of southern politics may be set up as perhaps the most powerful of all the culture retionalizations which serve to satisfy the people and 'solve' their problems . . ." (p. 525); C. P. Loomis and J. A. Beegle, op. cit., p. 304, ". . . the plantation system for generations has permitted only a relatively few to initiate action, to make important decisions, or to engage in concerted community action;" and: "With the exception of Vermont and Oregon, all judicial-type governing bodies are found in southern states. Also, the single non-judicial-type officer is a southern product." (p. 578); see A. F. Raper in C. C. Taylor, et al.,

In Table 28 an attempt is made to classify certain items that reflect non-political (in the formal sense) components but a functionally and organizationally specific content with a narrowly circumscribed area in which decisions may be made with authority. Although this classification is to represent the ranking of regional categories on non-political components, the converse of the former Table (27), it will be found that greater variation occurs. Nevertheless, the computation of the sum of ranks and the mean ranks for Table 28 demonstrates that some correspondence is present, the Northeast and Northwest projects exhibiting in this case a high non-political component; and the Southeast and Southwest a relatively lower non-political component, with the Far West moving into the lowest ranking for the non-political component.

Reference to Table 29 will demonstrate an attempt to classify the various problems met through the development of a hospital project, and to compare the incidence of these problems in the six regional categories of projects. Although considerable variation occurs when the ranking device is employed, as evidenced by the relatively small difference between the high and low mean ranks, attention to the mean ranks of the regional project categories indicates that the Far West projects tended

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(Cont'd) op. cit., p. 355: "Throughout the cotton belt the county is the most important local governmental unit (in Louisiana it is the parish). The people of all groups are county-conscious, as shown by their customary way of identifying themselves as residents of a particular county; by the fact that the courthouse, which is often the most imposing building in the county, occupies the central position in the county-seat town; and by the public esteem in which county officials are held in most cotton-belt communities." See also L. W. Lancaster, Government in Rural America, D. VanNostrand Co., New York, 1937; and D. G. Bishop and E. E. Starratt, The Structure of Local Government, The National Council for Social Studies, Bulletin 19, Washington, 1945.

TABLE 28

RANK ORDER COMPARISONS OF REGIONAL HOSPITAL PROJECTS BY NON-POLITICAL COMPONENTS

Non-Political Component	Region											
	South-east	South-west	Far West	Middle States	North-west	North-east	South-east	South-west	Far West	Middle States	North-west	North-east
	Percent						Rank Order					
Hospital board or association as sponsoring agent	54	64	39	65	51	63	4	3	6	2	5	1
Sponsoring agent(s) appointed at community meetings	11	20	6	26	40	33	5	4	6	3	1	2
Organizationally specific (sponsoring group sponsored but present activity)	62	60	61	69	60	88	3	6	4	2	5	1
Self employed businessmen and employed managers as active persons	45	52	46	46	56	62	6	3	4	5	2	1
Non-profit association ownership	39	24	17	33	48	88	3	5	6	4	2	1
High personnel on project (76 or more)	23	16	5	38	27	50	4	5	6	2	3	1
						Sum of ranks	25	26	32	18	18	7
						Mean rank	4.16	4.33	5.33	3.00	3.00	1.16

TABLE 29

RANK ORDER OF PROBLEMS MET BY REGIONAL GROUPINGS OF HOSPITAL PROJECTS

Community Organization Problem	Region											
	South-east	South-west	Far West	Middle States	North-west	North-east	South-east	South-west	Far West	Middle States	North-west	North-east
	Percent						Rank Order					
Range of internal problems of sponsoring body	35	40	39	20	40	32	4	1	3	6	2	5
Problems with professionals	4	12	28	7	13	4	5	3	1	4	2	6
Medical doctors	17	12	00	7	13	17	2	4	6	5	3	1
Influentials	44	56	77	29	63	49	5	3	1	6	2	4
Organized groups	11	8	17	12	23	21	5	6	3	4	1	2
High taxes	54	60	72	64	42	21	4	3	1	2	5	6
Disagreement on major policies	4	8	6	2	5	4	4	1	2	6	3	5
Outlying area resistance	14	24	28	29	45	54	6	5	4	3	2	1
Insufficient feeling of need	50	44	55	46	45	54	3	6	1	4	5	2
Inter-municipal conflict	35	28	56	35	65	17	4	5	2	3	1	6
Lack of leadership	31	32	61	27	40	33	5	4	1	6	2	3
					Sum of ranks		47	41	25	50	28	41
					Mean rank		4.26	3.73	2.27	4.54	2.54	3.73

to confront more problems, with the Northwest and Northeast projects following, while the Middle States, Southeast, and Southwest projects experienced relatively less in the way of problems.

The community organization process aims to gain consensus on the part of the people, which may be expressed through vote on a bond issue, or their response through contributions to public financial subscription. In either case the relevance to gaining this consensus of communicating and appealing to the community at large would seem great. Table 30 provides a classification and analysis of communication and appeal to the community. Attention to the mean ranks of the regional categories provides the summary statement that the Northeast and Northwest projects exercised the greatest communication and appeal to the community; the Southwest and Southeast projects the least; and the Far West and Middle States projects an intermediate amount of communication and appeal.

Finally, and to repeat, the success of the hospital project upon its first initiation varied among regional categories of projects. Using the incidence of successful completion after but one campaign as an index, the Far West and Southwest projects had a higher measure of success at first attempt; the Northwest and Northeast projects the least success with one attempt; and the Southeast and Middle States somewhat intermediate.

Reference to Table 31 provides the summary for this chapter. Here are presented the regional rankings on five determinant characteristics of the community organizational process, which represent a synthesis of comparisons presented in previous treatments. For operational purposes,

TABLE 30

RANK ORDER COMPARISONS OF REGIONAL HOSPITAL GROUPINGS
BY COMMUNICATION MEDIA AND APPEALS

Media and Appeals	Region											
	South-east	South-west	Far West	Middle States	North-west	North-east	South-east	South-west	Far West	Middle States	North-west	North-east
	Percent						Rank Order					
Media												
News articles	75	84	89	95	95	92	6	5	4	2	1	3
Personal contact	63	84	78	81	93	96	6	3	5	4	2	1
Speeches to organized groups	52	52	99	78	68	92	6	5	2	3	4	1
Housebills and posters	21	00	39	46	53	29	5	6	3	2	1	4
Radio talks	21	24	16	14	5	25	3	2	4	5	6	1
Motion pictures	6	00	6	12	2	13	4	6	3	2	5	1
Appeals												
Community oriented	152	148	155	147	152	150	2	5	1	6	3	4
Personal oriented	69	84	62	100	108	171	5	4	6	3	2	1
					Sum of ranks		37	36	28	27	24	16
					Mean rank		4.63	4.50	3.50	3.37	3.0	2.0

TABLE 31

SUMMARY OF REGIONAL HOSPITAL PROJECT RANKINGS

Composite Characteristic	Ranking					
	High		Moderate		Low	
Political components	Southwest 2.00	Southeast 2.33	Middle States 2.83	Far West 3.50	Northwest 4.33	Northeast 6.00
Non-political components	Northeast 1.16	Northwest 3.00	Middle States 3.00	Southeast 4.16	Southwest 4.33	Far West 5.33
Problems encountered	Far West 2.27	Northwest 2.54	Northeast 3.73	Southwest 3.73	Southeast 4.28	Middle States 4.54
Use of media and appeals	Northeast 2.00	Northwest 3.00	Middle States 3.37	Far West 3.50	Southwest 4.50	Southeast 4.63
Success after one campaign	Far West 1.00	Southwest 2.00	Southeast 3.00	Middle States 4.00	Northeast 5.00	Northwest 6.00

the two highest rankings are termed "high"; the middle two rankings are termed "moderate," and the two lowest rankings are termed "low." Each regional category is listed in order of its rank. This ordering of the regional categories makes possible the derivation of a community organization profile that is assumed to be relevant to sharpening the approach to the case study analysis.

Regional community organization profiles. The Southwest hospital projects exhibited the greatest formal political characteristic, low on non-political components, moderate problems encountered, low communication and appeals to the community, and relatively great success after but one campaign.

The Southeast hospital projects are likewise high in formal political characteristics, moderate in non-political components, low on problems encountered, low on communication and appeal to the respective community, and moderate as to the success after but one campaign.

The Northeast hospital projects are lowest in political content, highest in non-political content, encountered moderate problems, highest in communication and appeal to the community, but had low success in completing the project development after one campaign.

The Northwest hospital projects appear to be somewhat similar to those in the Northeast. They are low in political content, high in non-political content, high in problems encountered, high in the extent of communication and appeal to the community, and lowest in their success with but one campaign in the hospital project.

The Middle States projects are moderate in political content, moderate in non-political content, low on problems encountered, moderate in the extent of communication and appeal, and moderate in success after but one campaign.

The Far West projects are moderate in political component, lowest in non-political component,[14] highest in the incidence of problems encountered, moderate in the use of communication and appeal to the community, but with the greatest success after but one campaign.

Conclusions. This ordering of data regarding the community organizational setting for the development of small community hospitals provides the following tentative conclusions.

1. The Northeast and Northwest projects are generally similar in their community organizational settings.

The most pertinent characteristic of this grouping is that the projects have been most independent of formal political identification, but have developed the projects largely through community oriented hospital associations and boards. In addition to the lack of political content this grouping of projects encountered a relatively high incidence of problems in developing the hospital, but employed a greater use of communication and appeal to the community. In spite of this profile of activity, however, they were least successful in accomplishing the aim of the hospital project in but one campaign.

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[14]The Far West inconsistency at this point may possibly be explained by the hospital district device, which is specialized and organizationally specific in a similar way to the hospital board or association, but has the added mandate of political authority over matters pertaining to the development and administration of hospitals.

2. The Southwest and Southeast projects are generally similar in their community organizational settings.

This grouping of projects is conversely contrasted with the Northeast-Northwest grouping above, in that they are highest in political content, encountered relatively few problems, and were not inclined to great use of communication and appeal to the community. In spite of this profile of reduced activity, however, they were relatively successful in accomplishing the aim of the hospital project in but one campaign.

3. The Middle States and Far West projects fluctuate in community organizational settings.

This grouping represents combinations of political and non-political content, considerable variation in problems encountered (the Far West highest, the Middle States lowest), and the measure of success with one campaign (the Far West highest, the Middle States moderate). Thus, it would seem that the pattern of standardized community organizational approaches is more varied in these two regional groupings of hospital projects.

4. The Middle States projects tend to group with the Northeast and Northwest projects; while the Far West projects tend to group with those of the Southwest and Southeast.

The exceptions here are concerned with the incidence of problems met, the Far West being even higher than the Northeast and Northwest projects, and the Middle States being even lower than the Southeast and Southwest.

5. As the political content of regional groupings of projects increases, the problems of a community organizational kind diminish, the use of communication media and appeals decreases, but initial success with one campaign is greater.

This constitutes an empirical conclusion of the chapter. If it may be assumed that a high formal political content manifests a decision-making process functioning on the capacity of authority the evidence suggests that this pattern is somewhat more decisive in accomplishing the hospital goal, although participation is less on the part of local people, and the attention to communicating and appealing to the community in terms of the project is less.

If it may be assumed that a low formal political content in community organization relates to decision-making functioning on the capacity of influence the evidence suggests that the influential pattern is somewhat less decisive in accomplishing the hospital goal, although participation is greater on the part of local people, and the attention to communicating and appealing to the community in terms of the project is relatively greater.

CHAPTER FOUR

CHAPTER FOUR

SELECTED DIFFERENCES IN POLITICALLY AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

The previous chapter treated certain differences in the community organizational settings of regional groupings of hospital projects. Not only did this presentation attempt to delimit similarities and dissimilarities between certain regional groupings, but to emphasize the relationship of politically oriented projects, based on their incidence in various regions, to problems encountered in the community process, the extent of communication and appeal to the community, and the subsequent success of the hospital venture measured by the accomplishment after one campaign.

The purpose of the present chapter is to briefly pursue the conclusions of the previous chapter in a further analysis of political and non-political content in hospital projects, with the continuing assumption that the presence of political components manifests in a decision-making process functioning on the capacity of authority. The present analysis removes the intervening variables of regions and community situation, and refers only to formal political or non-political content.

To accomplish the purpose attention will be given to those projects of the 218 reporting projects that were primarily sponsored by an official local governing body, either county or municipal, and to those projects that were sponsored by some other form of agency, largely hospital boards and associations. Forty-six of the 218 reporting projects were sponsored

by either a county or municipal political body. This analysis is also concerned with 126 projects that reported no form of political sponsorship whatsoever. These two classifications account for 172 of the 218 reporting projects, the remaining 46 projects having reported no sponsoring body at all and, if reported, was not identifiable in the political or non-political classifications. In this way, the two groups of projects of interest in this chapter constitute (1) 46 projects of primarily political body sponsorship, and (2) 126 projects of known sponsorship other than political.

In the interests of brevity and analysis the complete sequence of events for the political and non-political projects will not be treated. The purpose of this chapter is to strengthen or refute the findings of the previous chapter, rather than describe the community organizational settings of politically and non-politically sponsored projects. In Chapter Three the conclusion of the chapter was that as the political content of regional groupings of projects increases, the problems of community organization diminish, the use of communication media and appeals to the community decrease, but initial success with one campaign is greater. This conclusion refers to the incidence of political components in regional groupings of projects. Thus, the problem of this chapter becomes that of determining if the political factor alone is related to the same occurrences; for, if it is not, then unknown variables without the scope of this study must be associated within the various regions to account for the consistencies elaborated in the last chapter.

Political and Non-Political Sponsorship

Political components. Four criteria are employed as indicators of the formal political content for the 46 politically sponsored projects and the 126 non-politically sponsored projects, namely, the selection of members to the sponsoring body by the appointment of local officials, the type of fund raising method, as the bond issue, employed, the resulting form of ownership for the hospital, and the extent of personnel reported actively involved as participants in the project.

Reference to Table 32 will demonstrate certain marked differences between the politically and non-politically sponsored projects. Almost one-half of the former obtained members of sponsoring and operating groups by the appointment of local officials, while but one in five of the non-politically sponsored projects employed this device. In regard to the method of fund raising, the 46 politically sponsored projects employed, to the extent of 63 per cent, the bond issue as the predominant method. The non-politically sponsored projects employed this method only to the extent of 30 per cent of the projects, the other method being almost entirely that of the voluntary public subscription plan.

The resulting ownership of the hospital is assumed to grow from the form of arrangements by which it was achieved. Using county or municipal ownership as a political component, continued reference to Table 32 will show a wide variation in the incidence of such ownership in the two classifications of projects. More than eight in ten of the politically sponsored group resulted in this form of ownership, while four in ten of the non-politically sponsored group so reported. Finally, in regard to personnel in the project, little difference is demonstrated.

TABLE 32

POLITICAL COMPONENTS IN POLITICALLY SPONSORED AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

Political Component	Sponsorship Type	
	Politically Sponsored	Non-Politically Sponsored
	Percent	Percent
Members of sponsoring and/or operating body appointed by local officials	49	20
Bond issue as fund raising method	63	30
County or municipal hospital ownership	81	41
Low personnel in project (10 or less)	12	13
Total percent	205	104
Total number	46	126

In sum, it would appear that the politically sponsored hospital project has linked other components of a strong political nature. Thus, if official governing bodies in local counties or municipalities play predominant sponsoring roles, then certain community organizational features which follow will be weighted toward legally mandated and otherwise politically oriented forms.

Non-political components. Reference to Table 33 will provide a summary of selected components which represent the converse of the former, namely, the non-political content of the process of obtaining hospitals. For this comparison of the 46 politically sponsored projects and the 126

non-politically sponsored, four items are employed to illustrate and indicate the non-political content. These are the securing of sponsoring body members by election at community meetings, the degree of organizational specificity of the sponsoring body, the extent to which ownership of the hospital was vested in the community through non-profit hospital associations, and the incidence of personnel responsibly involved in the hospital project.

TABLE 33

NON-POLITICAL COMPONENTS IN POLITICALLY SPONSORED AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

Non-Political Component	Sponsorship Type	
	Politically Sponsored	Non-Politically Sponsored
	Percent	Percent
Members of sponsoring body elected at community meetings	9	31
Organizationally specific (sponsoring group sponsored but present activity)	33	63
Ownership by non-profit association	14	54
High personnel in project (76 or more)	14	32
Total percent	70	200
Total number	46	126

It should be noted from Table 33 that sponsoring body members were selected to quite different extents by the method of election at community meetings. But nine per cent of the politically sponsored projects employed

this method, while 31 per cent of the non-politically sponsored projects reported this method. Although not included in the table, it could be further added that, in regard to the method of appointment by community associations, again but seven per cent of the politically sponsored projects employed the method, as compared with 19 per cent of the non-politically sponsored.

As summarized in the previous chapter, the assumption is held that given a non-political content in the community organizational process, sponsoring bodies would be expected to be organizationally and functionally specific. Using this item as an indicator of non-political content, reference to Table 33 demonstrates the higher degree of specificity on the part of the non-political projects. For the politically sponsored projects, 33 per cent reported an organizational specificity, while 83 per cent of the non-politically sponsored projects so reported.

Resulting ownership of the hospital, using non-profit associations as an indicator of or component of non-political content, varies widely in the two classifications of projects. As found in Table 33, 14 per cent of the politically sponsored group resulted in this form of ownership, while 54 per cent of the non-politically sponsored group so reported.

The presence of large numbers of persons reported in responsible participation in the hospital project is operationally defined as 76 or more participants active in the campaign stage. It will be noted from Table 33 that the non-politically sponsored projects reported more commonly this highest category of participating persons, or 32 per cent of the projects. For the politically sponsored projects, but 14 per cent of

projects were characterized by this high a number of responsibly participating individuals.

In sum, the occurrence of a hospital project with a non-political type of sponsorship, but instead an organizationally specific and community oriented type, tends to follow with other characteristics which suggest a community organizational setting and process diffused throughout the community rather than focused in an institutionalized and generalized authority pattern.

Problems encountered. Reference to Table 34 provides a summary of problems met by hospital projects in the development of community organizational procedures. Although not necessary to treat each of them independently, attention should be directed to three summary conclusions that follow from these problems classified on the basis of political or non-political sponsorship. First of all, certain problems do not vary at all between the two groups of projects. This seems to be true of internal problems met by sponsoring bodies, dealing with interpersonal relationships between members of the sponsoring group. One problem showing a similar incidence in both groups of projects is the resistance from medical doctors.

A second conclusion is that concerning two problems, the incidence of which is greater in the politically sponsored projects than in the non-politically sponsored. These problems are those of resistance and opposition through fears of higher taxes, and conflicts between municipalities included in the proposed hospital service area. In the case of the former, it should be remembered that the politically sponsored projects tended to employ bond issues as a fund raising method, meaning that the issue of

TABLE 34

PROBLEMS ENCOUNTERED BY POLITICALLY SPONSORED AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

Community Organizational Problem	Sponsorship Type: Politically Sponsored Percent	Sponsorship Type: Non-Politically Sponsored Percent
Range of internal problems of sponsoring body	35	34
Problems with professionals	2	10
Opposition of medical doctors	9	10
Opposition of influentials	35	52
Opposition of organized groups	12	16
High taxes	65	45
Disagreement on major policies	2	5
Resistance of outlying area	19	28
Insufficient feeling of need	28	47
Inter-municipal conflict	53	39
Lack of "leadership"	32	37
Total percent	292	323
Total number	46	126

threatened taxes would be of greater relevance. Inter-municipal conflict would be expected to occur in those projects designed for larger service areas, such as the county, which is characteristic of the projects possessing political bodies as sponsors.

The third conclusion regarding problems encountered is that other selected problems consistently indicate that the politically sponsored projects experienced less of them, the non-political projects more. These problems are those of difficulty with professionals (excluding medical doctors), influentials in the community, organized groups, outlying area resistance, insufficient concern and interest on the part of local people, disagreement on major policies, and the lack of experienced "leadership."

From this summary may be derived, in part, an explanation of the fluctuations that occur in an analysis of regional problems treated in the previous chapter. Although most problems tend in the same direction, namely, that the politically sponsored projects in the main report less problems, certain community organizational difficulties appear to be uniquely associated with the over-all community organizational plan. The best example here is the linkage between the political body as a sponsor, the bond issue as a fund raising device, and the relatively extensive opposition because of threat of high taxes.

Communication and appeal. Reference to Table 35 will demonstrate the usually more extensive use of communication media and appeals to the community by the non-politically sponsored projects. With the exception of radio talks, news articles, personal contact, speeches to organized groups, house bills and posters, and motion pictures were all used more extensively by the non-political sponsored projects.

As to the matter of appeals, both community and personal oriented appeals are employed more extensively by the non-political sponsored

group of projects. The total percentage figure employed in Table 35 is a composite percentage incidence of the use of appeals by the two groups of projects. Cognizance may be taken of the relatively greater total use of personal appeals by the non-politically sponsored projects as compared with the politically sponsored group.

Campaign success. As found in a previous chapter, the politically sponsored project appears to be more decisive, in that the success of the venture occurs more frequently after but one intensive campaign to raise funds for hospital construction. Reference to Table 36 indicates that seven in ten projects sponsored by a county or municipal political body were successfully completed after one campaign. Five in ten of those projects sponsored by some form of association or council, and non-political in the formal sense, achieved success after one campaign. It should be noted further that more than four in ten of the non-politically sponsored groups were confronted with two, three, or four campaigns, while two in ten of the politically sponsored category conducted this number of campaigns.

In sum, the politically sponsored hospital project more usually achieves success after one campaign, although communication and appeal to the community are less, and with a generally smaller incidence of community organizational problems. Of even greater significance is the consideration of the uniquely important problem of threatened high taxes encountered by the politically sponsored projects. Even though this problem, being relevant to the bond issue, is high in the politically sponsored projects, communication and appeal to the community are less, but success with one attempt is greater.

TABLE 35

COMMUNICATION MEDIA AND APPEALS EMPLOYED BY POLITICALLY SPONSORED AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

Communication Media and Appeals	Sponsorship Type	
	Politically Sponsored	Non-Politically Sponsored
	Percent	Percent
Media		
News articles	72	92
Personal contact	70	83
Speeches to organized groups	39	69
House bills and posters	16	35
Radio talks	16	16
Motion pictures	--	8
Appeals		
Community oriented	139*	166*
Personal oriented	74*	129*
Total percent**	426	598
Total number	46	126

*Represents total cumulative percentage figures of the incidence of reported use of communication media and appeals.

**Represents total cumulative percentage figures expressing the total reported incidence of the use of communication media and appeals.

TABLE 36

REQUIRED NUMBER OF CAMPAIGNS IN POLITICALLY SPONSORED AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS

	Sponsorship Type	
	Politically Sponsored	Non-Politically Sponsored
Campaigns Held	Percent	Percent
One campaign	70	51
Two campaigns	14	25
Three campaigns	2	12
Four campaigns	2	6
No reply	12	6
Total percent	100	100
Total number	46	126

Politically and Non-Politically Sponsored Projects in the Southeast Region

To this point an attempt has been made to compare the variations in political and non-political components in regional groupings of hospital projects, and to ascertain independently the effect of political components as compared with non-political components. One last question suggests itself as important. This deals with the differences, and resulting implications, that may occur with the political and non-political comparison <u>within</u> a particular regional grouping. Certain alternative expectations might follow from the theoretical assumptions derived in the previous chapter, becoming, in this sense, hypotheses. For instance, do

the implications of political and non-political components follow within one region; for, if they do not follow, other variables within the region must account for the regularities found in the previous chapter. Another expectation might be that although the same differences as treated previously occur between politically sponsored and non-politically sponsored projects within a region, that the general social and cultural orientation of the region would tend to reduce the differences. Hence, the hypothesis would be that differences resulting in politically and non-politically sponsored projects in the Southeast, say, would tend to be reduced by the regional influence, so that the non-politically sponsored projects would not compare in characteristics with the highly non-political projects of the Northeast.

Although a full analysis will not be made, certain selected items will be commented on to indicate what kind of differences occur when political and non-political components are considered within the same regional context. At each point comparisons will be made with the total number of 24 projects in the Northeast, which are as previously discussed, relatively non-political in nature. The Southeast region will be employed largely because of sufficient projects available to provide a political and non-political tabulation. For the 52 projects reporting from the Southeast, 18 projects were sponsored by a local governing body, and 34 projects were sponsored by some other form of association or council.

Political components. Reference to Table 37 provides a comparison on two political components of the two groups of projects in the Southeast and all of the projects in the Northeast. As to the matter of member selection to sponsoring or operating groups for the hospital project,

note should be taken of the high incidence of local official appointment in the politically sponsored projects in the Southeast, the relatively lower use of this method by the non-politically sponsored projects in that region, and the almost negligible use of the method by the Northeast projects (56 per cent, 23 per cent, and 8 per cent, respectively). In sum, the non-politically sponsored group in the Southeast fall in the middle as to the use of official appointments.

A second reference should be made to another political component, the extent to which final ownership of the hospital rested with a county or municipal governmental body, or in specific non-profit hospital associations. Continued attention to Table 37 indicates the same relationship as found in the above component. Seventy-eight per cent of the politically sponsored group in the Southeast reported ownership by county or municipality, 35 per cent of the non-politically sponsored Southeast projects, and but 12 per cent of the Northeast projects. Again, the non-politically sponsored projects of the Southeast fall in the middle.

Non-political components. Table 37 also includes two selected components employed throughout as indicators of non-political content. The first deals with the extent to which members of sponsoring or operating groups were elected at community meetings, and the extent of ownership by a non-political group such as the non-profit hospital association. It is here that the incidence of each component falls in inverse fashion as compared with the political components, but the same occurrence as the above is true, the non-politically sponsored projects of the Southeast are intermediate when compared with the politically sponsored Southeast projects and the projects of the Northeast. Six per cent of

TABLE 37

POLITICALLY AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS IN THE SOUTHEAST COMPARED WITH THE NORTHEAST PROJECTS BY POLITICAL AND NON-POLITICAL COMPONENTS

Component	Southeast		Northeast
	Politically Sponsored	Non-Politically Sponsored	Non-Politically Sponsored
	Percent	Percent	Percent
Political			
Members of sponsoring or operating body appointed by local officials	56	23	8
Ownership by county or municipality	78	35	12
Non-Political			
Members of sponsoring or operating body appointed at community meetings	6	15	33
Ownership by non-profit association	11	50	88
Total number	18	34	24

the politically sponsored Southeast projects employed the community type of selection, 15 per cent for the non-politically sponsored group in the Southeast, and 33 per cent of the Northeast projects.

The same relationship is true when the matter of hospital ownership by non-profit association is considered. Eleven per cent of the politically sponsored projects in the Southeast resulted in this form of ownership; 50 per cent of the non-politically sponsored projects; but 88 per cent of the Northeast projects. Again it is seen that political sponsorship

accounts for some difference within the region, but apparently the total regional orientation reduces the difference as compared with the relatively high non-political content of the Northeast projects.

Problems. Throughout the analysis of this and previous chapters, the matter of community organizational problems met by hospital projects has not been consistent. Inconsistent fluctuations occurred between regions and between political and non-political projects. Reference to Table 38, treating three selected items, will demonstrate that the problem of resistance or opposition over threat of high taxes was greatest in the politically sponsored Southeast projects (67 per cent), next in importance in the non-politically sponsored Southeast projects (47 per cent), and least great in the Northeast projects (21 per cent). Little difference occurs in those problems encountered with professionals and medical doctors, with the exception that the politically sponsored Southeast projects report a lack of problems with professionals (non-physicians).

Communication media and appeals. Reference to Table 39 provides comparisons on selected media employed by the two types of hospital projects by the Southeast, and by the Northeast projects. Generally, the same relationship occurs as found in previous items or components. The Southeast politically sponsored group is lowest in use of such media as news articles, speeches to organized groups, radio talks, and motion pictures. On the use of these particular media, the non-politically sponsored Southeast projects are intermediate, and the incidence of their use among the Northeast projects is greatest. Although the Northeast projects report a higher incidence of other communication media, the politically

TABLE 38

POLITICALLY AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS IN THE SOUTHEAST COMPARED WITH THE NORTHEAST PROJECTS BY COMMUNITY ORGANIZATIONAL PROBLEMS

Organizational Problem	Southeast		Northeast
	Politically Sponsored	Non-Politically Sponsored	Non-Politically Sponsored
	Percent	Percent	Percent
Threat of high taxes	67	47	21
Opposition of professionals (non-physicians)	--	6	4
Opposition of medical doctors	16	18	17
Total number	18	34	24

sponsored projects in the Southeast tend to report a higher incidence than the non-politically sponsored group of such media as personal contact (face to face discussion), house bills, and posters.

Summary

The purpose of this chapter has been that of validating the concern with the political content of regional groupings of projects treated in a previous chapter, and through such validation to insure the feasibility of ordering political and non-political components as distinctions in regional projects as a manifestation of processes of decision-making functioning either on authority or influence to the matter of authority and influence content. By comparing politically sponsored projects with non-politically sponsored projects, the following profile resulted:

TABLE 39

POLITICALLY AND NON-POLITICALLY SPONSORED HOSPITAL PROJECTS IN THE SOUTHEAST COMPARED WITH THE NORTHEAST PROJECTS BY COMMUNICATION MEDIA

Communication Media	Southeast		Northeast
	Politically Sponsored	Non-Politically Sponsored	Non-Politically Sponsored
	Percent	Percent	Percent
News articles	67	79	92
Personal contact	67	62	96
Speeches to organized groups	33	56	92
House bills and posters	28	18	29
Radio talks	17	24	25
Motion pictures	--	9	13
Total number	18	34	24

political sponsored projects tend (1) to be linked with other political components; (2) to lack non-political components; (3) to experience generally fewer problems; (4) to appeal less to the community, as evidenced by the reported use of communication media and appeals; (5) but to have experienced relatively greater success of accomplishment after one campaign. This politically sponsored profile relates to assumptions and explanations derived in the previous chapter, which follow from a theoretical frame that postulates authority and influence as two major, and conceptually distinct, capacities for decision-making. Briefly the politically sponsored profile would seem to relate to the capacity, within the respective

community, of authority for such matters as hospital developments, so that the participation of civil officials as decision-makers results in less concern with the reactions of the community at large, less necessity in communicating to the total community, and through rights posited in political offices promulgate decisions to which the community at large has less opportunity for recourse. All this would be logically related to decisiveness in the hospital project, with accompanying greater odds for success at first attempt.

The non-political sponsored profile is somewhat different. Here the process would seem to have vested in it specialized participation and organizational arrangements, in which persons selected with specific qualifications function. This, then, would be logically assumed to be a profile of influence components rather than authority in the formal political sense. In this profile, non-political sponsorship is linked with other non-political components, (1) a low incidence of political components occur; (2) a greater range and incidence of problems are met; (3) a relatively greater use of communication media and appeals to the community occurs; but (4) a reduced success results, or the odds are less of full accomplishment with one campaign.

Related to this profile would seem to be patterns of participation and community organizational arrangements not having their locus in the local political government. Instead, specific groups and other arrangements are operated by individuals selected through varied means. Also, the non-politically sponsored profile has associated with it community organizational arrangements, in which the authoritative

rights of office are not only narrowly circumscribed in terms of hospitals, but are immediate and temporary. The lack of expected and structured rights of office undoubtedly relates to both the higher incidence of problems encountered and the relatively lower measure of success.

Some comments of this chapter have been directed to the effect of the region itself. Although the incidence of political components provokes one profile, non-political components another, within the region, the differences do not appear as distinct as they do when profiles are compared between regional groupings of projects. Hence, the non-politically sponsored project of the Southeast is not quite the same project as the non-politically sponsored one of the Northeast, although they tend in the same direction.

CHAPTER FIVE

CHAPTER FIVE

SPONSORING GROUPS AND PRACTICES

This chapter deals with a more detailed treatment of the patterns of sponsorship and related practices. This treatment will constitute the application of five community situational factors which constitute a second dimension (the first was region) of the working hypothesis, namely, that varying community situations subsumed under the intervening variable of region will be among the determinate factors in differing community organizational settings and decision-making processes incorporated within the settings. The exclusive concern with sponsorship, rather than a wider range of community organizational events, is based on the assumption that the pattern of sponsorship, its associated practices, and the structure of sponsorship--all form the major nexus for the decision-making process.[1]

An earlier chapter has summarized the prevailing types of sponsorship for the 218 reporting hospital projects. Most important was that of previously or newly established hospital boards and associations. Following was sponsorship by local governing bodies and civil officials, and next, community citizens councils and health councils. As described earlier, the roles of sponsorship for small hospitals have been largely taken by men rather than women, hospital sponsorship tends to be

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[1]This major nexus could be likened to the "arena" of power as, for example, in H. D. Lasswell and A. Kaplan, op. cit., p. 78: "The arena of power is the situation comprised by those who demand power or who are within the domain of power."

organizationally specific, and the major problems of sponsorship were generally related to expected financial difficulties, or public images of financial difficulties upon the advent of the operating hospital in the community.

Community situational factors. Five factors are assumed to have a bearing on the sponsorship patterns and practices related to the development of small community hospitals. The first is that of the "area of use" for which the hospital is planned, in that the presence and extent of multiple subgroupings in the service area, i. e., villages, cities, single or multiple counties, all lead to complexities and variations in planning and obtaining consensus for the hospital project. Attention should be directed at this point to the earlier discussions of the problems that arise when the hospital project is oriented to a multiplicity of cities, villages, or counties.[2]

The second factor is that of the "extent of need" which existed in the community (the hospital service community) at the time of project initiation.[3] This situational factor has to do with the "state of readiness" for a hospital in the community, and with the assumption that the community of high hospital need differs, at the vantage point

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[2]"Area of use" for the hospital projects refers to a village, town (municipality), or city only; or a village, town, or city and surrounding trade area; or several villages and their surrounding trade areas; or a single county; or more than one county.

[3]"Extent of need" for the hospital projects refers to the ratio of needed hospital beds to available hospital beds, high need being considered as less than 19 per cent of need met; moderate need, 20-39 per cent of need met; and low need, 40 per cent or more of need met.

of the decision-making process, from the community exhibiting low need for a hospital.

The third factor is that of the "extent of rurality" of the service community.[4] As earlier treatment has summarized the tentative conclusion that the community organizational plan for the hospital project is closely related to the town or municipality serving as the site for the hospital. Thus it would seem that varying proportions of rural population in the service community for the hospital would evoke differences in the decision-making process, since, by definition, those to whom the decisions apply also participate in the decision-making process.

The fourth factor is that of the "economic base" for the hospital service community, with the assumption that the wealth of the community may have an effect on the organization of sponsorship and the problems with which sponsoring bodies must deal.[5] Earlier discussion emphasized the preponderance of financial difficulties met by sponsoring bodies of hospital projects.

The fifth factor is that of the "extent of total population" in the hospital service community.[6] This is assumed to have an influence on all aspects of community process in that a large total population may lead

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[4] "Extent of rurality" refers to the proportion of the hospital service area that is rural, low rurality being considered as 69 per cent or less rural population; moderate rurality, 70-89 per cent; high rurality, 90 per cent or over.

[5] "Economic base" for the hospital projects refers to the per capita income of the hospital service area; low economic base, less than $599; moderate economic base, $600-$999; high economic base, $1,000 or more.

[6] "Total population" refers to the total population in the hospital service area; low population, less than 19,000; moderate, 20,000-39,000; high, more than 39,000 population.

to complexities in organization, communication, and appeal which the small population may not.

I. Patterns of Sponsorship

A. Hospital Boards and Associations

Rurality. Previously or newly established hospital boards and associations were the most common sponsoring groups for hospital projects. Many such hospital boards came into existence and functioned before the hospital was actually operating. In other cases, a hospital association or board was present because of an already operating hospital facility.[7] Hospital boards and associations tend to be reported as sponsoring groups more largely in moderately rural situations. Fifty-seven per cent of the low rural projects had such a form of sponsorship, 56 per cent of the high rural projects, but 69 per cent of the moderately rural situations had it. One explanation of this occurrence is that moderately rural communities would tend to have already small hospitals and related boards, sometimes privately operated. In other instances they may have converted houses and other hospital facilities judged to be inadequate by the community. The very rural situations would tend to have a lack of hospital facilities and thus less frequently previously established hospital boards and associations to sponsor the plans for a new hospital.

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[7]See H. J. Southmayd and G. Smith, Small Community Hospitals, The Commonwealth Fund, New York, 1944. They state: "The board of directors is the visible embodiment of the community's control over its own hospital." (p. 51). See also J. W. Mountin, E. H. Pennell, K. Pearson, "Hospitals in the South," Southern Medical Journal, Vol. 33, pp. 402-411, April, 1940; J. W. Mountin, E. H. Pennell, and E. Flook, Hospital Facilities in the United States: I, Selected Characteristics of Hospital Facilities in 1936, U. S. Public Health Service Bulletin 243, Government Printing Office, 1938.

Economic base. Hospital boards and associations tended to occur more frequently in the more wealthy service communities. Seventy per cent of the service communities with a high income base have been sponsored by a hospital board and/or association; as against 57 per cent of those projects that fell within the low income category. Again it is likely that the more wealthy service communities enjoyed some form of already operating hospital facilities, leading to the continuation of the existing board or association as the sponsoring group.

Total population. The employment of previously existing or newly formed hospital boards and associations as sponsoring groups for hospital projects tends to increase as the total population increases in the hospital service area. This is but a slight tendency, in that 60 per cent of the low population service communities were sponsored by associations and boards, and 66 per cent of the high population communities were so characterized.

Hospital need. The incidence of hospital boards and associations as hospital project sponsors is slightly related inversely to the extent of need for a hospital. Fifty-four per cent of the high need projects reported such sponsorship, while 68 per cent of the low need projects were characterized by association or board sponsorship.

Area of use. In some instances hospital projects have been concerned with more than one municipality, or village or town, and with more than one county. In such instances of multiple town projects, official sponsorship has varied little between single town or village units and the multiple combinations. In both instances, eight out of ten projects were

sponsored by either a hospital association or board. However, the principal difference occurs between the village or town as the principal unit and that of the county or combination of counties. Only three in ten of the single county projects reported an association or board as the sponsoring group, and four in ten of the multiple county projects so reported. Generally speaking, acquiring a hospital is a formal type of local activity, which includes the constant problem of acquiring sufficient funds for construction. The singular nature of the task seems to lead to sponsoring groups that are specifically formed and named in terms of health and hospitals. The exception to specifically organized sponsoring groups seems to be related to those projects having multiple administrative units, in which case sponsorship moves more in the direction of political sponsorship.

Case studies. In one of the five case studies, in which a prolonged expression of need had occurred, it was found that an important existing organization, such as the locally important Lions Club, refused to accept the official sponsorship. Although this service organization supported and promoted the project, the feeling prevailed in the community that a specific committee should be appointed to assume charge of the development. This committee, first termed a hospital building committee, later became a hospital board after the event of the Hill-Burton legislation.

In the five hospital case studies it was found that hospital boards were actually related in an important way to all of them. In four out of the five cases, the hospital board was the official sponsoring agent within the community. This was true of those projects studied in the

Northeast, Middle States, Northwest, and Far West areas. In the Northeast project the hospital board of an already established small hospital became the official sponsoring group for the new development. In the Middle States project, where no previous hospital existed, a hospital board was an outgrowth of negotiations and eventual support by the county governing body. In the Northwest project, where a small private hospital was in operation, an entirely new hospital board was formed through appointment by county officials.

In the Far West project, the first step in sponsorship was the creation of a county hospital district, the directors of which were in effect the hospital board and eventually the sponsoring group for the hospital project. It was in the Southeast project that a hospital committee was appointed by the probate judge after initiation by the County Farm Bureau. This committee served as the central promotional group but it was actually the Probate Judge and the offices of the county governing body that were the sponsors for the hospital. Later, after the hospital was constructed, some of the committee members were re-formed by the county governing body as the official operating board of the hospital. Although such specific organizations as boards and associations were associated with hospital sponsorship there are subtle differences in the functions which they carry out in developing the hospital project.

It should not be inferred that such constituted groups as hospital boards serve as day by day leaders in the community process. There is a real difference between a group which, both in the image of the public and outside agencies, assumes the responsibility as legal and official

sponsors and those persons within and without this board who initiate and innovate in securing community support for the entire project. For instance, in one case study, two members of the board of an old hospital decided it was time to initiate action toward a new one. These two, acting as individuals, made arrangements with a professional fund raiser, informally consulted influential persons within the community--all of this completed before the hospital board as a total group was aware that plans were being considered within the community.

In another case study, although a newly formed hospital board was organized at the initiation of the project, certain influentials in the community, not members of the board, continued to play decisive roles in the project and actually stood ready to constantly observe the operations of the board and to take every opportunity of contacting individual members regarding the policies that the board was attempting to establish. In still another case study, the hospital committee, later reorganized into a board, served the very real function of committing the important men of the county to the hospital project.

B. Political Governing Bodies

Political or civil governing bodies may be ranked next in importance as the centrally important sponsoring groups for the 216 reporting hospital projects. As stated previously, the Southeast and Southwest regions reported a greater incidence of political sponsorship than in other regional areas.

Rurality. The participation of political bodies tended to increase in the more rural situations. Approximately ten per cent of the least

rural service communities reported either a county or town political body as the sponsoring agent, 22 per cent of the moderate rural situations, and almost 26 per cent of the most rural service communities. Since rural communities face a relatively greater financial problem, it would seem that a tendency should occur for hospital projects, in removing uncertainties, to more heavily rely upon official governing groups with the authority to levy bond issues and arrange for other forms of legal support.[8]

Economic base. The extent of sponsorship by local governing bodies increased with the lower per capita income service communities. Thirty-four per cent of the low income communities reported this form of sponsorship, 21 per cent of the moderate income situations, and ten per cent of the high income service communities exhibited some form of county or municipal governing body sponsorship. This relationship is similar to that expressed by the factor of rurality.

Total population. Projects with service communities having a low total population were more generally sponsored by local governing bodies. For those projects in the lowest bracket of total population, 23 per cent were sponsored in this way. For the moderate total population group, 16 per cent were sponsored by some form of political group; and for the highest bracket of total population, approximately 21 per cent. Some variation occurred when county or town governing groups were separated. For instance, the low population projects were politically sponsored in

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[8]Fifty-three per cent of the least rural situations were in the highest income index bracket, as compared with 19 per cent of the most rural situations.

15 per cent of the cases by a county governing body, and ten per cent of the high population projects. It was the high population projects that reported the greatest incidence of sponsorship by town or municipal sponsorship.

Hospital need. Little relationship was found between the extent of need for the hospital and the incidence of sponsorship by local governing bodies. Twenty-two per cent of the high need projects reported this form of sponsorship, and likewise 23 per cent of the low need projects so reported.

Area of use. Political body sponsorship coincides more largely with those projects that planned county hospitals. For the projects oriented to a service community that was reported as a single village, town, or city, 22 per cent had been sponsored by a town, or municipal governing body, and none reported county governing bodies as sponsors. However, the single county ventures reported county governing groups to the extent of 21 per cent, and town or municipal groups, five per cent. Multiple county projects reported sponsorship to the extent of 12 per cent for county governing groups, 12 per cent for town or municipal groups. In this way the limitations of the hospital service area to a political boundary would seem to insure an increased participation of political bodies in the roles of sponsoring agents.

Summary and case studies. The foregoing evidence suggests that the more rural, less wealthy, less heavily populated communities, together with the limitation of the service area to political boundaries (especially the county), all tend to increase the reliance on civil or political governing groups as sponsoring bodies.

This combination of factors is associated more commonly with the Southeast and Southwest regions than any other, and constitutes an example of the manner in which a constellation of community situational factors are subsumed under the more general integrating and intervening variable of region. In these same regions of the United States the functions of the Probate Judge and other members of county government appear to be centrally important in activities of a county-wide nature.[9]

In the case study for the Southeast, practically all of the community respondents interviewed agreed that the Probate Judge had to be reckoned with in matters of this sort. Indeed, as the evidence indicates, the

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[9]See C. P. Loomis and J. A. Beegle, op. cit., p. 286, who state: "The class structure of the South permits and encourages landlords to hold office in county governments, and these officials play important roles in preserving the class-caste system." See also, C. C. Taylor, et al., op. cit., pp. 484-485; L. L. Lancaster, op. cit., D. G. Bishop and E. E. Starrat, op. cit., and K. A. Bosworth, op. cit., pp. 17 and 18, who states in reference to the cotton belt county studied: "When the present Probate Judge was elected he told the other members of the Commissioners' Court that he wished to exercise leadership in their affairs and to be allowed a de facto veto over their actions. For the first 11 years and 6 months of his tenure there was never a dissenting vote in the formal settlement of a matter before the court. There had been disagreements among the members, but they had always been settled before formal action took place. . . . In sum, the judge has assumed a dominant position in the affairs of the Commissioners' Court. The judge goes alone to (State Capitol) to negotiate with the State Highway Department on questions of what the county will and will not do toward the construction of a State highway. He receives the district supervisors of State agricultural extension affairs and personally gives the Commissioners' Court's approval or disapproval of the supervisors' nominations for the county agricultural extension positions. He tells the State supervisor of county health units that the county will contribute so much and no more to the Black Belt Health Unit. When the State Director of Public Welfare asked him to discontinue the county almshouse, he told her that it wouldn't be done until a better plan for the disposition of the inhabitants had been proposed. In these and other matters the judge determines and states Commissioners' Court policy, confident that his decisions will be ratified. . . . One gets the impression that until recently Commissioners' Court deliberations have been peaceful ceremonies for giving official approval to matters already decided."

office of the Probate Judge was a central link in the over-all hospital-getting process, as well as the official sponsor.

In the Northeast case study little, if any, attention was paid to the presence of either town or county civil groups. In this case the hospital was not a county hospital but the service area was limited to a municipality of about 4,000 population and a limited service area at its perimeter. In the case study for the Middle States the real problem of the community organizational process lodged in the attempt of competing groups, centered in two municipal towns of traditional rivalry, to influence the county governing body. This occurrence retarded the successful completion of the hospital for almost two years.

In the Northwest case study the county governing body was important, but as individuals and not as a collective official agency of sponsorship. Here again, the approval of certain members of the county political body had to be obtained (for a bond issue), but it was in the sense of approval and not of official sponsorship. In this situation a hospital committee, later a board, was organized to assume legal and other responsibilities, but it was participants other than county officials who influenced the governing body in the selection of this board. In the Far West study the existence of county governing body had to be reckoned with throughout the entire process.

C. Community and Health Councils

As summarized previously, 17 per cent of the 218 reporting hospital projects indicated that a citizens council was the centrally important sponsoring body, and an additional three per cent specifically named a

health council as the sponsoring agent. Since there appeared little variation of the incidence of citizens and health councils in differing community situations, no separate presentations will be made of the various situational factors.

Such councils as hospital sponsors tended to increase slightly in the more rural situations. Fourteen per cent of the projects in the least rural situation indicated this form of sponsorship, 20 per cent in the moderately, and 19 per cent in the most rural. The increasing incidence in community and health councils, both from the evidence of this study and the literature, would seem to be more usually directed to rural areas as an outgrowth of the concern for the disparity in medical services for rural people.[10] Beyond this a small tendency existed for councils to be associated in an increased way with those projects exhibiting the lowest need for a hospital. No differences occurred

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[10]The health council is a specific form of the traditional community-wide citizens council, intended to serve primarily for the coordination of public and private health agencies in arriving at action programs in health. For definitions and the details of organization, see the American Medical Association, The Community Health Council, Council on Medical Service and Committee on Rural Health, 1949; American Public Health Association, "The Health Council and Its Possibilities," American Journal of Public Health, Vol. 33, pp. 757-59, July, 1944; J. W. Ferree, "Health Councils and Their Potentialities," Public Health Nursing, Vol. 40, pp. 461-63. September, 1948; W. S. Groom, "What It Is and How It Works," Journal of Health and Physical Education, Vol. 17, pp. 332-34, June, 1946; S. S. Lifson, "The Role of the Community Health Council," Public Health News, July, 1948; Y. Lyon, Stepping Stones to a Health Council, National Health Council, New York, 1947; W. W. McFarland, "The Health Council, a Community Asset," Hygeia, Vol. 22, pp. 670-71, September, 1944; and M. Bleecker, "Health Councils in Local Communities," American Journal of Public Health, Vol. 37, pp. 959-66, August, 1947.

regarding the situational factors of "area of use," "total population," and "economic base" of the respective service communities.[11]

II. Secondary Sponsorship

A. Service, Fraternal, and Farm Organizations

In a number of the reporting 218 hospital projects, evidence was supplied for the conclusion that in addition to the centrally important and official sponsoring group another should be so credited, especially in the early initiatory stages of the project. Thirteen per cent of the projects believed that a chamber of commerce should be credited jointly for sponsorship, and nine per cent reported some form of service club or women's club in this supporting role. In addition, there is an incidence of these local organizations providing resources and support to the project, but not serving in an official role of sponsorship.

Seven in ten of the 218 projects reported the active participation of some type of service, fraternal, or farm organization serving as active and supporting organizations, and at times approaching the role of sponsorship. Analysis has indicated little difference in the extent of these

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[11]Health councils are not entirely a rural and small town device. A similar function is played by the Community Chest and the Council of Social Agencies in larger urban centers. An account of the Cincinnati Public Health Federation is revealing, in S. Gunn and P. Platt, Voluntary Health Agencies, The Ronald Press, New York, 1945. For the details of organization and operation of the larger council, see the following: Coordinating Councils, Inc., A Guide to Community Coordination, Los Angeles, California, 1941; National Municipal League, Citizens Councils, New York, 1939; E. H. Kuser, "Community Councils: The Key to Making Democracy Work," The Journal of Educational Sociology, Vol. 20, pp. 201-203, December, 1946; M. G. Ross, Community Councils, Canadian Council of Education for Citizenship, Ottawa, February, 1945; S. D. Alinsky, "Community Analysis and Organization," American Journal of Sociology, Vol. 46, pp. 797-808, May, 1941; A. Dunham, Community Councils in Action, Community Organization Service, Philadelphia, 1929; A. F. Zander, "The Community Council," Journal of Educational Sociology, Vol. 13, pp. 525-32, May, 1940.

organizations as active participants in varying community situations, which is probably accounted for by the fact that the 218 projects represent local areas, or communities, that fall within the same general class. Tendencies, though slight, existed for the high need areas to relate to a greater incidence of service club participation; more active in the Northwest, Southwest, and Middle States regions; more active in the low population situations and the most rural situations.

Fraternal and veterans organizations were reported as active more largely in the Northwest and Middle States regions; with greater incidence in the high need cases; and no difference as to extent of population in the service community. Farm organizations were reported more frequently by the most rural projects; by the high need areas; and by the Southeast and Far West regions.

As to the participation, 28 per cent of the 218 projects reported a Chamber of Commerce; 15 per cent a Kiwanis Club; 25 per cent a Lions Club; 13 per cent the American Legion; 13 per cent the Farm Bureau; and seven per cent the Veterans of Foreign Wars. These were the most highly ranked participating associations as independently reported. Almost half the projects in the Northwest, Far West, and Southwest regions reported a Chamber of Commerce as an active participant; Lions Clubs were most active in the Far West, as was Kiwanis, whereas Rotary was reported more commonly in the Northeast. The Farm Bureau had a higher incidence of participation in the Middle States. This description of specific groups suggests the active parts taken by male service clubs in hospital projects.[12]

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[12]As an auxiliary and exploratory aspect of the project, of which this study is a part, 492 health officers in the United States recommended

Reference to Table 40 will indicate the importance of the male service clubs in supporting roles of participation. It should be noted that two and three service and fraternal groups joined in a single pattern is not uncommon.

B. Business and Industry

Reports from the 218 hospital projects included information regarding the number of businesses and industries within the service community employing 50-200 employees, and those with more than 200 employees. These were then classified as active or inactive as to financial or "leadership" participation in the hospital project.

Reference to Table 41 will indicate the extent to which varying sized businesses and industries in the respective communities were classified as active or inactive. Although such minimum data cannot yield substantive conclusions at this point, the suggestion is present that businesses and industries do not sponsor hospital projects and do not fully participate as organizations in supporting roles. For projects reporting local businesses employing 50 to 200 persons, more of them reported inactivity than activity. Equal proportions of larger businesses reported as present in the respective communities were termed active and inactive. In a few

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(Cont'd) the important implementing groups for local health departments. These recommendations ranked such groups as follows: (1) business groups, (2) voluntary health agencies; (3) women's clubs, (4) fraternal organizations, (5) health councils. For the reporting 218 hospital projects, women's clubs and voluntary health agencies do not receive this ranking, apparently being less associated with hospital development than the 492 health officers feel they should be in the organization of local health departments.

TABLE 40

INCIDENCE OF HIGH RANKED ORGANIZATIONS IN SUPPORTING PARTICIPATION FOR HOSPITAL PROJECTS (EXCEPTING SPONSORING GROUPS)

Type of Organization	Percent Reporting Incidence of One	Percent Reporting Incidence of Two	Percent Reporting Incidence of Three	Total
Service club	27	20	11	58
Fraternal or veterans organization	14	6	5	25
Village, city, county political body	10	2	--	12
Farm organizations	14	2	--	16
Medical Society	5	--	--	5
Church or other religious organization	3	1	--	4
Unaffiliated civic or social (largely women's) clubs	11	2	2	15
Labor Union	2	1	--	3
Total percent*	86	34	18	148

*Accumulated percentage totals are included, in that they indicate the usual pattern of but one of the organization type active in any one project, with the exception of the service club type.

TABLE 41

ACTIVE AND INACTIVE CLASSIFICATIONS OF REPORTED BUSINESSES AND INDUSTRIES IN HOSPITAL PROJECTS

Size of Business or Industry	Percent Reporting Incidence of One		Percent Reporting Incidence of Two		Percent Reporting Incidence of Three		Percent Reporting Incidence of Four	
	Active	Inactive	Active	Inactive	Active	Inactive	Active	Inactive
Business, 50-200 employees	6	11	5	4	2	2	1	1
Business, more than 200 employees	11	11	6	3	4	1	2	1
Total percent*	17	22	11	7	6	3	3	2

*Nineteen percent of the projects did not respond with the necessary information, and 10 percent reported the complete lack of businesses present employing at least 50 persons.

projects, persons named most active were reported as employees of local businesses and industries, which, in this indirect way, relates the organization to the project.[13]

III. Selected Characteristics of Sponsoring Groups

Formality. Sponsoring bodies, as reported earlier, varied somewhat as to the formality of their organization, indicated by the presence of a constitution, formally elected officers, the appointment of subcommittees to deal with specific work phases, a budget, and whether membership dues or fees were collected. In those projects sponsored by the organizationally specific hospital association or board there tended to be a greater degree of formality.

For the 218 reporting projects, the degree of rurality makes little difference in the extent to which sponsoring bodies were formally organized. However, the more wealthy communities exhibit an increase in formality of the sponsoring groups. Comparing low per capita income projects with high income projects, the following is in summary: a constitution, 28 per cent and 37 per cent, respectively; officers, 47 per cent and 64 per cent, respectively; subcommittees, 23 per cent and 34 per cent, respectively; a budget, 4 per cent and 19 per cent, respectively; membership dues and/or fees, 8 per cent and 18 per cent, respectively.

Beyond this, the only other effect of a particular situational factor is that of multiple as against single unit projects. For instance, the

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[13]See U. S. Senate, 79th Congress, 2d Session, "Small Business and Civic Welfare: Report of the Smaller War Plants Corporation to the Special Committee to Study Problems of American Small Business," Senate Document No. 135. This report attempts to relate small business and absentee control of business to social welfare, especially community morale.

use of subcommittees seems to increase as multiple unit projects are involved. Twenty-nine per cent of the single unit projects (single municipality of county) reported the use of subcommittees within the sponsoring group, as compared with 41 per cent of the multiple unit projects. Thus, the combination of administrative units, in leading to possible organizational complexity, would appear to require a more diverse organization of the sponsoring group. It is unknown whether subcommittees were organized to represent the respective units in the combination, or whether these committees dealt with specific subject matter aspects of the program.

Selecting members to sponsoring groups. The evidence indicates that in the less wealthy communities the method of member selection tends to be that of appointment by local officials. This should be contrasted with the finding that in the more wealthy communities members of sponsoring groups were selected by various community practices, election or appointment at community meetings. It should be pointed out that a great number of the lower income projects occur in the Southeast where political sponsorship is predominant. Undoubtedly, the Southeast and Southwest regions provide the tendency for local official appointments to be related to those projects with a low per capita income base.

Political appointees have occurred more frequently in the single county projects and the multiple county projects. Assuming that the complexity of community achievement is increased by the combination of administrative units, it seems likely that constituted political groups provide the opportunity to resolve the complexity by becoming the necessary

sponsoring group. Other than per capita income and the area of use structure, no differences occurred in member selection with the application of the three remaining community situational factors.

Sponsoring group history. As summarized in a previous chapter, more than six in ten of the hospital project sponsoring groups were reported as having only sponsored the present project rather than having a history of responsibility in other community affairs. As the service communities increased in rural population, there was a tendency for the sponsoring bodies to have sponsored other community projects (Table 42).

TABLE 42

SERVICE AREA RURALITY AND SPONSORING GROUP HISTORY

Sponsoring Group History	Percent Rural			
	20 - 69 Percent	70 - 89 Percent	90 and over Percent	All Projects Percent
Sponsored other projects	20	21	37	26
Organized specifically for present hospital project	74	73	57	68
No reply	6	6	6	6
Total percent	100	100	100	100
Total number	51	93	74	218

One other community situational factor was related--that of the presence of multiple unit projects, two or more municipalities and two or more counties. Here sponsoring groups increased in their specificity of organization for the present project, indicating again that the complexity of

the community organizational process seems to lead to a specificity of organization and function. This was most apparent when two or more towns joined in a hospital project. More than three in ten of the sponsoring groups of single village or town projects had sponsored previous community projects, but only one in ten of the multiple village or town projects.

IV. The Problems of Sponsorship

A. Internal or Interpersonal Problems

Internal problems have to do with difficulties that occurred within and between the members of the sponsoring group. It is indeed significant that 67 per cent of the projects reported that no problems of this kind arose at all, but it should be remembered again that the present projects are examples of successful community action. A variety of difficulties was reported by the remaining 33 per cent of the projects, and it is with those that the following comments are concerned.

The reported interpersonal problems of sponsoring groups were of the following kinds: "jealousy among members," "conflict between professional and other members," "some members wanting to run everything," "grabbing credit by persons for themselves or their organizations," "disagreement on major policies."[14]

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[14]One view of the internal problems of sponsorship is that of recently emphasized discipline of "group dynamics." For some of the bases of internal difficulties of such groups, see B. Alpert and P. Smith, "How Participation Works," Journal of Social Issues, Vol. 5, 1949, pp. 3-13. These authors state, for example, that "individual man needs the group because alone he can neither understand nor solve his problems. True, his experience is unique; but his problems are common and related to those of other individuals. If the individual interprets social problems--unemployment, inflation, health, recreation--simply on the

Generally speaking, differing community situations had small effect upon the incidence of such internal difficulties. There was a slight rise of these problems in single unit projects as against the multiple village, town, or county project.

For those projects that did report some kind of problem within the sponsoring group, certain comments were frequently made that indicate some of the quality of internal difficulties. One hospital project reported that ". . . our promotional firm, plus the diplomacy of local trustees, managed to avoid most of the unpleasant experiences." This statement, together with others, has brought to attention that for those projects that employed a professional fund raiser credit is frequently given these persons as preventing and solving interpersonal disturbances. In the Northeast case study, it was found that the professional fund raiser not only served as a consultant on fund raising methods but, at many points, forestalled disagreements or tendencies to revolt on the part of some members of the sponsoring board.

Another hospital project reported that its major internal problem involved ". . . the hospital manager under the old regime, but we finally solved the problem by discharging him." Other projects reported that certain members of sponsoring groups ". . . failed to complete personal assignments." Still other projects reported statements as ". . . a few members felt it was not the proper time to sever connections with another

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(Cont'd) basis of his own personal experience, he cannot effectively solve them. Since the individual can only experience limited aspects of the problem, he needs the group to obtain the broader perspective essential for recognizing and defining the problem." (P. 3) See also, G. Allport, "The Psychology of Participation," in Human Factors in Management, S. D. Hoslett (ed.) Park College Press, Parkville, Mo., 1946.

hospital 60 miles away because of the financing problem." Other projects reported difficulties within the sponsoring organization as ". . . we had very little difficulty of this sort, except for small personality clashes and some indifference."

One of the very real possibilities for internal difficulty has been the matter of location of the hospital. One project reported ". . . a small group that wanted a small hospital for their town caused considerable trouble between members of the board." Other matters of policy, frequently resulting in disagreements, were related to the choice of hospital architect, and plans regarding size and layout of the final structure of the hospital. One project reported, for instance, that ". . . we had a little difficulty in getting local doctors to agree on size and plans but this was not serious."

It should be mentioned that many of the sponsoring groups reported differences in the time and energy devoted to the project on the part of certain members. This suggests that every sponsoring group has a kind of inner circle or a core of members who take the major responsibility for those matters of sponsorship which concern the entire group. As one project put it, "Only two members of the board seemed willing to put forth the required effort while the other three members seemed willing to have them do so." Another project reporter stated: "The two individuals who conceived the idea of a hospital and stayed with that idea until it was accomplished . . . explored every possibility before they met with final success . . . engineered a successful municipal election to form a municipal hospital district, but rising building costs nullified this accomplishment." At another point in the same report ". . . no

organizations were outstanding, for this was an individual enterprise." Another project reported, "Hard work by a few, and their refusing to admit defeat. (The few) had an iron determination against heartrending obstacles, such as indifference. Why the hell should a few of us give days and days of our time, and give our money for the benefit of all." In some projects the reports indicated that some of the leaders of the hospital project held sufficiently high status in the community so that opportunities for internal difficulties were minimized. As one project described it, "Since the finance committee was composed of the best men, no friction developed."

In one intensive case study it was found that great expenditures of time were spent by members of the sponsoring group. Three of the nine members on this group were, in effect, the leading decision-makers in the new hospital project. The total hospital board served as a sounding board of approval. It seemed evident that several members of this sponsoring group were not acquainted with many of the details that had been involved in acquiring the hospital. Nevertheless, the prestige of the three active members was such that little difficulty apparently occurred in obtaining continuing approval from the official board. The hospital board, in this project, consisted of members whose interests in hospitals had been carried in their respective families for two or three generations, especially in regard to the old hospital in the community. The board had traditionally been a perfunctory group, acting on daily business problems of the old hospital. The advent of the project for the new hospital activated the three members of the board who usually made policy decisions apart from the sponsoring board, and then gained the latter's approval.

In another intensive case study, considerable resentment developed on the part of several sponsoring group members toward the chairman, who was held to be ". . . a driver . . . who kept pushing the project even though he stepped on people to do it." The view of some was that this behavior was performed to gain personal credit for the hospital project and to employ this as a prerequisite to forthcoming political participation.

In another case study, difficulty occurred in actually forming the board due to a conflict between certain individuals in two competing municipalities over the final site of the hospital. After the sponsoring group was formed, two problems were encountered which were, in effect, internal. One member of the sponsoring group was labeled dishonest in financial affairs, with extensive unfavorable publicity resulting. The other problem was that of a local newspaper editor who scrutinized closely the activity of the sponsoring board, standing ready to expose through the press those matters which he believed to be unsatisfactory. That this problem is not unique is borne out by one report from another project: "Awkward relations between the directors and one local newspaper resulted from the editor assuming the position of a self-appointed consultant, resulting in no favorable stories in his paper."

B. External Problems of Sponsoring Groups

In the main, the internal problems of sponsoring groups were not so important, as reported, as those dealing with the total community, particular groups, and individuals. On a community wide basis problems were reported that dealt with the lack of community "leadership" for the

project, of resistance from outlying portions of the community, and a lack of feeling of community residents that the hospital was necessary.

Community problems. The most rural situations evidenced more greatly the problem of "lack of leadership," and conflicts with other municipalities and counties within the proposed service area. Very rural areas tended to report less the problem of resistance because of beliefs that the hospital was unnecessary. One explanation here, of course, would be that the very rural situations are those of greatest need, leading to a felt awareness on the part of the people.

The more wealthy hospital projects reported a greater resistance from outlying areas, and those with a high per capita income incurred more frequently the sentiment that the hospital was unnecessary. The beliefs relating to outlying areas and insufficient concern with the need for the hospital were linked, in many reports, to the matter of location for the hospital. Note the following quotations taken from the reports of a number of hospital projects: "Jealousy and rivalry between towns" . . . . "Misrepresentation of the facts by newspapers in towns jealous of the county seat where the hospital was proposed". . . ."The location of the site was a problem. Some persons offered to donate the site and this had the effect of politics getting into the program". . . ."Other towns wanted it". . . . County divided geographically" . . . ."First we tried to have a county hospital voted as our city is the county seat. A larger city in the county which already had a hospital (church controlled) turned out en masse and voted it down. We forgot the county hospital idea and worked on community project and a local election for the above issue carried". . . ."County politics, since every town wishes to have a

hospital". . . ."Other towns always are jealous of the county seat". . . . "There was reluctance of persons in towns or cities in the hospital area to make financial contributions on account of the hospital not being planned for their own city". . . ."Had considerable opposition as to location which was purchased and donated by local Chamber of Commerce" . . . ."Church people who had contributed funds for a church hospital in an adjacent county were reluctant to pay taxes in their own county for hospital operation."

Hospital projects in high need areas indicated that the presence of experienced "leadership" was a considerable problem, and the same was true of conflicts with other towns and counties. Also, the high need areas relate closely to the low per capita income situations, which has meant, in some projects, that parts of the service community, especially outlying rural areas, were overwhelmed by the financial magnitude of the proposed projects.

Problems with groups and individuals. These problems were encountered in the form of resistance and/or active opposition from important associations or influentials in the relevant area. As with the former problem a considerable number of the projects, 40 per cent, reported no serious problems with groups and individuals within the service community. Also, the reports indicated that resistance and opposition from influential persons are greater than that from important associations.

The opposition of influential persons was reported more frequently in the very rural situations. Nineteen per cent of the least rural projects reported the opposition of influential persons, as compared with 28 per cent of the most rural projects. As the report of one project put it,

". . . one member of the city commission joined with a group of influential citizens to oppose the building of a new hospital and the location of same, and tried to block it by bringing a lawsuit to stop the sale of bonds." Other reports included such statements as, "One banker attempted to block, but promotion was carefully enough planned that opposition could not develop followers so they joined, or resisted, the project in silence." Or as another report stated, "Opposition came from economically minded citizens who questioned the possibility of accomplishing the project."

Other projects summarized such resistance of influential persons similar to the way one midwestern project report put it, ". . . the usual few who may be termed professional 'against-ers'." Still other projects reported a more specific type of resistance or opposition: "Some influential citizens felt it would cause the privately owned hospital to close and bring financial ruin to the one doctor in the community." Some reports indicated an apathy on the part of some citizens of the community, as ". . . some were satisfied with the conditions as they were," . . . "lack of education on the project resulting in a lack of understanding," . . . "lack of information," . . . "social inertia," . . . "competition between religious groups."

The following quotations from the reports of several hospital projects reflect some problems with influential persons and groups: "Some difference of opinion on who should operate the hospital, Catholic or Protestant" . . . ."A group headed by (a local group) wanted to convert the local county home into a hospital instead of a new building". . . ."Jealously

and a lack of harmony between doctors". . . ."Some said that all the new hospital would accomplish would be a nice set-up for the doctors". . . . "Others believed the hospital idea a good one, but the doctors should pay for it". . . ."Some said that the people who had money would go out of town when they needed hospital service". . . ."A very small minority believed that the doctors should build their own workshop". . . ."Problem of selling hospital project in remote rural areas where folks are not as conscious of need for modern hospital facilities". . . ."One man trying to do the whole job was disliked by a great many people of influence."

"Prominent and successful people said we just could never raise enough money to build the hospital". . . ."Ministers of churches, which were building new structures, put the cold shoulder to an enterprise which was competing for donations". . . ."We had a few merchants that fought our hospital because they thought they would not benefit financially". . . . "Public indifference, for some of those who contributed to promotion even forgot to vote". . . ."Some gave lip service, but were really out against the hospital". . . ."Some old doctors who did not understand the value of hospital in the practice of medicine, but who would say that the town was too small for a hospital". . . ."The people who refused to have any interest until they saw the construction of the hospital actually under way". . . ."Some people opposed the idea when an outsider was hired to help raise money". . . ."Many people feared that the hospital would be just another political football."

The foregoing quotations, in addition to providing an estimation of some problems with influential persons and associations, suggest a variety

of implications for the community organizational process, generally, and the decision-making process, specifically. Some of these implications are (1) potential zones of conflict may have their locus in the religious organization of the community; (2) the apparently easily provoked public image that a public enterprise may become "political"; (3) traditional competitions and rivalries between professional persons and their associations may find added cues for continued reenforcement when the project is in progress; (4) the explicit behavior of influentials may not coincide with their implicit sentiments toward the project; (5) the magnitude of the hospital project, upon initial introduction, may provoke a state of felt crisis in the local community; (6) tangential projects regarding competitive fund raising, may cause alignments within and between subgroups of the community, as well as its associations.[15]

The resistance and opposition of influential persons and associations tended to be more frequent in those projects that combined administrative units into a multiple project. Thus, again, the combination of administrative units would seem to lead to a community organizational complexity, resulting in potential resistance on the part of one unit as it views the plans and aspirations of the other. As it appears, increasing the geographical service area brings into relevance a multiplicity of administrative units (villages, cities, townships, and counties), and with this

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[15]The 492 health officers, referred to earlier, ranked such problems in regard to securing local health departments as follows: (1) conflict with the medical profession; (2) local activity being cast as a means to political ends not related to the project; (3) local misunderstanding about the purposes of the project; (4) difficulties with local political governing bodies; (5) leaders of the projects employing methods held to be socially illegitimate; (6) organization of the project occurring too rapidly; (7) traditional difficulties between personalities.

the expectation that individuals and associations representing these units may question the validity of locating the hospital in any one physical location.

Content of specific problems. The evidence submitted by both the 218 reporting projects and the five intensive case studies provides the indication that the content of resistance is focused as follows: (1) the development of a public image that the new hospital will threaten with high and excessive taxation; (2) arguments for another kind of solution to the hospital needs of the service community; (3) professional persons, including medical doctors, who fear that their professional interests will be thwarted.

The five community situational factors did not, in sum, greatly affect the incidence of such major problems. Exceptions here, however, would note the low per capita income projects, whose reports indicated a slightly higher incidence of those who resisted from fears of higher taxes. Sixty-one per cent of the low per capita income projects reported this opposition as compared with 48 per cent of the high per capita income projects. The requirements of hospital construction have been rather uniformly great for small communities, regardless of the economic wealth. Thus, it is not surprising that the economically disadvantaged community may foster divergent beliefs about the feasibility of a project of great financial import. However, the data of the case studies indicate that the resistance and opposition over taxation may be a disguise for other more latent sentiments. For instance, in one of the intensive case studies a local banker told the initiating members of the sponsoring committee

that, "this is a $.25 and dollar community and it will be impossible to reach a goal of this financial magnitude." Nevertheless, an active project developed, one result being that previous estimates on funds to be raised were over-subscribed. In another instance, certain old established families, whose incomes had been disadvantaged by inflationary trends, did not want to be placed in the position of competing in donations. The financial resistance seemed to be, as reported by informants, employed as a disguise for their true sentiments.

The problems of resistance over threat of higher taxes tended to increase with the low population service communities, in that 62 per cent of the low population projects reported this problem, while 39 per cent of the high population projects indicated resistance through the tax argument. This problem was also reported somewhat differentially by the projects based on need for a hospital, as 61 per cent of the high need projects experienced this problem, and 33 per cent of the low need projects. The remaining two factors, "rurality" and "area of use," did not result in variations in the incidence of this problem.

The reporting projects emphasized that opposition over threatened taxes was not always cast against the construction of the hospital, but to the question of the future operation of the hospital on a sound financial basis. In each of the five intensive case studies opposition was incurred due to prevailing beliefs that the hospital project was oriented alone to constructing the hospital, and not to its operation. In one of the case studies the publisher of a local newspaper opposed the hospital project on the grounds that it could not survive economically in a community of that particular size and wealth. His opposition was contained,

however, by the participation of influential persons in the hospital-getting process. The publisher said, "When Mr. _____assumed the major responsibility for the hospital I then knew that nothing could prevent its success, and I felt it inadvisable to be actively opposed."

In addition to questions about the financial burdens of the project was the difficulty that, in several instances, rising construction costs made it frequently necessary to return to the community for additional funds. In one of the five projects studied intensively three campaigns were required before sufficient construction costs were met, the last two campaigns being organized after rising costs had nullified the gains of the respective previous campaign. In this same case, as well as to some extent in the other four, community informants believed that the preoccupation of the sponsoring group with details of construction had resulted in impractical additions and costs.

The reporting projects added another dimension to financial opposition, namely, the divergence between the expectations of the sponsoring group and the community at large and the standards prescribed by legislation under the Hospital Survey and Construction Act. A variety of alternative courses of action was apparently proposed, such as constructing additions to established hospitals rather than a new one, or delaying construction until a time of more favorable costs and, in a few instances, employing only local funds in order to be free of federal standards. That the latter cannot be a serious alternative is indicated by the fact that two in three of the reporting projects explained that a major delay in hospital construction was the lack of local funds and the absence of federal assistance.

The quality and range of problems related to the hospital as an economically sound venture was provided by a variety of quotations in the 218 hospital project reports. For instance, "Doctors wanted to spend more money than we had although they use the hospital free of charge". . . ."The main question was, how will we maintain so large a hospital". . . ."Some felt we had survived 100 years without a hospital, so why spend the money in an inflation period". . . ."While federal aid did a lot in 'sparking' the hospital project, it did a lot to hinder and delay progress". . . ."A lot of our families could remember the depression years and were hesitant about letting money go". . . .

"There was some opposition to the diversion of tax funds from road work to hospital construction". . . ."People had to be educated to give substantial donations as it was their first major project". . . ."Public subscription campaign first failed, then county supervisors would not support a county hospital, so we had to get enabling legislation to form a hospital district". . . ."Feeling among patients of many out-of-town doctors that the hospital would never serve them personally, so why be taxed". . . ."The masses of the people were for it but the problem of financing the project was too large for a number of individuals to grasp". . . ."Some wealthy people belittled the idea as too big."

The problems focused in difficulties with professionals, who felt that their best interests would not be served, and the extent to which it was believed that the hospital was unnecessary, were both rather uniformly consistent in varying community situations. The exceptions here were that those projects which were organized in single administrative

units reported a greater incidence of the problem of insufficient feelings of need. For instance, 19 per cent of the single unit projects reported this problem, and eight per cent of the multiple administrative unit projects. The objective need for the hospital, as measured by hospital bed ratios, had little effect on the incidence of problems dealing with attitudes that the hospital was unnecessary, and those focused in professional (including medical doctor) disagreements. The per capita income base of the project seemed to have only a slight effect on difficulties encountered with professionals, for 17 per cent of the low income projects reported this difficulty, and seven per cent of the high income projects. In the very rural situation, the incidence of difficulties with physicians was reported by 17 per cent, and in the least rural situation, by seven per cent. Low population situations reported difficulties with physicians to the extent of 15 per cent, and seven per cent of the high total population situations. Thus, situations of a low income base, high need for a hospital, and a low total population encountered a greater incidence of difficulty with medical doctors, which means that the relatively more disadvantaged community situations had greater difficulty in obtaining the cooperation of local physicians.

Summary

The purposes of this chapter have been twofold. The first purpose was that of describing the dimensions, the forms and qualities, and selected practices and problems of sponsorship within the community organizational quest for hospitals, and, thus, to view in some detail a

major nexus of the decision-making process. The second purpose was that of examining sponsorship with the perspective of varying community situations. By this an attempt has been made to ascertain if political and non-political patterning of respective regions in the United States is to be explained, in part, by preponderances of specific community situational types, or whether historical and cultural factors without the scope of this study account for the comparisons and profiles developed in the two previous chapters.

Three summary statements must be made as this treatment is brought to a close. First, the application of five community situational factors ("area of use", "extent of need", "extent of rurality", "economic base", and "total population") does not result in differences to the extent which was anticipated. This may be partially explained by the severity of the selective limits for the 218 projects, placing them somewhat definitely in one class of communities. In this way the treatment undertaken constitutes a kind of validation for the earlier intent of selecting projects that represented the same general class of communities.

A second statement is that certain of the situational factors bear on sponsorship more heavily than others. A third statement is that, although no great differences may occur in the majority of situational factor applications, some linkage does occur which tends consistently in the same direction.[16] This is suggestive that if the selective limits for the projects were expanded in terms of the five situational factors,

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[16]See F. S. Chapin, Experimental Designs in Sociological Research, Harper and Bros., New York, 1947.

then more significant variations might be expected to occur. The remainder of this summary statement will be given to an elaboration of these three statements.

Area of use. The situation of developing a project in a single administrative unit as compared with multiple units relates to some aspects of sponsorship. With both municipalities and counties, the net effect of having a multiple unit project is to increase the odds that the sponsoring group will be an organizationally specific association or board. In addition, the limitation of the project to the county unit results in a greater incidence of local governing bodies as the sponsoring agent.

Single or multiple village and town projects consistently report more formality as compared with the single or multiple county projects. Although not in a significant way, it is interesting to observe that the occurrence of a multiple unit project tends consistently to increase the extent of formality in the organization of the sponsoring body. Also, the selection of sponsoring group members through official appointment is considerably more employed in the single county projects, while other types tend to more largely employ various community oriented methods. This evidence, although not conclusive, suggests that local governing bodies tend to be associated with county projects, but multiple county projects do not find two or more political governing bodies joining as the sponsoring group.

When administrative units are combined, the reported problems with influential persons tend to be more extensive than when projects are

limited to single administrative units. The opposite is true for problems of insufficient feelings of need for the hospital, for single unit projects tend to be more confronted with this problem. The explanation for this finding may be that the combination of units into a single project is characterized by influential persons who represent somewhat autonomous systems of community influence, planning, and action, whereas the single community provides greater opportunity for prevailing authority and influence systems to operate exclusive of others. This, then, should reduce the incidence of unintended responses from influential persons that operate in other influence or authority systems. Moreover, the multiple or combined projects rests on a wider economic and service base, which may tend to reduce the usual oppositions of a financial content and beliefs that the hospital is unnecessary.

Varying area of use structures did not relate in an observable way to the history of previous activity of the sponsoring body, community wide lack of "leadership," and the incidence of difficulty over threatened high taxation.

Extent of hospital need. Projects with a relatively low need for a hospital tended to employ more frequently the hospital association or board as the sponsoring body, although extent of need did not seem to influence the presence of local governing bodies as sponsors. Extent of need was not related consistently to such characteristics of sponsoring groups as formality, the methods of member selection, and the history of other activity. Problems of recruiting "leadership" were more largely felt in the high need projects, as well as the resistance over threatened high taxes.

Extent of rurality. Moderately rural communities tended to be more frequently sponsored by hospital boards and associations than either the most or least rural projects. However, political sponsorship occurs more greatly in the most rural projects, as well as the sponsorship of community councils.

Rurality has little effect on the formality of the sponsoring body and the methods of member selection. The most rural projects tended to have worked more on previous community projects. Very rural projects reported more extensive problems of the lack of "leadership," with influential persons, and with medical doctors.

Rurality did not materially influence the problems over threat of high taxation, but the least rural projects did report a higher incidence of prevailing beliefs that the hospital was unnecessary.

Per capita income base. This situational factor was related to a number of the phases of sponsorship. It was the high per capita income projects that were sponsored by specific hospital boards and associations, while the economically disadvantaged projects tended to be more greatly sponsored by local governing bodies. In addition, the sponsoring and operating hospital groups were more formally organized in the more wealthy communities. High income projects used community oriented methods to select members to sponsoring bodies, while the low income projects tended to employ appointments by local officials. Little difference occurred with this factor as to the history of sponsoring group activity on other projects.

High income projects had more difficulty with beliefs about the hospital being unnecessary, and with resistance from outlying areas. Financial problems were greater in the low income projects, as might be expected.

Total population. Of the five situational factors the extent of total population in the service area seemed to have less effect than any other factor. In several instances it seemed to be linked with the income situation, but did not produce as great variation. Since the hospital project is, in sum, a financial problem, it may be that extent of total population is one kind of economic factor.

Patterns. Although the five situational factors demonstrate varying relationships to some aspects of sponsorship for hospital projects, in many instances inconclusive, the following two patterns seem to be suggested. The first pattern is that of the economically more wealthy situations, the projects of which were more largely sponsored by associations or boards; oriented to municipalities as units in the service area; relatively low in rurality and extent of hospital need, encounter the usual problems, but with a somewhat greater problem of beliefs that the hospital is unnecessary.

The second pattern is that of the more economically disadvantaged situations, the projects of which were sponsored more largely by local governing bodies; oriented to counties as units in the service area; relatively more rural and with greater need for a hospital; encounter the usual problems, but with relatively greater problems of lack of local "leadership," difficulties over threatened high taxes, and with professionals, especially medical doctors.

Throughout the analysis of this and the previous two chapters, ordering the data has followed from the assumption that the political content of sponsorship provides an initial starting point. Hence, the dichotomy was employed of the projects sponsored by formal and political local governing bodies, and those sponsored by organizationally specific hospital boards and associations. Earlier treatment has demonstrated that other aspects of the community organizational process were linked in particular ways to these two groups of projects. Analysis was then continued in terms of regional groupings of projects, with the assumption that if political and non-political projects were dichotomous groupings then their respective incidence in regional groupings would be followed with differing community organizational profiles for the regions.

Regional differences in community organizational profiles refer to possible explanations which are, in effect, hypotheses. The first is that historical and cultural orientations of different geographical areas of the United States have produced varying normative arrangements for the solution of community problems. The second is that because different geographical areas of the United States feature community settings that vary in certain situational characteristics, it would be here that one might expect variations in community organizational procedures. Before this could be true, however, some general relationship must exist between particular community situational features and community organization, especially sponsorship.

Community situation preponderances. Reference to Table 43 will indicate that considerable variation occurs in the relative economic bases

TABLE 43

PER CAPITA INCOME OF SERVICE AREAS FOR 218 HOSPITAL PROJECTS BY REGION

Per Capita Income (dollars)	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	All Projects
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
000-399	35	8	00	2	00	00	10
400-599	44	40	00	20	10	00	22
600-799	14	16	11	37	28	25	24
800-999	5	32	33	27	37	29	25
1000-1199	00	4	33	12	20	21	12
Over 1200	00	00	23	00	5	25	6
No reply	2	00	00	2	00	00	1
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

of regional groupings of projects. The Southeast and Southwest regions have relatively less wealthy situations for the hospital projects. The most sharply contrasted difference is that between the Southeast and the Northeast, for the former is characterized by 79 per cent of the situations with less than $599 per capita income, and the latter, with no projects this low, but 46 per cent above $1,000 per capita income. The Far West projects do not, on the basis of this factor, follow earlier comparisons in that they compare most closely with the Northeast projects, with 56 per cent above $1,000 per capita income.

Reference to Table 44 will show somewhat similar variations in the extent of rural population of proposed service areas. Seventy-five per cent of the Southeast projects and 60 per cent of the Southwest projects had service areas of more than 60 per cent rural population. The Northeast projects are different in that 54 per cent are below 69 per cent rural population. The other three regional groupings vary from previous patterns, the Far West being relatively less rural, the Northwest and Middle States relatively more rural.

TABLE 44

PERCENT OF RURAL POPULATION IN 218 HOSPITAL SERVICE AREAS BY REGION

Percent of Hospital Service Area Rural	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	All Projects
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
00-29	00	00	00	00	5	00	1
30-49	.4	16	00	7	5	9	6
50-69	8	8	17	17	10	45	16
70-79	11	16	50	34	10	25	23
80-89	26	12	6	23	23	17	20
90 and over	49	48	27	17	47	4	33
No reply	2	00	00	2	00	00	1
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

Attention to Table 45 will provide some comparisons of the administrative structure of the service areas. Although the county as the unit is important to all the regional groupings, the Southeast and Southwest reported this most extensively, the Northeast and Northwest least frequently. The Southeast and Northeast projects vary greatly as to the incidence of multiple county projects.

TABLE 45

ADMINISTRATIVE STRUCTURE OF THE AREA OF USE FOR 218 HOSPITAL PROJECTS BY REGION

Type of Service Area (Administrative Units)	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	All Projects
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Single village, town, or city (with trade area)	6	8	23	13	20	9	12
Multiple villages, towns, or cities	4	8	16	22	22	50	20
A single county	55	71	46	45	31	32	46
Multiple counties	35	13	15	20	27	9	20
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

The above three community situational factors have demonstrated the greatest differences as related to sponsorship of hospital projects. It will be seen from this brief summary that the Southeast and Southwest projects are those with the highest rurality, the lowest economic base,

and the greatest use of the county as the principal administrative unit in the service area.

It will be also seen that the Northeast, and to a less extent the Northwest, have been characterized by service communities that are of lowest rurality, the highest economic base, and the greatest use of the single or multiple municipality as the principal administrative unit in the service area.

TABLE 46

PERCENT OF HOSPITAL NEED MET FOR 216 HOSPITAL PROJECTS BY REGION

Percent of Need Met	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	All Projects
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
00-19	51	52	50	67	62	17	53
20-29	8	16	6	8	16	4	10
30-39	6	12	00	10	10	25	10
40-49	10	12	6	5	2	33	10
50-59	6	00	11	2	3	13	5
60 and over	17	8	27	6	7	8	11
No reply	2	00	00	2	00	00	1
Total percent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	216

Tables 46 and 47 deal with the remaining two situational factors, both of which were neither significantly nor consistently related to variations in sponsorship. Part of this may be due to the fluctuations, and lack of pattern, in the extent of need and total population for the service areas. In Table 46 rather comparable need patterns have characterized the various regional groupings, with the exception of the Northeast with projects of relatively less need. (Note that Table 46 is organized in terms of percent of need met.) In Table 47 a tendency appears for some patterning of regional service area populations, with the Southeast and Southwest projects representing relatively smaller total populations, and the Northeast with service areas of relatively high populations.

Finally, Table 48 summarizes the comparisons treated in more detail earlier, namely, the relationship between the five situational factors and the nature of the official sponsoring group. Reference to this summary will indicate that the economic base of the service area, and its rurality, are related to the type of sponsoring group. High rurality and low economic base are linked to political sponsorship. Moderate rurality and high economic base are related to associations and boards. Further, both low need and municipalities as units of the service area appear related to sponsorship by boards and associations.

Summary comments. The foregoing analysis has explored the relationships between five situational factors and sponsorship in hospital projects, and has summarized regional characteristics in terms of these situational factors. The question to be answered deals with the extent

TABLE 47

TOTAL POPULATION OF SERVICE AREAS FOR 218 HOSPITAL PROJECTS BY REGION

Total Population (in thousands)	Region						
	South-east	South-west	Far West	Middle States	North-west	North-east	Total
	Percent	Percent	Percent	Percent	Percent	Percent	Percent
00-09	9	28	34	2	22	5	13
10-19	27	56	22	36	32	00	30
20-29	27	12	17	35	13	12	22
30-39	15	00	5	13	20	21	14
40-49	5	00	5	5	3	00	4
50-59	4	00	6	2	00	4	2
Over 60	11	4	11	5	10	58	14
No reply	2	00	00	2	00	00	1
Total precent	100	100	100	100	100	100	100
Total number	52	25	19	58	40	24	218

to which preponderant situational factors in certain regions are congruous with the political and non-political content of hospital projects. For instance, an incongruous condition would be present if rurality were inversely related to political sponsorship, after one would determine the heavily rural nature of hospital projects in the Southeast and Southwest and their greater incidence of political sponsorship. An incongruous condition would result if income base of the service area were directly related to political sponsorship, after one would determine the low

TABLE 48

SUMMARY OF FORMS OF SPONSORING GROUPS BY FIVE COMMUNITY SITUATIONAL FACTORS

Form of Sponsoring Group	Community Situational Factor															
	Area of Use				Extent of Need			Extent of Rurality			Economic Base			Total Population		
	Single Town	Multiple Towns	Single County	Multiple Counties	High	Mod.	Low	High	Mod.	Low	High	Mod.	Low	High	Mod.	Low
Hospital boards and associations	78	80	52	60	54	72	68	56	69	57	70	58	57	66	58	60
County or municipal political bodies	22	7	26	24	22	14	23	26	21	10	10	21	34	21	16	23
Community and health councils	15	22	19	20	20	14	24	23	17	14	21	15	21	22	14	31
No reply	15	11	25	22	23	25	11	27	16	22	17	25	21	21	22	19

income base of projects in the Southeast and Southwest and their relatively high content of political sponsorship. The answer to this question, although hypothetical and inconclusive, is that certain situational factors, especially economic base and extent of rurality, that are preponderant in various regions, are congruous with the regional community organizational profiles constructed on incidences of political and non-political content. Hence, rurality, income base, and to some extent, structure of the service area would be some part of more extensive situational patterns that would hold within and without a particular region. In addition, more situational factors and a greater number of cases would make it possible to develop relatively pure community situational types by which one might remove the heuristic device of region. This, then, would possibly lead to situational types with a higher predictive value regarding community organizational process, i.e., forms of sponsorship, political and non-political content, problems encountered, success after one campaign, and media and appeals employed.

Although the nature of the data and the variations within the data account for the frequent lack of conclusiveness, nevertheless, the close of this chapter completes the attempt to describe the community organizational setting for the decision-making process. The latter process is now to be brought into focus by a comparative treatment of the five hospital projects studied intensively.

CHAPTER VI

CHAPTER VI

EMPIRICAL SYSTEMS OF DECISION-MAKING

The present chapter has as an essential purpose the continued penetration into the hospital-getting efforts of selected communities. The presentation deals with five case studies, selected specifically to represent the character of a number of hospital construction projects in five major regions of the United States. The perspective employed is that of the political process, or the deployment of authority and influence in social situations of goal-oriented behavior.

The presentation will not pretend an exhaustive analysis of the social organization of each case, nor of all the relevant community organizational features associated with each situation. This chapter will be, however, concerned with the way in which the decision-making capacities of authority and influence are differentially distributed through community roles, and the manner in which they concentrate about certain pivotal axes of the social organization. Hence, the following materials are organized to portray the determinant systems of relationships which make a decision-making process a functional one.

Although the treatment is primarily empiric, there will occur an ordering of the data in attempting to comparatively sketch the outlines in which the decision-making process occurs. If the outlines appear to be defective, as they undoubtedly will at many points, the inadequacy

will spring, in part, from the modesty of both methodology and theoretical orientation in an exploratory area.

Southeast

A. Physical Setting

The Southeast project represents that group of projects earlier typed as community situations IV and VII, or high need for a hospital, a predominantly rural population, with considerable variation in the size of goal as measured by the planned number of hospital beds. The Southeast project is based on a geographical service area which is coterminous with the political jurisdiction of the county.

Certain ecological factors relate to the social, economic, and political organization, and are relevant to the hospital-getting process in Southeast county. The most obvious factor is a strip of prairie soil extending northeast to southwest across the county. This strip is a portion of the famous Black Belt of Alabama, which refers to land rather than people. It was in the Black Belt areas of Alabama that the plantation system of cotton culture once flourished.[1]

Although the Black Belt continues as the cotton producing area of the county, a significant feature is the shifting technological basis of agricultural production. Starting with the cotton boll weevil in 1914 the cotton economy sagged and was followed to the present time with a

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[1]See Soils Areas of Alabama, The Alabama Department of Agriculture and Industry, Montgomery, and Agricultural Experiment Station, Alabama Polytechnic Institute, Auburn, 1951.

new emphasis on diversification of agricultural production. The land cover of familiar cotton began to give way to grass, with the introduction of grass and livestock technology.

Southeast county subdivides into three differing land types: (1) the Black Belt area, with its technological change from cotton to grass; (2) the generally productive stream terraces and smoother uplands; and (3) the hilly uplands, the "hill country," consisting of eroded land in the northern half of the county.

Two municipalities or towns provide the major focal points of business and trade. One is Carlin, the county seat, located on the edge of the Black Belt land. In the extreme southwestern corner of Southeast county is Farmville, in the heart of the Black Belt. Carlin has a population of 2,200, Farmville a population of 1,700. Farmville is located a few miles distant from Melba, a rising small industrial city of some 22,000 population. Farmville is unique in that it serves as the residence of several large landowners in the Black Belt, who supervise their holdings of adjacent Black Belt land. Carlin, the county seat, is the location of two small colleges, Broadview College and Carlin Military Academy.

B. Socioeconomic Setting

Negroes and Whites. In the pre-Civil War period rural population was centered in this and other Black Belt areas of Alabama. Then as now a most readily observable fact of Southeast county is the disproportionate number of Negroes to Whites. In 1940, Southeast county population was 75 per cent Negro, although since that date increasing numbers of Negroes

have been involved in an out-migration, brought on by the shift to grass-land technology and a resultant over-abundance of labor resources. Too, the decline of timber stands in the northern "hill country" has forced many White laborers and tenants to seek their fortunes elsewhere, both in non-farm employment within the county and in metropolitan centers. With the change from cotton to grass an increasing number of Negro farm workers have purchased small tracts of land and have become owner operators. Nevertheless, the vast majority of Negroes are still employed in the farming and ranching operations of large landowners, and in the domestic service of their households. Over 75 per cent of the farm units in Southeast county are operated by tenants, under sharecropping arrangements, with Negro tenants outnumbering Whites five to one. The rich prairie lands of the Black Belt are the location of the large landowners, the highest rate of tenancy, the highest rate of Negro tenancy, and the area possessing the greatest number of Negro owner operators. The "hill country" of north Southeast county never had a plantation history, with small farm units, no large landowners, and the lowest rates of tenancy and Negro farm ownership.

Technological change. Another observable phenomenon is the concentrated ownership of land in the Black Belt. Informants agreed that some 30 owners control the bulk of the most fertile Black Belt land. One operator, with a heritage growing out of the plantation era, owns 27,000 acres. Others own land decreasing to 1,000-1,500 acres. These large landowners are aware of the shifting technology from cotton to grass. The innovations which this shift has required have been facilitated by a

growing technical sophistication of the large landowners, together with the assistance of subsidized aids by agricultural agencies. Some of the large landowners reported that agricultural diversification had been retarded, in many instances, by the reluctance of Negro farm workers to change practices, re-enforced by the ancestral relationship of many such workers to particular plantations, and the stated unwillingness of these operators to dislodge the workers in a situation of over-abundant labor resources.[2]

Black Belt and Hill Country. Another observable socioeconomic fact about Southeast county is that the Black Belt area still carried some of the tradition, and most of the nostalgias, of the plantation era. Reported throughout was that the families of the Black Belt believe that life on the land is in keeping with the heritage of the old South, and the challenges of the new. Black Belt people remind themselves that Southeast county affairs have long been felt in the life of Alabama.[3] The Black Belt people believe that the heritage of the South was one of land, and

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[2]This explanation did not altogether square with the field observers' impressions of the over-all social system, with which one author, at least, agrees. See, for example, V. O. Key, Jr., Southern Politics, A. A. Knopf, New York, 1949: "The planter may often be kind, even benevolent, towards his Negroes, and the upcountryman may be, as the Negroes say, 'mean'; yet, when the chips are down, the whites of the black belts by their voting demonstrate that they are most ardent in the faith of white supremacy as, indeed, would naturally be expected. The whites of the regions with few Negroes have a less direct concern over the maintenance of white rule, whereas the whites of the black belts operate an economic and social system based on subordinate, black labor." (p. 9)

[3]Ibid., ". . . yet if the politics of the South revolves around any single theme, it is that of the role of the black belts. Although the whites of the black belts are few in number, their unity and their political skill have enabled them to run a shoestring into decisive power at critical junctures in southern political history." (p. 6)

that its most meaningful expression is among the families who have stayed with the prairie soils of the Black Belt. This, it would seem, is the basis of a social class system viewed from the vantage point of the big landowners, who control, as they always have, the life and times of Southeast county and have made their wishes felt in the affairs of the state.

Land the basic resource. A final factor in understanding the social organization of Southeast county is the almost complete economic dependence of the towns of Carlin and Farmville on the holdings of the out-county people, especially those of the Black Belt. Many tradesmen and professionals are farm operators, while large landowners may reside in one of the two towns and manage their holdings in the hinterlands. Informants reported that Farmville had always been characterized by landowners living in town and traveling to holdings elsewhere. Carlin, being both a county seat town and possessing two educational institutions, does not appear to have this characteristic.

C. Empirical Decision-Making System

The human, technical, and physical resources of Southeast county have been organized to a maintenance of agricultural production within the limitations of southern agriculture and changing patterns of land use. The problems of the past and present have been met by an elaborate social arrangement turning on certain axes, which are revealed at certain focal points of expression. The purpose of this brief and necessarily selective treatment is to delineate these axes and focal points.

Political organization. In some ways the significant life of Southeast county is found in the political organization, for the "game" of Southeast county is to operate within and speculate about the resolving of political issues. The playing of this "game" occurs within a county-wide political organization which articulates with some complexity, but is widely known by the participants. Simple only in that it is solidly Democratic, the political organization of Southeast county is maintained through a set of formally constituted roles of authority and an out-county informal political system with influence diffused through a relatively small number of large landowners and operators.

The most important axis upon which this organization turns is that of the county commissioners court. This court consists of the probate judge, and four county commissioners elected by the entire voting population, but each representing a different area of Southeast county. Tangent here are other county positions which, although not apparently central, do affect political behavior in meeting and deciding the problems of the area. These are the offices of the tax collector, tax assessor, sheriff, and county clerk. The imagery held of the commissioners court and the importance of political affairs appear to be quite uniform. Such statements as these were typical: "The probate judge is supposed to run the politics of the county," "Black Belt politics have developed the affairs of Alabama since the beginning." "The last place in the South where people know how to be politicians is in the Black Belt."[4]

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[4] Ibid., "The chief figure in the governments of about two-thirds of the counties of Alabama is the probate judge. . . . The probate judge generally is the leader of the dominant faction within the county and often becomes the patriarch of the county. In many counties the potency of the probate judge demonstrates itself by a long string of re-elections." (p. 53)

Out-county political system. A view of the out-county political organization would focus around certain pivotal points in the social organization. First are a number of "communities" in Southeast county, each of which approximates earlier plantation holdings and large landowner holdings of the present time. Each is populated by Negroes and Whites who are tenants or work in other capacities on the large landed estates. Secondly, an important focal point of these "plantation-bounded" communities is the social and economic institution of the store. Although somewhat less than formerly, the Southeast county rural store is a business venture of the large landowner. It forms a commissary for the economic and consumer wants of the workers on the estate and provides the means whereby workers, both Negro and White, may obtain credit from the landowner while awaiting harvest or during periods of agricultural adversity. These complex credit arrangements, the appointed times for "settlin' and advancing," provide one way for directing the political behavior of people residing in store-centered communities. In this way great numbers of people living on the land are related to the political organization through traditional credit arrangements.

The social organization of Southeast county, and its attending political life, forms a kind of horizontal machinery to which the holders of influence in the out-county and store-centered communities initiate to, and are initiated to by, the incumbents of the formally constituted political offices mentioned previously. Informants reported: "At one time you only needed to know 20 men in Southeast county to get things across." The 20 men were actually large landowners in the Black Belt.

Another informant said, "The store is where people talk about politics, cotton, and cattle." A former court commissioner noted, "When I was in office I was concerned with only about 20 men, and never had to really make a campaign in the usual sense." The same court commissioner said, "We want that class of people (certain Black Belt large landowners and storekeepers) to run the county."

Decision-making capacities. The foregoing analysis leads to the statement that decision-making in Southeast county has to do with two roles. One is the politically authoritative position of the probate judge and other members of the commissioners court; the other is the influence of the large landowner and store keeper.

The capacity of influence of the large landowner and storekeeper is one of at least three major components. One such component has a positional aspect; the other two are specific social properties owned by the incumbent of the role. The positional aspect deals with family and kinship position. The important social properties are first, a prestige imagery of respect that is concentrated on "education and refinement," or a "lack of being narrow." The second is maximum access into the associational life of Southeast county, more recently furthered by county-wide special interest groups organized about land its technologies.

The positional element of family and kinship may be summarized by saying that the big landowners and storekeepers of Southeast county are graded in terms of a continuum of being "old family." Top ranking is given the "old family that came from South Carolina." An old family without this background may be referred to as "haven't got the background,"

or "kinda in the middle." Contrasted sharply are the judgments about those who have the tradition of the hill country. The old family Black Belt landowner, one which has the "Black Belt tradition," would not believe that being "hill country" would prevent aspirations in Southeast county for, indeed, the present probate judge is a man of "north Southeast county." Before this is approved, however, there must be evidence of "refinement" and a decrease in the expected desire "to only make money." Coupled here is an extended kinship pattern, part of which has to do with the Black Belt and part with the "hill country." In the case of one Black Belt family, which is not really old family, six members operate country stores and manage large holdings of land. Two other Black Belt families are related by marriage and between them control the largest acreage in the county.

Associational tangency. Tangent to the horizontal and vertical axes of the centrally important political system are a variety of associations which offer still further integration to the social organization of Southeast county. They provide vehicles of association and interaction between entire segments or subgroupings of the county, and serve to bring the incumbents of authoritative positions and the holders of influence into varying social relationships. Foremost among such associations are two which offer a set of flexibilities within the social organization of Southeast county by bringing into juxtaposition in many different ways those who hold positions of authority and those who own the properties of influence.

Important here is the Farm Bureau, which draws a majority of its members from the Black Belt and is large-owner dominated in so far as officers and directors are concerned. The Farm Bureau in Southeast county has undergone a recent rapid growth and throughout this ten-year period an examination of recurring officers and directors discloses that the leading and large landowners, doubling as store owners, have been the incumbents. The second out-county association which offers a similar tangency is the Cattlemen's Association which, in some ways, stands as a symbol of the new day of cattle and grassland farming. Officerships in the Farm Bureau and Cattlemen's Association are frequently overlapping. In addition to these two major county-wide associations are a variety of special interest groups, which have frequently developed around the "sporting world." Recruited largely from the large landowner group, these associations are devoted to such interests as "fox hunting dogs," "Tennessee Walkinghorses," and "Aberdeen Angus competition."

These associations, organized around the new economy of cattle and grass, provide a tangency in which authoritative actors in the formal political offices and the holders of out-county influence may become involved for purposes other than political. This tangency provides an operational access for major actors in the organization of the county and provides a means whereby alignments and re-alignments may organize the resources of Southeast county for the solution of county problems.

At this point is another sub-relational system, that of the "political faction." The faction may be but two or three persons which, through differences on political issues, attempt to negotiate for the resources

of the total Southeast county political system. The faction facilitates transferals, movements, and exchanges of social property within the entire operating system with the consequence that authority, influence, kinship, prestige positions, the flexibilities of associational life--all become amenable to articulation and manipulation.[5]

In a political sense, the very real property owned by authority and influence incumbents is that of votes. Each actor in the system owns so many votes which may be exchanged, negotiated for, or used in bargaining for advantage in the strategies which the system requires.[6] In addition, inward-facing and outward-facing accessibility provides another form of property which enters into the exchanges and bargainings of the system. Hence, in the hospital project, the state political affiliation of the incumbent probate judge was a necessary resource.[7]

The foregoing analysis has been related to the county-wide organization relevant to the solution of county problems. The concluding point of this analysis is that the time-worn political arrangements are crucial to an understanding of how non-political issues are resolved.

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[5] Ibid., "Factional machinery is generally of two broad kinds: first, that created for other purposes which is converted to campaigning purposes . . . .; second, the essentially personal organization built up by each candidate among his acquaintances, admirers, and followers." (p. 53)

[6] See K. A. Bosworth, op. cit., p. 16, for the statement: "Personal followings and factions . . . are significant factors in determining elections. . . . Also significant, at least for the probate judge . . . are the alignments which in some sense correspond to class lines: greatest strength in the towns, in the traditionally upper class black belt, in the more prosperous agricultural areas of the county, including the values of the hill section; least strength in the hill country and in areas of high white tenancy."

[7] V. O. Key, Jr., op. cit.: "Probate judges are the ambassadors of their counties in dealing with the government and state departments." (p. 54)

Decision-making in Southeast county has as its scope the entire county, and the above analysis has accented the importance of the out-county organization, especially as it is concerned with the large landowners and storekeepers of the Black Belt. However, the towns of Carlin and Farmville must be included, for they constitute islands of decision-making that are not crucial in the initiation of action, but must be reckoned with for the votes which they contain.

Carlin and Farmville. Earlier references have indicated that at least one essential difference distinguishes Carlin and Farmville, namely, that Carlin is the county seat town, and Farmville is the traditional residence of some of the old Black Belt landowners and planters. In Farmville, the city council is composed of landowners in residence in the town and at least one old family--"that came from South Carolina"--has passed a membership on Farmville's city council through several generations.

In Carlin, members of the city council are not landowners but are engaged in business in the town. The male heads of five families have membership on the city council and have been primarily responsible for developing certain male civic organizations such as a Junior Chamber of Commerce and, at present, a Lions Club. Fewer than ten families control the leadership of the social, recreational, and civic clubs of Carlin.

One orientation of Carlin families is to Broadview College and Carlin Military Academy. One of Carlin's important persons is the retired superintendent of the Academy. Today his son serves in the same capacity. Another Carlin civic leader has served for years as a trustee of Broadview

College and was recently active in a large fund raising campaign for the College. This same person stated when interviewed: "It is true that we have a very small town, but we enjoy the contact of educated and traveled people, and the opportunity to enjoy the good artists that the College attracts." Throughout the years there have been threats to move Broadview College to a more lucrative location, but each time the move was resisted by Carlin people. Thus, Broadview College continues as a cherished tradition of the town. People point with pride to the College as the oldest one of its kind in the South. Thus, the life of Carlin is, in one sense, the life of Broadview and "CA," the vernacular reference made to the military academy. Beyond this, much of the daily routine of living in Carlin revolves around the busy schedules of four churches--the Baptist, the Methodist, the Presbyterian, and the Episcopal. The predominant church in size and activity is the Baptist. One of Carlin's city councilmen pointed to this church and reviewed the historical agreements that had been reached within its walls, decisions which affected, as he said, the affairs of early Alabama education and religion.

Carlin informants generally believed that the "ways of the world" were less associated with Carlin than with Farmville, "where people stop work at four and start drinking for the rest of the evening."

Carlin is linked to the social organization, and the political life, of Southeast county of the kinship that extends through town and country alike, by the membership of town dwellers in such organizations as the Farm Bureau, by the advantageous communicative position of the town as the county seat, and, importantly, by the business dependence of the town dwellers on the operations of the large landowners.

Farmville is more directly linked to the county-wide political arrangements than is Carlin, in that the former is a center of business and residence for several large landowners of a rich portion of Black Belt land. Until recently a prominent landowner was a member of the county commissioners court.

In this manner, the crucial distinction between the two towns of Carlin and Farmville would seem to be that Farmville is incorporated into the entire county organization for purposes of decision-making, while Carlin is more autonomous, but due to the block of votes which it contains, it is recurrently courted for the solution of county problems. This task is currently more tenuous than formerly when a highly favored probate judge was a Carlin man, than today when the present probate judge is an out-county man, with the background of the north hill country.[8] Related to this differential in the position of the two towns, Farmville informants hold Carlin as suspect for being unprogressive. As one informant said of Carlin, "just a necessary evil." Also recurrently mentioned is the belief that the city fathers of Carlin are content with the traditions of the two academies and have resisted the development of new business. One informant stated that the people of Carlin were afraid

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[8]See K. A. Bosworth, op. cit., p. 16, for the following statement: "Significant also is the fact that the judge identifies himself and is identified by others as a black belt politician. In a hill beat in which the judge had hoped to show strength because of the construction of a bridge there, he got only 4 out of the 58 votes. A day-before-election rumor had been passed about that the judge had said that he was a black belter, that the people of the hills weren't his kind, and that he didn't want their votes. The notions of class distinction die hard, especially where the horizon is short."

that the coming of new business firms would mean that "Jews would own it, Gentiles would run it, and the Niggers would enjoy it."

Summary. This brief analysis has attempted to delimit the major dimensions of the decision-making arrangements in Southeast county. It should be remembered that this was a hospital project that was oriented to the political subdivision of Southeast county; that the relevant structures and subgroupings within the county were (1) the vertical hierarchy of authority posited in the probate judge and the county commissioners court; (2) the horizontal organization of the entire county maintained by holders of influence and coterminous with the store centered plantation communities owned and operated by some 30 large landowners; and (3) the towns of Carlin and Farmville, the former relatively autonomous but needed for the votes it controls, the latter incorporated into the out-county organization by right of its serving as a residence of several large landowners in a rich portion of Black Belt land.

D. Important Events in the Southeast County Hospital Project

Immediately following the war, in 1945 and 1946, the possibility of improving hospital facilities was discussed by the Farm Bureau directors at board meetings. The members of the Farm Bureau board were aware of impending federal legislation to assist local communities and discussed the possibilities for Southeast county. Too, considerable discussion was reported throughout the county regarding the relationship of modern hospital facilities to the problem of attracting and maintaining physicians. In March 1946 the Farm Bureau directors met with the incumbent probate

judge to arrange for a public hearing on the advisability of pursuing the matter further to satisfy the federal requirement, under Hill-Burton legislation, that discussion be conducted at a public hearing. In the early part of April, 1946, a public meeting was called by the probate judge to be held in the Court House in Carlin. At this meeting several professional leaders, school superintendents, ministers, welfare workers, and officials of both Farmville and Carlin city councils, as well as the Farm Bureau directors, gave their testimonials for the need of a new hospital. Immediately following, the probate judge appointed 16 directors of the Southeast county hospital association, one director to each of the 16 beats ("precincts") in the county. The majority of these 16 directors were landowners, and three were the largest landowners in the county.

The executive committee of this group, nine members, circulated a petition to the voters of the county and obtained the signatures of between 4,000 and 5,000 persons in favor of the hospital. The chairman of the executive committee, also a large landowner and president of the Farm Bureau, together with the largest landowner of the county, presented this petition to a meeting of the commissioners court. Consequently, in November 1947, the commissioners court voted to put a $60,000 bond issue to vote in order to develop a facility in Carlin and one in Farmville, both of which would total 50 beds. At this point some opposition was encountered, reported to have been led by two members of the commissioners court, both representing a faction of the "Hill people," and a local physician who had formerly been a country practitioner in the northern

hilly areas of Southeast county. Nevertheless, the public vote for the bond issue was passed by a two-thirds majority.

Next followed a surprise to the sponsoring group for the hospital. Hill-Burton hospital legislation provided for federal assistance to the extent of one-third of construction costs, while the local hospital association members had believed that federal assistance would be two-thirds of the total cost. Two immediate decisions, however, were made to counteract this unexpected crisis in the financing of hospital construction. One was that the hospital association agreed to reduce the size of the facility at Carlin to 21 beds and to dispense with the proposed facility at Farmville. The second was to arrange for a local delegation to travel to the State Capitol and petition help from the state building commission. By this time the former probate judge, who had been in office when the project was initiated, had died and a new incumbent in political sympathy with the state administration had been appointed.

The state building commission agreed to contribute $50,000 of state monies, and later an additional $5,000, which followed after a second meeting with the state building commission. With these results the construction of the hospital began. However, the increase in building costs and the incidence of questions about maintenance expenditures for the new hospital led the Southeast county executive committee of the association to request the county commissioners court to levy a two mills tax, "to be used solely for acquiring, constructing, operating, equipping, or maintaining county hospitals. . . ." With the hospital already under construction there seemed to be, as some informants put it, no alternative to passing this issue by public vote which, indeed, did happen.

Simultaneously with the above events were a series of happenings over securing the site for the hospital. The original site was owned by the Carlin board of education but this group, after becoming entangled in the opposing political factions, decided to withhold the desired site. This event resulted in the appointment of a hospital site committee consisting of, almost entirely, the members of the Carlin city commission. The site committee finally arranged for another location, which was duly approved.

Southeast summary. The foregoing treatment has deliberately cited only the gross, but essential, dimensions and aspects of the Southeast hospital project. Although the people of the county were called on twice to support decisions made by others, it is indeed important to emphasize that the decision-makers in this instance were concentrated in certain subgroupings of the county, and within specific structural arrangements. The initiating force came from large landowners who were officials of the currently important Farm Bureau, but the locus of legitimacy was placed in the county commissioners court and specifically the office of the probate judge. The court approved the project and the vote of a $60,000 bond issue, but only after the prominent landowners in the Black Belt were appointed to the board of directors of the hospital association, which served to commit their names to the project if not their time and active interest. Although continuing opposition was present, no serious interruptions occurred to the development of the project. Such opposition centered in a political faction, which represented a political difference between the incumbent probate judge and the out-county

political organization of the "hill country." This project involved the elicitation of the support of state agencies, to which the probate judge had ready access. The people at large in Southeast county had two formal recourses to the decisions of the commissioners court-large landowner sponsoring arrangement, both by voting. That the voting result in each event was favorable to the hospital project is undoubtedly related to the rather complete involvement of both the authority and influence structures of Southeast county.

Finally, it must be emphasized that, although the site of the hospital was to be the county seat of Carlin, initiation and the continued impetus to the project came from out-county sources, and opposition extended into the out-county organization. At that point where site selection became relevant, the officials of Carlin were formally invited into the sponsoring group.

Mid-State

A. Physical Setting

The Mid-State hospital project refers to a hospital service area coterminous with the political jurisdiction of Mid-State county. Throughout, the hospital planned for the area was to be known as the Mid-State County Memorial Hospital. Mid-State county represents that group of hospital projects earlier typed as community situation I, or high need for a hospital, a predominantly rural population sparsely settled, and a relatively small hospital goal measured by the number of planned hospital beds. The Mid-State project represents approximately 40 per cent of all

the cases in the Middle States Region and 50 per cent of the Middle States projects in type of fund raising method employed, the combination voluntary subscription and bond issue without the services of a professional fund raiser.

Mid-State county was settled in 1850, one of the last in Indiana due to the excessive swampy nature of the terrain. Through the years, however, increasing attention has been given to drainage and reclamation and a subsequent development of vegetable gardening on the fertile muck lands which reclamation provided. Together with this increase in commercialized agriculture, the proximity of Mid-State county to adjacent cities has brought an influx of workers who live on small parcels of land and commute to industrial jobs in the nearby larger cities. The in-migration of industrial workers has included great numbers of people from the southern Piedmont areas. As one informant stated, "The Kentuckians have taken over Indiana without even firing a shot." Another major trend has been the development of a recreational and resort industry, especially near the lakes of the county.

The physical base of Mid-State county distinguishes two distinct areas, referred to locally as the "east side" and the "west side." The eastern half of the county is subdivided into small farms devoted largely to general agriculture and the small plots of city workers. It is on the western side of the county that the preponderance of muck land occurs, and accompanied by the greatest development of commercial agriculture, especially truck crops. One of the references made to this west side area was to two brothers who had started on a small farm 15 years ago, using

horses to initiate a truck farming operation. Today it is reported that the extensive gardening operations of the brothers involve 75 tractors.

For the "east side" of Mid-State county the trade and service center is the county seat town of Larch, which had a 1940 population of 2,500 but estimated presently to be almost doubled due to the in-migration that occurred during and since World War II. Informants reported that Larch was the center of Republican politics, old American stock, and a considerable number of suburban dwellers who had migrated in from Kentucky and other states during the war years. For the "west side" of Mid-State county, the trade and service center is the town of Westville, which had a 1940 population of 1,900. Informants reported that this town, besides being the center of Democratic politics, exhibits an heterogeneous population of mixed European stocks. References were frequently heard of this town as "Little Europe." It is predominantly Catholic, as is its surrounding trade area. Larch, on the other hand, is a predominantly Protestant town. Westville has developed industrial activity, with a garment factory and a special ornament processing plant. Larch is more commercial with indigenous small businesses, although a small war industry was organized there in the early years of the war, which attracted the southern workers.

B. Socioeconomic Setting

Old Americans and ethnics. Although the essential purposes of the present case studies do not include a detailed and systematic analysis of class and status differentiation, certain aspects are relevant to the decision-making process. Both the wealth and the organized associational

life of Mid-State county are concentrated in the two towns of Larch and Westville. Even the commercial farmers of the "west side" operate exclusively in the civic and religious life of Westville. A crude differentiation of the class and status systems of the county would be that of the "old Americans," construed locally as Anglo-Saxon stock of some residence in the county, but not necessarily "old family" in the sense of pioneer settlement; and the multiplicity of ethnic groups, predominantly middle European. Especially in Westville one finds an incidence of Mexicans, recruited to assist in the commercial gardening enterprises. Several references were made to "the Mexicans always travel in groups, and if one goes into a dime store the whole group will do likewise." Finally, there are the "K-Y's," the in-migrants of the past few years from the South, especially the Piedmont area. Informants pointed out that in an earlier period the "Kentuckians" would come for seasonal labor duties and then return for the winter. More recently, however, the reports have it that once a "Kentuckian" arrives, he is in Mid-State county to stay. One informant pointed out that after the war, such in-migrants for seasonal labor would not follow the earlier practice of being taken home by their employer after the season was over and cited the case of one farmer who "loaded up a bunch (of Kentuckians) and took them back to Kentucky, but they all beat him back to Mid-State county."

Both Larch and Westville have their elite group, referred to locally as "crowds." Thus, one "crowd" may organize around frequent visiting at the homes of each member and, in the case of Larch, make frequent trips to nearby metropolitan centers for attendance at the theatre, night clubs,

or for expensive dining. Such "crowds" in Westville appear to be less mobile and relate more frequently to church functions and local civic organizations. In the elite group of Westville one finds certain wealthy businessmen, the industrialists, and the large commercial gardeners. All the evidence points to the exclusiveness of such "crowds" of elite groups between Larch and Westville. A few informants from the elite spoke of a "middle bunch," "who work hard to get some place, but don't know very much." Included here would be the bulk of the small businessmen, the general and subsistence farmers, and paid professionals. Medical doctors and lawyers are considered to be among the elite, especially in Larch.

Where the ethnics belong is confused. The lower income ethnic representatives appear to be ranked somewhat higher in Westville than in Larch, perhaps since the ethnic concentration in and around Westville has resulted in some representatives becoming prominent in business and industry. The valuations made in Larch would seem to place them lower. Mexicans, poor Kentuckians, and old American "welfare cases" tend to lump into a lower class, with the Mexicans and "K-Y's" competing for lowest place.

Urbanization. Perhaps the single most important characteristic that impresses the observer is the rapid change of the past ten years in Mid-State county, especially the in-migration of southern farm workers and the ethnic groups of Westville. Not only have the towns of Larch and Westville increased in population with these migrants, but the familiar symptoms of suburbanization are found at their fringes. Also impressive are the advantageous results of commercialized farming to some operators,

and its shifting of these same operators from a position of an "open-country subsistence farmer" to a position of businessman in the town circles and "crowds" of Larch and Westville, especially the latter. The most casual observer would not overlook the relation of Mid-State county to the orbits of surrounding metropolitan centers, and the extent of the relationship is indicated by the mobility of county residents to and from these centers for purposes of employment, economic services, and the arts.

Poverty and public affairs. Practically all informants in this case study referred directly or indirectly to Mid-State county as, "we have a very poor county." Following this are a variety of themes which appear prevalent in discussions of public affairs, namely, "property," "taxes," "economy in government," and "sound business management." The beliefs of most informants, that the county is very poor, are not borne out by county statistics, since the level-of-living index for Mid-State county is slightly below the average for the entire state. Concern was evidenced over the "rights of the individual" and of "taxpayers and property holders." Higher taxes to support public projects is one of the constant fears of Mid-State county people. Taxes are held, not only as very real burdens in a "poor county," but construed as symbols of interference with the rights of the citizen.

C. Empirical Decision-Making System

Traditionally the physical resources of Mid-State county have been given to agricultural production of a general nature, with most of the trade and commerce concentrated in the county seat town of Larch and the

smaller trade center of Westville. However, the past fifteen years brought change and with this change certain shifts in how local problems are solved. Again, the following remarks about Mid-State county briefly delimit only the gross elements of the setting within which such issues as hospital construction are resolved.

Political organization. There is little doubt that the orientation of the hospital project to the jurisdiction of the county relates to the relevance of the entire county as the setting for the solution of major problems. The evidence suggests that the only county-wide formal organization for the solution of major problems is that of the county political organization. No association has an important county orientation. Associations are primarily organized in the interests of the "communities" of Larch and Westville. Certain rural organizations are present, together with an initial associational development in the new resort community of Valley Lake.

Public affairs of a jurisdictional nature directly concern the Board of County Commissioners, formed with a representative from each of the townships. One of the important committees of this group is the county council, charged with many financial decisions. Related to the Board of Commissioners is a series of political offices, which generally affect the conduct of county affairs, and did, specifically, relate to the hospital project. These are the offices of county auditor, county treasurer, and, to a less extent, the Sheriff. The role of probate judge contrasts sharply with that in Southeast county. In Mid-State county the probate judge does not occupy the superordinate position with the Board of Commissioners but devotes considerable time to the administration of welfare activities.

Perhaps the most unique political office in Mid-State county is that of the Circuit Judge, who presides at jury trials but functions also as a source of legal knowledge. The office of Circuit Judge is most important in decisions regarding local affairs, especially those with legal ramifications.

Although politics is reported important in Mid-State county, it is not the "game" of Southeast county. Although being a member of a party is important to participation in certain networks of social relationships, by and large politics lodges in the county seat with the usually perfunctory duties of the Board of Commissioners. Informants in Mid-State county place some emphasis on the "ability to be neutral" of politicians on matters, such as hospitals, that are construed to be "out of the realm of politics." Thus, political organization would appear to be seen in two ways, or (1) as a means to handle the affairs of county business and (2) as an arrangement to resolve problems that are "not political," and in connection with which its members and its paraphernalia, "the court room," are supposed to remain neutral.

Beyond these comments the over-all political organization is divided somewhat equally along party lines and centers in two important subgroupings of the county, the town of Larch as a Republican stronghold and the town of Westville as a Democratic center. Weekly newspapers provide the organs whereby the party positions are kept alive and communicated.

Larch and Westville. Actually Mid-State county is two counties in one. The "east side" is centered in the county seat of Larch and the "west side" in the smaller industrial town of Westville. Beyond political

differences, the towns of Larch and Westville are reported to have had a long rivalry. Numerous incidents were reported, such as reports from Westville informants that "Larch had stolen the best basketball coach we ever had." The written report, via questionnaire, on the hospital project from a Larch member of the hospital board stated: "Opposition came from another town because its citizens opposed the hospital being located at Larch, believing that the county seat town would gain more business." The evidence would support the conclusion that communication between the two towns was poorly developed. Several informants on the "west side" did not know some of the persons in Larch who were active on the hospital board and, indeed, the chairman of the board, a Larch business man, was not known to several. This communication should be compared with Southeast, where participants in the political organization were well aware of the way in which the organization functions, and even those outside "played the game" in terms of alignments over issues, with their vote to be bargained and negotiated for.

Informants in each case study were asked: "As applied locally what do you mean by the word, 'community'?" Nine out of ten respondents in Mid-State county agreed that the town and the respective service area was the important grouping reserved for the name of community. However, of growing importance is the resort community of Valley Lake, midway between Larch and Westville, which, as it did in the hospital project, increasingly serves to mediate the rivalry between the two older centers.

Both Larch and Westville exhibit the usual associational pattern of the small town, with male service clubs in each situation being

recommended by informants as the "way to get things started." Of particular importance are the Rotary Club in Westville and the Chamber of Commerce in Larch. To these organizations belong the businessmen of each town--the industrialists of Westville and the self-employed professionals, such as physicians and lawyers of Larch. In addition, since Larch is characterized by more practicing physicians, the county medical society has its organizational focus there.

Each town has its town council for immediate handling of public matters that pertain to the respective municipalities. At least in regard to the hospital project, the town councils, as total groups, did not appear to play a part. One specific opposition to the county hospital project stemmed from a member of the Larch town council, but as an individual rather than a representative of the council.

Associational tangency.[9] The evidence suggests that no single association, such as the Farm Bureau in Southeast county, articulates with the county political structure or provides either a form of integration or an arena in which both incumbents of authority and influence may be joined for problem-solving. Articulation within the two major subgroupings, those related to the towns of Larch and Westville, occurs by means of the Chamber of Commerce in the former and the Rotary Club in the latter. The Farm Bureau is a prominent organization in the out-county rural areas, but lacks tangency with the town of Larch, especially, and is tangent to Westville only to the extent that a few wealthy commercial gardeners on

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[9]See E. D. Chapple and C. S. Coon, Principles of Anthropology, Henry Holt and Company, 1942, ch. 17, pp. 416-442.

the "west side" belong to both the Farm Bureau and the local Rotary Club. With this brief comment it should be pointed out that not a single association was mentioned by Mid-State county informants as being the continuing sponsor of projects that concern the entire county. Indeed, the associational complex would seem to pivot about the towns, with an enlarging scope in Westville due to the commercialization of agriculture on the "west side" and the subsequent introduction of farmers into associational and religious activities.

The county medical society would seem to have a particular relevance to the hospital project. It is doubtful whether the medical society would provide a continuing associational framework for the introduction and sponsorship of county projects other than those dealing with health and medicine. However, the medical society is quite relevant to the specific issue of the hospital, being the only organized expression of the medical or allied health professions in the county.

Summary. The development of county projects in Mid-State county must relate to the autonomous social organization of the two towns of Larch and Westville. In Southeast county, the closely knitted organization of the entire county included the two towns of Carlin and Farmville. In Mid-State county the capacities for the decision-making process are organized in terms of the towns, especially in an initiating sense, with a county-wide political organization centered in the Board of Commissioners. Hence, there are two parallel decision-making systems, the one focused in the business and industrial complex of the respective towns; the other, county-wide, with the organizing principle of the Board of Commissioners.

This means, of course, that in the event of a county project involving the administration of financial or legal programs, the parallel structures must be articulated. In projects of financial and legal implication the Board of Commissioners possesses "built-in" legitimacy for such decisions. Although the members of the Board may not be crucial in either the making of decisions or in their administration, their approval must be, as it were, secured or "captured" by those most active in other aspects of the process. Thus it would seem that authority in the community organizational schemes of Mid-State county is posited in the Board of Commissioners, but provides but selected functions in the entire process of decision-making. Influence, on the other hand, geared to the business professional and industrial men of Larch and Westville, becomes the initiating (decision-making) and execution capacity for on-going county projects. The real problem for the fruition of the complete decision-making process in this case is that of fitting the two together, as was, indeed, the problem of gaining a hospital.

D. Important Events in the Mid-State County Hospital Project

Throughout the period of World War II and immediately following, the development of need for a hospital was not only sporadic but constructed around beliefs with no central ground of agreement. The proximity of accessible metropolitan areas, one a thirty-minute drive from either Larch or Westville, resulted in the referral of patients by local physicians to large nearby hospitals. Re-enforcements to this practice included the patronage given by many Catholic families on the "west side" to Catholic

hospitals in a nearby large city. Discussion of hospital need centered in Larch and was concerned with reported "inefficiencies" of Larch physicians daily traveling the roads to and from patients entered at larger hospitals in nearby cities. Local discussions accented both the hazards of daily trips for the physicians and that morning hospital calls for the physicians in the cities resulted in no office hours in the towns of Larch and Westville. However, the history of early discussions of hospital need included some skepticism, especially on the "west side," or that "the county is too poor to support a hospital," and "we are so close to large cities that people will continue to go to large hospitals even though we had one here."

In March 1945 a weekly newspaper in Larch initiated a series of editorials and feature articles about the need for a hospital. These summarized impending federal legislation to provide for assistance to local hospital projects and quoted from articles published in other journals and newspapers. This newspaper publicity continued until November of 1945, at which time the editor of the Larch weekly paper initiated a meeting referred to by informants as "the Sunday morning breakfast." To this meeting came local physicians from both Larch and Westville, businessmen from Larch, and two leading industrialists, one from Westville, the other from Larch. At this meeting recommendations were made to construct a new hospital in Larch, rather than revamp the present county home, a procedure earlier discussed. The other conclusion was that of attempting a voluntary subscription of funds, which the newspaper editor believed could make it possible to provide construction costs.

Some attempts were made to raise funds by public subscription after this meeting. This was, however, not organized, and the result was a few hundred dollars collected, largely through the contributions of two local organizations. This led to an increasing belief that the public subscription plan for funds would not be successful and that more formal instrumentalities would be necessary. Thus, in the spring of 1946 a hearing was held at the Court House, at which time the Circuit Judge read the provisions to the attending taxpayers for developing a hospital by a voted bond issue. A temporary hospital committee developed from this meeting, with two persons in position to do some active promotional work. These men were new on the scene, one an official of a Larch chain store, the other credited with being a chiropodist and a son-in-law of the Judge.

Public notice of petition and determination to issue bonds was released in November 1946. During the intervening months of 1946 promotional meetings were conducted in the county, one in Westville, attended by only a few persons. A necessary step in the issuance of bonds was that a petition must be signed by at least 200 taxpayers indicating a willingness to submit the bond issue to public vote. This was accomplished in the summer of 1946 and the petition submitted to the Board of Commissioners in September of 1946. Next followed a public vote in November of 1946 which was passed, although considerable resistance was manifested by the voters in and about the town of Westville. Throughout the county the vote was 2 to 1 in favor of the hospital project, but in the voting precinct including Westville the vote was 3 to 1 against. Immediately following this event a series of routine events occurred, the most important one of

which being that of the appointment of a hospital board of five members by the Board of Commissioners. Other activities immediately followed, such as the investigation of architect firms, building plans, state regulations, federal assistance, and site location.

Throughout the winter of 1946-47 the editor of the Larch weekly paper began to refer to the hospital project stating that it was his purpose, and that of the newspaper, to make sure that the people knew all the facts about the hospital development and to make public the deliberations of the hospital board. This attention led to exposures of what was argued as an irregularity in the handling of finance by the hospital board, which was one factor in the eventual resignation of the two active promoters mentioned earlier, one of which had become chairman of the hospital board, the other appointed "tentatively" as the proposed hospital administrator. In addition, difficulties of the two promotional workers on the hospital board increased when disagreements occurred over payment for their services rendered. Resignations were submitted, reappointments made with four of the board members from the town of Larch, and one from Westville.

The next important event occurred in April 1948 when the property owners filed a petition to request the issuance of bonds of the county in an amount not exceeding $200,000 for the purposes of providing funds for constructing and equipping a county hospital. Within a few days, however, a remonstrance was filed against the sale of bonds, in effect a petition with more signers than the original petition in favor of the bond issue, and concentrated on the "west side" of Mid-State county. The basis of this remonstrance was that the legal wording of the original petition and

ballot in regard to the bond issue was legally loose in terms of mandating the Board of Commissioners to sell the bonds. Although a later chapter will treat in greater detail the strategy of the remonstrance, it may be pointed out here that, although the remonstrance was a formal statement of resistance from Westville and the "west side," its planning and initiation came from a disgruntled professional person in Larch.

After the appropriate state tax authorities upheld the remonstrance, a delay resulted until early 1949. During the intervening period, federal assistance became available to the extent of $100,000. By this time, three of the seven-man hospital board were medical doctors from Larch, three were Larch businessmen, and one a wealthy landowner from Westville. The hospital board became active in encouraging the filing of petitions by groups within the county in order to remove the delaying action of the remonstrance. As a result a legal hearing was called in April of 1949 and, with a visiting Judge, the remonstrance was declared "unverified" and its delaying action removed.

From this point the Mid-State county hospital project progressed by the solution of the technical details for construction, the acceptance of bids from architects, further negotiations with federal authorities, and the sale of bonds. By late 1949, federal regulations were amended to permit dollar for dollar matching with federal funds. The proposed hospital was now valued at more than $400,000. Construction began in the latter part of 1950, with official opening scheduled for 1951.

Mid-State summary. The crucial explanations for the decision-making process in the Mid-State hospital project were the competitive activities on the part of two key subgroups of the county, Larch and Westville, to

control the locus of formal and legal legitimacy, the Board of County Commissioners. Beyond this, it is necessary to emphasize that (1) businessmen and physicians were playing predominant roles in the operating and promotional group, the "inner circle" of decision-making, the hospital board, and were largely involved within the orbit of Larch; and (2) little attempt was apparently made by the Larch-centered decision-makers to attempt either the introduction of influentials from Westville at any stage of the project, or to insure the articulation of the authority structure, posited in the Board of Commissioners, and the double influence structure posited in the business and professional roles of the two towns. In one sense, the "west side"remonstrance served to immobilize the relevant functions of the Board of Commissioners, which not only served to legally isolate the authority and influence organization of the county but to provide a period whereby the three decision-making nexi of the county, Larch, Westville, and the Board of Commissioners, might devise carefully the strategies by which the remonstrance could be made to hold or to be revoked.

One observation might be tentatively advanced in regard to the overall Mid-State project. This would deal with the hypothesis that the devisiveness, or lack of articulation, of authority and influence structures in Mid-State county made for many uncertainties on the part of the decision-makers, the subsequent inability to predict, and for the occurrence of unintended consequences, of which the chief one was the delaying remonstrance.

Farwest

A. Physical Setting

Farwest county was one of the original 27 California counties organized in 1850. Most of the county falls on the western slope of the Sierra Nevada Mountains and varies in altitude from about 1,200 to 2,600 feet, and covers an area of about 1,028 square miles. This hospital project represents the type earlier characterized by high need for a hospital, a low total population in the service area, a relatively small hospital goal measured in terms of the number of hospital beds, and with high rurality.

Farwest county is in the heart of California's oldest gold mining region and gold has been an important product for the greater part of its history. Gold has recently given way to other developments, until at present lumbering and a rock processing industry are leading sources of employment. Beef cattle production is important. In 1948, 1,000 of the 4,785 persons gainfully employed were listed as in farming.

B. Socioeconomic Characteristics

Rurality. The total population of Farwest county is currently estimated at 11,500. The peak in population came in the earlier days when mining was a lucrative business. But one incorporated town is in the county, that of Champ with an estimated population of 1,250. The county seat is Marino with an estimated population of 1,655 in 1948. Other small villages exist in the county, ranging downward from a population of 800.

Ethnic heterogeneity. Spanish people were a large proportion of the county population in earlier days and many of the place names are Spanish.

Earlier, the Chinese were also numerous but in later years have almost completely disappeared. In the early days of the Gold Rush a great influx of population occurred from the eastern and New England states and many of their descendants are now considered the "old" families of the county. In the latter half of the nineteenth century, Farwest county attracted many Italian immigrants. The Italians are presently the dominant ethnic group in the county. Italian names are conspicuously present in the daily life of the county, in its newspapers, and on the membership rosters of associations and fraternal orders.

Differentiation. Although the essential purpose of the present study was to not ascertain with exactness the various status groupings in the relevant service community for the hospital, the evidence suggests that Farwest county exhibits a relatively undifferentiated social setting. Major subgroupings of the county which would ordinarily reflect some form of status differences would be those of the several small towns, the out-county rural areas of relatively large farms and ranches, the several large industries with employed executives and other officials. However, no sharply differentiated class orientation could be determined. This was seemingly true of the relation of ethnic groups which, although with special interest groups of ethnic composition, are considered bona fide residents with every opportunity to participate in county affairs. Many of the prominent businessmen of the area are Italians, and all reports indicated that they are active in the public affairs of Farwest county.

One important consideration, in a ranking sense, is that of "old family," referring to those whose ancestors were early migrants into the

county. However, the precise definition of what constitutes "old family" as to dates of arrival has great flexibility; hence, the Italian family who followed the Gold Rush days might also be so classified. It would seem, therefore, that the later settlement of the Far West mountain areas, together with the inward and outward shifting of populations--both have not permitted the crystallization of sharply defined status positions and the delimitation of distinctive social classes.[10] Too, the low population and the low density of population provide for a simplicity in communication between the several small towns and the large farmers and ranchers.

C. Empirical Decision-Making System

The hospital project of Farwest county was oriented to the service area of the county, and was developed through a legal instrumentality of a county hospital district. Decision-making in Farwest county, as it concerns county-wide projects, takes place within a social organization exhibiting certain organizational focal points. Among these the most important are those of the county governing body, both county and town associations, and an influence structure, the resources and skills of which are posited in a relatively few individuals in business, industry, and the professions.

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[10] See C. C. Zimmerman, Outline of Regional Sociology, Phillips Book Store, Cambridge, Massachusetts, who states of the "Pacific Region": "This is a very new region with as yet a personality dominated by this newness. Transplanted peoples take time to recreate themselves in a new environment. . . . It will be at least another generation before we can really know what thepersonality system of the region will be like. At present it is purely transitional and highly regional chauvanistic." (pp. 116-117)

Political organization. The sparsely settled and isolated small town communities of Farwest county appear to be integrated through a prominent county governing body, the Board of Supervisors. Informants in Farwest county agreed that no other county-wide group could sponsor county projects, and initiate them, in the way comparable to that of the Board of Supervisors. In regard to such problems, one informant stated that "the Supervisors would have to take action sooner or later." Another informant summarized the viewpoints of others when the statement was made, "In matters of this sort you have to get past the Board of Supervisors." Although the Board of Supervisors does not have an integral role of the importance of the probate judge of Southeast county, its organization permits the continuation of strong leadership through the chairman. The present chairman of the Board of Supervisors has occupied the position for 26 years, and is referred to as "the power of the Supervisors" and "when he says so they jump." Nevertheless, the office of chairman of the Board of Supervisors lacks the definite scope of authority of the probate judge, in that he still represents one of the districts of the county and must always confront the judgment that "he is making use of the chairman's job to help his own district."

In addition to the legal authority and rights of office of the Farwest Board of Supervisors, its members also possess a strong measure of accessibility into regional and state political and administrative agencies. The county governing body in Farwest county is related closely to the administrative and political developments in other counties and in the entire state. This was assisted by a resident of the county who is

currently state senator. This office provides a point of convergence for the local Board of Supervisors and the state-level political organization.

Out-county political organization. Although no conclusive investigation was made, the present evidence indicates that the extension of the Board of Supervisors into the districts which each member represents is not a developed one politically. County politics is not a "game" in the sense of Southeast county but a flexible relationship of the people at large to the important symbol of "politics" in the county, the Board of Supervisors. This board is viewed as an instrumentality to "get things done for the county," rather than the focus of an extensive and complex preoccupation with its decisions and activities, or even working through informal political arrangements in the out-county areas.

Decision-making capacities. As in Southeast county, decision-making in terms of county oriented projects relates to two roles. One is the authority for county matters that is built into the office of Supervisor. However, the notion of office, as in the case of the Southeast probate judge, is much less defined, and, indeed, the Board of Supervisors in its totality makes a more meaningful expression of authority and a locus of legitimacy than does the distinct role of the board member.

The second role is one of influence and is posited in certain businessmen, executives, and professionals of the industrial developments in the county, and in the various small towns, especially Champ and Marino. From the evidence available, the large farmers and ranchers of Farwest county relate to the decision-making system principally through the Board of

Supervisors; while the organized associational life of the small towns makes possible the control of the resources and proficiencies for decision-making by a relatively few number of individuals. It should be pointed out that the influentials of Farwest county, at least those associated with the hospital project, also possess a strong measure of access into state administrative and business circles. The influence structure of Farwest county is organized about the towns and the attending business, industrial, and professional services which they sponsor. Here is a difference with Southeast county in that the influentials there were large landowner-storekeepers of the out-county plantation areas.

As in the two previous cases, Farwest county possesses both an authority structure, focused in the Board of Supervisors, and an influence structure, focused in the associational and business life of the small towns. The problem of the decision-making process and of gaining consensus on the part of the entire county is that of articulating the authority structure of the Board of Supervisors and the influence structure of the business, industrial, and professional life.

Articulation occurs in Farwest county in much the same way as it does in Southeast county, namely, by tangent county and community oriented associations and by the control of the resources and proficiencies of decision-making by a relatively small number of individuals; and, contrary to Mid-State county, the lack of autonomous subgroups within the county. In both Southeast and Farwest counties the uniformly rural nature of the population, and accompanying small towns, suggests a conclusion that no subgrouping is possible that may seriously compete with the over-all

functions of the Board of Supervisors. Only one town, and that not the county seat, is incorporated and possesses a municipal group with official functions.

Associational tangency. The associational life of Farwest county divides into three relevant types of associations, in so far as community organization and decision-making processes are concerned. One is the series of town-centered civic organizations which integrate the interests of businessmen, industrial leaders, and professionals. In Champ one finds a Lions Club and a Boosters Club which not only have an immediately local function for problem-solving but concern themselves with county projects. Informants held Champ to be a "progressive" town, locally explained by the presence of several officials of an important industry in the county, the rock processing plant. However, one finds in Marino, the county seat, a Progressive Club having both local interests as well as county projects; and a post of the American Legion, with a record of community and county activity.

A second relevant form of association is that of county-wide organizations, of which the most important is the Grange. The Masons follow next. Although the membership in the former is predominantly rural and out-county, it is by no means exclusively so. Incumbents on the Board of Supervisors generally hold membership in the Grange, while residents of the small towns and rural farmers and ranchers join in membership in the fraternal lodges, especially the Masons. If the Grange and Masons do not play initiating roles in county projects, they offer a ready mechanism whereby communication and support may be obtained.

A third relevant form of association is that of the Farwest County Medical Society. The organized medical professional group stands as a locus of influence in all matters pertaining to the health, safety, and welfare of the county. Physicians participate in the associations of town and country alike.

An over-all observation of the associational life of Farwest county is that it is limited, in its relevancy to the decision-making process, to a few well-known organizations, in which widespread membership is maintained. This condition makes for simplicity and insures the articulation of the associational structures with the county Board of Supervisors. This condition was, of course, precisely the situation in Southeast county where the only important county-wide association of extensive membership was the Farm Bureau.

Marino and Champ. Both towns in Farwest county, as well as the smaller villages and hamlets, serve as focal points of county activity, economic, social, and political, rather than the centers of organized subgroups of the county. Informants in Farwest county did not indicate a history or tradition of rivalry between these or other villages, as was the case of Larch and Westville in Mid-State county. One explanation for this occurrence is the relatively undeveloped nature of the towns, characterized by insufficient population, services, economic base, and constituted administrative agencies to seriously compete as an autonomous subgrouping. In this way the gain of Marino and Champ is dependent on the gain of the county and, at this point, both are absorbed within the affairs of the county. Articulation of authority and influence structures does not have to confront the situation of Mid-State county in which two

sufficiently autonomous subgroupings of the community are administratively encompassed by the political jurisdictions of the county and its primary governing structure, the Board of County Commissioners.

Both Marino and Champ become the visible pivots in county affairs. They do not limit themselves to immediately local activities and exhibit little community autonomy and ethnocentrism. In Southeast county the town of Carlin was somewhat autonomous but was completely absorbed in the larger instrumentalities of the county. In Mid-State county the two towns were not only autonomous, were not absorbed into the county political machinery, but had to be constitutionally confronted with it. Thus, the small towns and villages of Farwest county are where a county-wide orientation is expressed.

Summary. The foregoing analysis attempts to portray another decision-making system oriented to the jurisdiction of the county, and following rather closely on Southeast county. One does not find the integration of authority and influence structures as was the case of Southeast county, but the parallelism of Mid-State county is not evident. In Farwest county the county orientation to problem-solving makes the Board of Supervisors the crucial agency of authority, not so much in specific offices of the Board, but as the total Board. Influence capacities are posited in a relatively few business, industrial, and professional persons which, together with a limited county-wide associational development, makes for simplicity in articulating the incumbents of influence roles with those of the authority agency. In each instance, maximum accessibility is enjoyed by local decision-makers to political and administrative agencies on state and regional levels.

D. Important Events in the Farwest County Hospital Project

The Farwest hospital project developed from an increasingly acute need for hospital facilities since 1900. Although hospitals were located in cities adjacent to Farwest county, the mountainous terrain reduced their efficient use. In Marino a small private hospital of some 12 beds had been operating, but was reported to have had but a minimum of modern equipment. This facility was eventually condemned as a fire hazard.

In February of 1946 a public meeting was called in the village of Crossroads, with a population of about 800, to discuss and plan for the improvement of medical facilities. The specific objective of those who sponsored the meeting, led by the Supervisor of the area, was that of combining a community hall and physicians' offices with a few hospital beds for emergency purposes. The assumption was that the provision of space for the practice of medicine would be an important factor in attracting physicians to Crossroads. The result of this meeting was to contact an architect's firm in regard to a planned facility of an estimated cost of $10,000, and a collection from public donations of about $2,500.

Within a month, however, the sponsoring committee at Crossroads learned of the presence of state regulations in regard to community development of medical facilities and began to doubt the advisability of proceeding as a single community. At this point a request was made to a State Senator, resident in Farwest, to discuss regulatory measures on the state level. The Senator, at a meeting in Crossroads, discussed the California legislative provision, originally initiated by the Farm Bureau,

for permitting local areas of the state to form legally constituted hospital districts for constructing, equipping, and maintaining hospitals.

The Senator was well known in the area for his long tenure in the state legislature, his close acquaintanceship with state officials, his continuing interest in social legislation, and his introduction of such legislation in the state legislature. He was considered a "friend" of Farwest County.

The Crossroads sponsoring committee, from this point, introduced the notion of a county hospital district to other groups, the Senator described California hospital legislation in his newspaper, and the civic clubs in Champ and Marino, as well as the Parent-Teachers Association, not only gave their support but became active in circulating petitions to request the Board of Supervisors to call an election on the Hospital District issue. As reported, the circulation of petitions was under the leadership of local physicians. As a result, a petition with 1,200 signatures was submitted to the Board of Supervisors, about three times the number needed.

Throughout the summer of 1946 hearings were conducted on the issue, and meetings of the Lions Club in Champ were devoted to the presence of outside hospital consultants. In August of 1946 a county election was held, the Hospital District issue passed by a vote of 1,675 to 110, and a five-man board of directors appointed by the Board of Supervisors. The chairman of the board of directors was a local construction engineer; another member, to become perhaps the most active decision-maker, the legal consultant for the lumber industry in the county. The remaining three members of the board were occupied as follows: one was a self-employed

businessman, a second was the operator of a local garage and dealership, and the third was a Champ businessman.

From this point, after the first meeting of the hospital board in October 1946, an analysis of the board minutes, newspaper stories, and interviews in Farwest county--all indicate that the activity of the Farwest hospital district moved to frequent deliberations of a small group of persons. These deliberations represented a growing relationship, and seemingly effective communication, between the various agencies concerned with the project: (1) the State Hospital Survey and Construction office, with the Senator and the lumber legal consultant member of the Hospital District Board performing the "go-between" duties; (2) local meetings of the local Board, which occurred more than once each month; (3) the county Board of Supervisors, with its representative being, in most instances, the county attorney; (4) the medical society, with its president as the representative. Meeting after meeting occurred throughout the remainder of 1946, dealing with details of the developments that included investigation of other recently constructed hospitals, surveys of local needs, consideration of hospital architects, the required size of hospital for Farwest county. Such activities continued until December 1947, at which time the earlier decided hospital cost of $900,000 (a 75-bed hospital) was reduced to $750,000.

Throughout early 1948 more meetings continued of the sponsoring groups with frequent invitations to join with the Board of Supervisors, state hospital officials, local medical representatives, and the representatives of hospital architect firms. The purposes here were those of determining

the proportions of local funds needed to initiate hospital construction and the forthcoming contributions from state and federal sources under the federal construction program. During May, 1948, notice was given of a county election to approve the issuance of bonds to the extent of $350,000, and a series of six community meetings were conducted by the hospital board to acquaint the voters with the issue. In the June election the issue passed with a majority of seven to one. For the remainder of 1948 and into 1949 continued meetings of representatives of the relevant organizations cited above resulted in construction bids being let and accepted, construction commenced, and a hospital administrator employed. A close scrutiny of hospital board minutes demonstrates that throughout this period equanimity prevailed.

If the above brief treatment of the major events in the Farwest hospital project seems to exclude incidents of resistance and opposition, it is only because this particular project was surprisingly free of difficulties, with the subsequent impression that it was largely an administrative exercise by decision-makers who possessed exceptional access to state legislative and administrative agencies, enjoyed a publicly credited body of resources and skill, and successfully communicated with the representatives of the few relevant authority and influence structures in the county.

But one undercurrent of opposition manifested itself to the extent of being worthy of reporting. Shortly after the initial meeting at Crossroads in 1946, and subsequent movement of the project in the direction of a county hospital district, a prominent osteopath in Farwest county raised

the issue of osteopaths practicing in the proposed hospital. Petitions were circulated in order to gain public approval for the practice of local osteopaths in the hospital. These, as it was reported, were never released or placed formally before the hospital board. The withdrawal of the petitions was made after the informal assurance of the hospital board that the osteopaths would have their rights, but which was not formally declared until February of 1948. It should be noted, however, that the prominent osteopath participated fully, with other physicians, in the deliberations of the hospital board meetings. Board minutes indicate that he attended a great number of the board meetings. This participation undoubtedly kept the osteopath issue both reduced and controlled until it was officially solved by the passage of state legislation permitting "all licensed physicians and surgeons, both medical doctors and osteopathic doctors" to practice in District Hospitals. This legislative decision was summarized in the local newspaper in July 1949, after which date the issue was unreported.

Farwest summary. Perhaps the most significant conclusion that may be drawn from the Farwest hospital project is the characteristic of having been an administrative exercise by a relatively few individuals. Certain highly relevant organizations were represented in all of the deliberations, and were incorporated into the legally constituted Hospital District. The board of directors was composed of men appointed by the county Board of Supervisors, which appointments were reported influenced by the real initiator of the project, the locally resident State Senator enjoying both the resource of access to state agencies and a composite imagery of

influence in Farwest county. It is necessary to observe that the members of the hospital board had both a combination of proficiency in legal and construction matters and extra-county access; and were informally involved in traditional alignments with the Senator initiating the project.

The hospital district served to constitutionally define the service area as the county, although the members of the hospital board were not representatives of the out-county and rural areas, but of business and industrial pursuits in the small towns of the county. It is of further importance that the hospital board, once formed, continued to expand its operating personnel with representatives of the Board of Supervisors, the medical society, and state agencies dealing with hospital construction. Although the manifest function of the hospital board was that of managing the affairs of the hospital district, its latent function was that of becoming the organizing principle for members of authority and influence structures, such as the medical profession and the Board of Supervisors.

Finally, no elaborate machinery was developed by the sponsoring agents to gain consensus, and in this sense the number of participating persons and groups in the decision-making process was indeed small. Nevertheless, at the two appointed times of eliciting consensus it was decidedly given.

Norwest

A. Physical Setting

The case selected for the Northwest states, or Norwest, represents, again, a hospital project oriented to the entire county, that of Norwest. The project is characteristic of Type V, or high need for a hospital, a

relative rural population in the service area, a relatively low total population in the service area, and a relatively small goal as indicated by the number of proposed hospital beds.

Norwest county is characteristically an example of the Great Plains. In 1949 the county had an estimated population of 4,200, and 1,300 families. Eighty-two per cent of the land was in farms. That the limited total population in Norwest county is dispersed is evidenced by a population density of slightly more than two persons per square mile. The population of the county is classified as entirely rural, although in 1940, 33 per cent was actually rural farm, while 67 per cent was rural non-farm. The rural non-farm proportion is affected by professional and business representatives in twelve small towns of the county. Also, a considerable number of ranchers reside in the villages but manage ranches in the county.

The life of Norwest county is organized, for the most part, around its livestock economy. Seventy per cent of the ranch income is from livestock. Businesses and services are found in the villages and hamlets. The county seat of Norwestville, with a population of approximately 1,900, is the major trading center for the county. The main street of Norwestville is devoted to the services that are necessary for the organization and pursuits of "ranching country." Five other business concerns are located in the county, however, which do not service the immediate needs of the area. Three of these deal with the oil industry, and two with specialized manufacturing.

B. Socioeconomic Setting

Norwest county is economically described by "livestock," and "ranching," and, for the most part, the isolation of life on the Great Plains. Miles of level to undulating dry land intervene between the ranch houses of the county.

Ranching and business. In some ways the major theme of Norwest county is "business." Whether one is a dispenser of services in Norwestville or Plainley (another prominent but smaller center) or the operator of an out-county ranch, the concern with individual and independent ownership is most evident. There is a fluid relationship between those who live on the land and those who live in the villages. The formal associational life of Norwest county is concentrated in the villages and the residents of the rural out-county areas utilize freely their economic, social, and religious facilities. Little, if any, differentiation is made between the representatives of the ranching industry and the proprietors of the villages. Hence, rural residents participate in the associational life of the twelve villages and hamlets, and especially in Norwestville and Plainley.

Another characterization of Norwest county is its occupational structure. The major categories are rancher, businessman, rancher-businessman, professional, ranch hired labor, skilled and semi-skilled labor, largely in the oil fields, and employed executives of the companies subsidiary to the oil industry. The representatives of all of these occupations center largely at Norwestville and Plainley for their associational life and the satisfaction of economic needs. Distance from the village

centers takes its toll in intensity and frequency of participation. There is a lack of minority groups or specific ethnic population. Relatively great stability occurs in the migration of population into and out of the county. Two-thirds of the ranch owners in the county had dwelt on the present ranch for a period of ten years or longer. Too, with but 1,300 families in the county, and approximately three-fourths of these residing in 12 villages and hamlets, the organization of Norwest county is, if not simple, readily visible.

Integration through associations. Although there is a low total population in Norwest county, and a low population density, the development of an extensive associational life is present. In the out-county areas the clustering of a few ranches into a mutual aid neighborhood lends to the organization of Farm Bureau and Home Economics Clubs as decentralized groups or chapters. Yet the real focus of associational life would seem to be either on a county-wide basis or specifically emanating from the village centers. Hence, one finds the County Farm Bureau, the Norwest County Livestock Cooperative, the County Grazing Association. Such county-wide organizations, in terms of official functions, headquarter at Norwestville, the county seat. Residents of the villages, often related to the ranching industry, share in membership in county organizations.

The villages, especially Norwestville, provide the location for a number of service and fraternal organizations. The Norwestville Lions Club was reported as the most prominent civic organization, followed closely by a newly organized Chamber of Commerce. In addition, the usual gamut of fraternal orders are to be found in Norwestville, such as the

Odd Fellows, Masons, Shriners, various women's sororities, and the American Legion and the Veterans of Foreign Wars. An estimated 100 associations were listed as having their headquarters in Norwestville.

The county seat. Of the four intensive case studies of hospital projects involving counties, Norwest county appears to be most centrally organized around the events that take place at the county seat. Here is the major trading center of the immediate county, although periodic shopping tours take many local residents to larger centers outside the county and, in one instance, to the city of another state, forty miles away. In Norwestville, the Board of County Commissioners hold regular meetings, court is held, and the civil affairs of the county are reviewed. There one meets with the associations that deal with the livestock technology of the county. The county seat is where one goes to dine with the Lions Club or the Chamber of Commerce, as do not only the business and professional men of Norwestville but many of the ranchers and businessmen of the out-county. In Norwestville the most widely read weekly paper of the county is published, to which the "reporters" of the isolated ranching neighborhoods send items of births, marriages, and deaths, and news of meetings and social functions. If county meetings are to be held, the odds are that they will be in Norwestville and other meetings throughout the county will have most usually been planned in the committee sessions conducted earlier in the county seat. Supplying an important communication link are the several officials of agricultural agencies, who traverse the county but live in Norwestville. In the above ways, to reckon with Norwest county is to reckon with its most important subgrouping, the county seat of Norwestville.

C. Empirical Decision-Making System

The present hospital project is oriented to the jurisdiction of a county, that of Norwest. Similar to previous case studies, the county is viewed as appropriate for major problem-solving tasks, which is explained, in part, when the small total population and its low density are considered. Yet the county is not viewed by Norwest county residents as the "place where one is from," or the beginning and the end of the solution of local problems. Many of the problems of the livestock industry are met through the mutual assistance arrangements of the ranching neighborhoods. The technological needs of the area, of primary importance in the singular technology of the area, are met through county and local organization of special interest groups.

Informants agreed that the concept of "community" is more than territory, but is where people "live and work together." Further, the informants held "community" to have two local referents. One is the series of out-county ranching neighborhoods organized around mutual aid and assistance and the second is the trade area "extending out from Norwestville." Two in three of the informants included Norwestville as the "center" of the community, with "all of Norwest county as the community."

Norwest county exhibits certain focal points in the social organization within which decision-making processes are carried out. These are the county governing body; the Board of County Commissioners; county-wide and town associations, which absorb an influence structure, the roles of which are predominantly played by businessmen, ranchers, and professionals who share in the associational arrangements centered in Norwestville; and

the executives of the oil industry who, through the ownership of proficiencies, access, and wealth, are necessary in the infrequent projects of great magnitude.

Political organization. The description of the political organization of Norwest county is similar to that of Farwest county. The important agency of authority in Norwest county is the Board of County Commissioners, with certain tangent offices of county clerk, county treasurer, and circuit clerk. No roles within the county commissioners group have the prescribed duties of the probate judge in Southeast county. The chairman of the Board is considered the most active, and usually obtains this office through the estimations of status by the commissioners. Thus, the Board of Commissioners is viewed as an agency charged with maintaining the legal and civil affairs as they refer to the jurisdiction of the county, rather than as individual commissioners with particular rights of authority in county administrative decisions.

In Norwest county the Board of County Commissioners is considered primarily conservative, so that "if they go along with you most people will know that it must be all right." Moreover, to carry the Board of County Commissioners is one way to secure the cooperation of rural people.

From the evidence available it does not appear that the Norwest Board of Commissioners is the locus of extra-community access as it was in Southeast and Farwest counties. However, since the commissioners represent the ranching interests, and related localities, they do provide an important link in communication throughout the isolated areas of the county.

Out-county political organization. As in Farwest county, the present evidence indicates that each locality of the county is not characterized by a developed political machinery. Although locally organized clubs may discuss current political activities, politics is not the "game" of the county, as it was in Southeast. Norwest county people are oriented to business and making money and the issue of county politics goes along concurrently without great change or periods of intense enthusiasm.

Although not directly related, the Norwest county Republican Committee works from the vantage point of Norwestville and provides a framework for the discussion and some manipulation of political affairs, but is largely concerned with state and national political events.

Associations and influence. For issues that must involve the legal or financial jurisdictions of the county, the Board of County Commissioners provides the major agency of authority. Although most county projects appear not to have their initiation by the Board, and this was certainly the case of the hospital project, local informants agreed that the Commissioners would "have to go along" before the project could be a success. Although no conclusive evidence is available, it does seem that the initiators of county or other major projects in Norwest county look to the Board as a group to give support by approving the project, but not for outright assistance. Local people interested in projects have their images of how individual members of the board may react. Strategies will differentiate members of the Board as to the way they may react to projects, which is explained locally by "conservatism."

Contrasted with the preceding three cases, projects in Norwest county are initiated somewhat exclusively of the Board of Commissioners and are carried to completion without the kind of involvement of political officials found in the other cases. One explanation for this is the closely articulated associational structure of Norwest county and of Norwestville, and the extent to which this structure is pyramided in certain centrally important associations. Every informant contacted in the Norwest case believed that the local Lions Club in Norwestville was the "best" organization to get major projects under way. Nineteen of 45 informants that responded to the question believed that there was no other organization in the county that could have initiated the hospital project, the others reporting that it was possible that some other group could have done so. Only one informant recommended that the County Commissioners could have initiated the hospital project. A few believed that the Farm Bureau may have been a possibility.

When the Norwest hospital project was discussed and initiated, the Norwestville Lions Club would seem to have been the one association that was tangent alike to the business, ranching, legislative, and industrial interests of the county. The officials of the Lions Club were also active in many other interests of the community and county, specifically the veterans' organizations, churches, and fraternal lodges. It included as members persons in the county who held a variety of images depicting proficiencies in "organizing ability," "legal knowledge," "knows a lot of people in the State Capitol," and "good community workers." In addition, this service organization contained certain informal sets of relationships

between certain members that had been the "cores" of previous community projects. The initiating set for the hospital was included within the membership of the Lions Club.

Each of the county-wide special interest groups, the Farm Bureau, Livestock Cooperative, and Grazing Association, include membership of town dwellers, those who operate ranches and town businesses alike, and ranchers who reside in such towns as Norwestville and Plainley. In this way town and county associations are convergent, so that the Norwestville Lions Club includes a number of the ranching representatives and officials of the Farm Bureau. These kinds of linkages find their greatest depth in the Lions Club, which has the further advantage of being located at the center of the organized life of the county and the point of greatest population concentration. Thus, the execution of decisions is facilitated with half of the county population immediately at hand.

Norwest county, for such county projects as hospital building, has both an authority agency and an influence agency, the former consisting of the Board of County Commissioners and the latter the associational life centered in Norwestville, which is currently expressed in the Lions Club. Even the executives of the oil industry, reported to be infrequently active in local affairs, enter into the associational life of Norwestville. The problem of Norwest is in the articulation of the authority and influence structures, as it has been in the previous cases. However, Norwest appears different.

As later analysis will attempt to demonstrate, in each of three cases described to this point, the locus of legitimacy for the matter of

building a hospital was the constituted jurisdictions over legal and financial problems by respective county governing bodies. In Southeast county and Farwest county the governing bodies also participated in the initiation and execution phases of the decision-making process. This was true to a less extent in Mid-State county. Based on the evidence provided by Norwest county informants, and their images of "how things get done," it may be tentatively summarized that the Board of Commissioners in that county is usually concerned only with legitimizing projects that involve legal and financial considerations, and not with initiation and execution. In addition, the pyramided associational structure, centered in the county seat with half of the county population immediately accessible, takes over a portion of the legitimizing function. This is accomplished through associational concentrations of represented wealth, organizational proficiencies, and extra-community access, and subject matter (i.e., legal) skill.

This conclusion is buttressed by the character of the community organization scheme in Norwest county, which went beyond a few decision-makers representing authority and influence structures, but also included more elaborate organizational machinery that evolved from, and included, the associations of the county. Thus, it would seem that the community organizational process, and the subsumed decision-making process, in Norwest county operates with a more extensive responsibility on the part of non-political associations. This responsibility permits of a degree of the legitimizing and approving functions, especially in initiation and organizational design, assumed by the associations rather than the county political governing body.

Norwestville. Earlier references have delineated the importance of the county seat to Norwest county, in that it embodies the organizing principles for the county. Previous case studies have revealed varying degrees of autonomy of subgroupings within the required jurisdiction of the county in many hospital building projects. In the Southeast and Farwest counties, whatever autonomy of sub-centers existed was absorbed into a larger county framework for purposes of decision-making. In Mid-State county the two subgroupings organized around Larch and Westville were not absorbed by the county arrangements but were yet confronted with them. In Norwest county no evidence gained would indicate other than that Norwestville, with half of the population, is the operational center of the county and meets with no competition. Although eleven other villages and hamlets are present, they appear merely as satellites of Norwestville and depend on the latter for economic services and economic and social transactions.

Summary. Norwest county represents a somewhat different setting for decision-making than did the three previous cases. Although the county and its authority agency, the Board of Commissioners, are quite relevant to projects that involve finance and legality, the pyramided associational life of the county seat of Norwestville takes over a portion of the legitimizing and approving functions of the Commissioners. This is especially true in the initiation and the organizational development of a project. Articulation of the two occurs because the influentials recognize the relevancy of the Board of Commissioners and the necessity of its support, but not necessarily the involvement and participation of political officials.

The dependence on other capacities for decision-making, rather than the authority of the Board, leads to more extensive organizational arrangements in initiating and executing local projects. Hence the number of persons that finally participate in the community organizational scheme is increased and a considerable number of available associations become active in the project. This, of course, results in the hypothesis that when county projects are considered, the reduction of the capacity of constituted authority in the process leads to a structured organizational plan which utilizes the influence capacities.

D. Important Events in the Norwest County Hospital Project

Over the years hospital facilities in Norwest county had been limited to a small privately operated 11-bed hospital in Norwestville. Throughout World War II this facility and a single physician, its owner, had been the sole medical resources for Norwestville. From 1940-45, discussion was reported in Norwestville of the relatively poor facilities available and the relationship of such facilities to attracting medical personnel to the county.

In late 1945, a wealthy rancher-businessman in Norwestville and an executive of the oil industry living in Plainley visited a worker in the latter's office who was confined in the Norwestville hospital. Impressed, on this visit, by the lack of facilities and care given this patient, the two men arranged for his transfer to another hospital some 40 miles distant, located in a larger city of an adjoining state. The Norwestville and Plainley representatives had been "friends" for some time, with

informal visiting relationships reported. The two men, after this incident, agreed that something should be done about the hospital situation and proceeded to investigate ways and means by which it might be improved. Local discussion was introduced by the two, especially under the personal attention of the Norwestville rancher-businessman through a series of informal contacts with persons in Norwestville.

Informal discussions were conducted with the following: (1) the president of the Norwestville Lions Club; (2) one of the County Commissioners who, as reported, would be expected to "question the idea of a new hospital;" (3) a local businessman, chairman of the Norwest County Republican Committee, a member of the Lions Club, and considered locally as a "good organizer;" and (4) miscellaneous others along the main street of Norwestville. The rationale for these informal discussions, as given by the two initiating persons, was that of being able to sense the support for the construction of a new hospital.

In early December of 1945, the rancher-businessman of Norwestville formally introduced a discussion of a new hospital to a Lions Club meeting. The members of the Lions Club unanimously approved continued action toward constructing a new hospital in Norwestville. A committee of the Lions Club was formed to give the project further consideration, whose first act was that of calling a county-wide mass meeting to (1) insure the project as a county one (explicitly felt to be important by the Lions Club committee) and (2) to both ascertain and record the reactions of the citizens at large.

Following the county meeting, held in Norwestville, a petition indicating a favorable attitude toward a new hospital was developed. This

grew from the persons attending the meeting and the activity of the Lions Club committee. The state law, at the time, prescribed that if the citizens of a county collected at least $15,000 in subscriptions it would be mandatory on the county governing body to bring to vote the issue of whether bonds might be sold for building a county hospital. A petition, as reported locally, was not a legally necessary procedure, but the members of the Lions Club committee saw this device as a means to demonstrate to the Board of County Commissioners that the proposed construction of a new hospital was "truly a county project."

The presentation of the petition to the Board of Commissioners led to the appointment of a finance committee by the Board, consisting of 13 members and suggested by the Lions Club committee. It should be noted that the Lions Clubs from Norwestville and Plainley were listed on the finance committee as group members. The finance committee absorbed the original Lions Club committee and the local businessman who was Chairman of the County Republican Committee and held the image of being a "good organizer" was made chairman. The finance committee was to serve two functions: (1) expansion of the working group to include the representatives of out-county ranching neighborhoods and subsidiary towns to Norwestville; and (2) to devise a plan to raise $15,000, the legal minimum to show cause for the conduct of a bond issue election.

From this point developed a county-wide organizational activity not yet encountered in the previous three case studies. In addition to the solicitation of individuals by members of the finance committee, county associations, particularly the women's clubs, were called on to arrange

for fund raising events, i. e., "bake sales," "dances," "rummage sales," and "whiskey auctions." The result was that the original goal was oversubscribed, or a final total of $19,000. This event led to the appointment of a Board of Trustees for the proposed hospital by the Board of County Commissioners. This group was appointed in February 1946, or about two months from the initiation of the project in the Norwestville Lions Club. The evidence leads to the conclusion that it was the original Lions Club committee, especially the initiating rancher-businessman, that suggested the members of the Board of Trustees to the County Commissioners.

The events of the Norwest hospital project, from this point, relate to the activities of the new Trustees. The chairman of the Hospital Trustees was the executive of the oil industry who assisted in the original decision to introduce the hospital building project to the Norwestville Lions Club. Informants contacted in Norwest county agreed that the five-man Board of Trustees aptly represented the interests of the total county and that this was a prime consideration in the selections suggested to the Board of County Commissioners. Four members of the Board of Trustees were men; one was a woman. Three were business people from Norwestville, one the executive of the oil industry, from Plainley, and the other a wealthy rancher's son, newly returned to the county with a law degree. The latter choice was reported made for the implied legal skill.

Following the selection and appointment of the Board of Trustees, a series of routine events occurred between February 1946 and the spring of

1948. These had to do with selection of the hospital site, negotiations with architects, the development of architectural plans, and estimating the size of the required bond issue. Accordingly, in July 1946, the bond issue was voted on in the county, receiving a highly positive response and permitting the sale of bonds to the extent of $130,000.

When the bonds were sold and bids received for hospital construction, the proposed costs of building were greater than the finances on hand. Negotiations were re-opened with the architects, but it became increasingly evident that the original $19,000 would be necessary. This sum had been solicited with the promise that in the event of no construction it would be returned. The Board of Trustees called a county mass meeting to gain the approval of utilizing this publicly subscribed amount in ways decided by the Trustees. Note here that approval was asked of the citizens at large rather than an official group such as the County Commissioners. The amount of the public subscription fund, together with the bond sale and certain reformulations with the architects, made it possible to begin hospital construction in early 1948. Although close contact was maintained with state officials of federal hospital construction aid, the fact that the Norwest project had been initiated and construction begun as an entirely local enterprise made for difficulties in securing federal aid. With construction progressing and mounting costs present, the Trustees initiated another bond issue of $25,000 which was approved by public vote in July 1948.

In late 1948 state priorities included Norwest county with a high priority for federal assistance, and local reports credit the negotiations

of the chairman of the Trustees, the oil industry executive, with this event. However, certain legal and financial technicalities made it necessary for Norwest county to provide still further $21,000 before federal assistance could be provided to the extent of one-third of the total accumulated hospital resources. The additional funds had to be gained in a period of three days in order to meet prescribed dead-lines. How this was accomplished is one of revealing events in the Norwest community organizational process.

The chairman of the hospital Trustees returned from the State Capitol with a statement of the needed $21,000 and immediately described the requirements for federal assistance at a meeting of the Norwestville Lions Club. At this meeting it was pointed out that the duties of the Board of Trustees should not include the matter of fund raising. Consequently, the Lions Club members assumed the responsibility, as a Club project, to immediately raise the money. Someone suggested at the meeting that this occasion would not warrant "getting bogged down collecting nickels and dimes through passing the hat." The resulting plan was that the Lions Club would ask 21 persons to pledge $1,000 each, to be repaid when the state appropriated funds for hospital construction, a development then currently under way. According to local reports this plan worked to perfection as $17,000 worth of pledges were obtained without going off the main street of Norwestville." Federal assistance was thus assured as well as the completion of the hospital.

Following this event and until the dedication of the completed hospital in September 1949, the activities of the project were routinely

technical and limited to the supervision of the Trustees, with but one exception. The problem was one of deciding the manner in which the hospital was to be administered. Reported resistance arose when negotiations developed with certain Catholic Orders to administer the hospital operation. Again, the Board of Trustees presented the problem to associational consideration and discussion, especially the Masonic Lodge at Norwestville, and it was resolved in favor of arranging for a Catholic Order to provide administration for the hospital.

Norwest summary. The significant contribution, difference, and conclusion of this case study, compared with the previous three, is that it was characterized by the evoking of the organizational machinery of community and county. The hospital project developed county-wide activity and events in which a considerable number of persons were involved. Such activity had to do with the execution and administration of decisions made by associational committees, and it also served to involve the public at large in legitimizing the decisions. In the Norwest case, it would seem that the legitimizing function was diffused, rather than concentrated entirely in the county governing body. This resulted in a mobilization of the associational life of the county in a way not encountered in the previous projects.

In Farwest county members of the county governing body participated fully in the details of carrying out the hospital project. In Norwest county, the County Commissioners approved the proceedings at certain legal points, but were not incorporated into the "inner circle" of decision-making When short-run and emergency events occurred, it was the Lions Club in Norwestville that acted. It would seem doubtful that either in

Southeast or Farwest counties the incumbents of county political offices would have been omitted from the emergency situations.

Finally, the events of Norwest county indicate that the popular definition of community organization, including the wide participation of citizens and their organizations in public affairs, was more closely associated in Norwest county than in the other three. Steps and methods were employed, that went beyond the requirements, to "take the project to the people." One explanation is the small population concerned and its pyramiding, associationally, in Norwestville. Another is that in the event of employing instrumentalities for fund raising that are non-political and extra-legal in nature, the more complete mobilization of the social resources of the community is required. Thus, when the political instrumentality is not utilized, to that extent is a short-run temporary bureaucracy required that builds on the associational life of the local community or county.

Noreast

A. Physical Setting

The final presentation of a case study represents the Northeast region, and Situation Type I, or low need for a hospital, a high total population in the service area, a relatively low proportion of rural population in the service area, and a relatively large goal as represented by the number of hospital beds in the proposed facility. This project is not oriented to the jurisdiction of a county. Therefore it differs from the previous four studies. Noreast refers to a municipality with a population of 5,500, and is the county seat of Mary county.

Noreast is the immediate trade center of a service community of approximately 8,000 population and contains about 50 square miles. According to informants, the "community" of Noreast extends from the city of Noreast in a radius of three to four miles. Ten miles to the west of the city of Noreast is Ripley, a city with a population of 7,000. Ripley has its own operating hospital. Ten miles to the east of Noreast is the city of Eastmont, with about 3,500 population, which began to develop a hospital shortly after the project was under way in Noreast. These are the three principal cities in Mary county, although a fourth village, Mapleville, of 2,000 population, is found in one corner of the county. In addition, a number of small hamlets are found throughout the county. These facts may indicate the density of population in Mary county.

Noreast is located some 30 miles to the west of Gately, a metropolitan center for the western part of the state. Gately is the location of extensive medical facilities. Some 60 miles to the west of Noreast is the metropolitan center of Oakton, which also sponsors major hospital and other medical facilities.

In 1940 the county of Mary had a total population of 28,000. For the county agriculture is the leading form of employment, with some 3,300 of the total labor force of 11,000 so employed. An indication of the extent of urbanization is gained when the remainder of the labor force is studied; for 760 persons are employed in a food processing plant located in Noreast, 695 persons in services, 215 in local government offices, and 442 in construction occupations. The agriculture of the county is devoted somewhat exclusively to horticulture, especially or the

production of apples, cherries, vegetables, and, to some extent, small grains.

Historically, Koreast developed as a stopping point on an overland transportation route. Soon afterward, however, stone quarries were developed, which brought an influx of Polish and Italian workers. With a later decrease in quarry production, these ethnic groups transferred to a new emphasis on food processing and their subsequent residence in Koreast. Informants generally agreed that Koreast had developed economically on the basis of surrounding agricultural wealth, together with its county seat functions.

B. Socioeconomic Setting

Main street business. The core of the community of Koreast is the main street of the city. One hospital official in Gately stated: "If you want to understand Koreast you have to know what happens at the corner of Main and Hill streets." From the four corners of Main and Hill streets, where the city bank is located, extends the business firms and offices of professionals, the owners and operators of which are organized into a series of city-centered associations. The city of Koreast includes the normal complement of business and professional firms, including two weekly newspapers, a prominent printing company, and the food processing plant. An active CIO labor union is present and related principally to the food processing industry.

Hill street and the canal. The "old pioneer" families in Koreast have been for years a locally held aristocracy or upper class. Indicative of this is a review of the Koreast histories found in the local library,

and the 1880 houses of Main and Hill Streets. Three of the "old pioneer" families have maintained a lawyer in Noreast through four generations. Another status group in Noreast is that of the business and professional group, whose businesses and offices concentrate about the bank at the corner of Main and Hill. Some of the representatives here are termed "near old timers," meaning to the local informants that a family residence in Noreast begins to count after a period of 75 years. The lack of long residence in Noreast was reported to be a difficulty in securely establishing one's self in the city. The transitory nature of the officials at the food processing plant is noted as a deterrent to them in responding to social mobility motives. Many of the farmers surrounding Noreast, having become moderately wealthy in the fruit and vegetable business, would be classified as businessmen. The label of being "old family" among the rural component of the community means less than it does in Noreast. At least, informants in the city were not disposed to include rural families when fixing the caption of "old family."

Another status category would be the working people, generally, who work at the food processing plant, on the intensive horticultural developments in the rural areas immediate to the city, and in the service occupations of the community. Among this group would fall the Italians and the Poles, who tend to live largely in a "little Italy," and a "little Poland," both located on the "other side of the canal." In earlier days Hill Street, the location of "old family" residences, was spoken of as "ruffled shirt hill."

General agreement prevailed among the informants that the Italians were moving upward in the community of Noreast and had become increasingly active in civic enterprises, school functions, and had generally mastered the language. The Poles, however, were said to have participated in the community much less than the Italians, still maintain their native language and carry on crafts, parties and festivals, all according to Polish custom. One informant pointed out that at the last senior high school play, the program contained not a single Polish or Italian name. Another informant reported that native children who had been classmates of Polish children early in life would often require, as adults, a formal and new introduction if they were to meet at a public gathering or meeting. Another informant believed that the business and "old pioneer" families had been permitted to bring outside specialists into the old hospital for their care, whereas Italians and Poles had to employ the services of a local physician after getting a room or ward space in the hospital.

Finally, representatives of the business-professional group reported that some of the "old pioneer" family representatives had been losing in civic influence. The reason given was the precarious financial position which had been rendered by disadvantaged family annuities in an inflationary period. Participation in the Noreast hospital project demonstrated such comments to have validity.

Integration through associations. As was the case in Norwest, the associational life of Noreast constitutes an important dimension of the setting in which decision-making occurs. Significant here is that the

city of Noreast is a relatively autonomous associational complex. Although city-centered associations link with a few county-wide organizations and some rural representatives participate fully in Noreast, nevertheless the relation of city to county appears quite nebulous. Noreast relates to a somewhat discreet social organization and community problems are largely city problems.

Three associations, largely composed of Noreast business and professional representatives, stand out as particularly relevant to continuing problem-solving activities. These three were ranked by Noreast informants as Rotary, Lions, and the Noreast Young Women's Service Club. Informants agreed that the Rotary Club is the organization that could most successfully initiate major community and civic projects. Rotary differs from Lions, in the composition of membership, by representing more of the businessmen and prosperous commercial farmers, with the Lions Club somewhat more oriented toward the professions. Informants conveyed the general impression that the Rotary Club was viewed as a higher prestige group than the Lions. Significantly enough, not one informant spoke of a county-wide organization, such as Farm Bureau and Grange, that might initiate projects in the "community" of Noreast.

Located in one of the business buildings of Noreast is the Noreast Club, an exclusive male club devoted to informal recreational functions for its some 60 members. Organized about 20 years ago as an athletic club, the Noreast Club now prevails as a dining and recreational center for its members. Due to the selective processes involved in recruiting members, the Noreast Club obtains in its somewhat informal arrangement

those representatives of the business and professional life of the community who constitute keys to the influence structure of the community. Since the Noreast Club is so expressive of the middle class business and professional group along Main and Hill Streets, it is viewed with some suspicion by the "people across the canal." Some of the recreational pastimes of the Noreast Club are considered "too liberal" by more orthodox groups in the community and, even among the members, some differences of opinion prevail as to the rules of conduct, involving "drinking," and "card-playing." Since the objectives of the Noreast Club exclude the formal sponsorship of civic projects, together with the images mentioned above, it was not viewed by local informants as an important group for sponsoring projects. The function of the Noreast Club is to bring the influentials of Noreast into a recurrent series of informal relationships.

Another important component of the organization of Noreast is its churches. The Italian and Polish population provides strong Catholic denominations, and the business and professional influentials generally are active in the usual Protestant denominations. An important denomination is the Presbyterian and a number of civic influentials hold active offices within this denomination. The religious organization of Noreast is to be mentioned in a pointed way in that local informants indicated in a way not previously encountered that the churches were important in "putting things across in Noreast." Their particular relevance to the hospital project will be examined in a later analysis.

Finally, Noreast presents a specialized organizational arrangement not heretofore encountered, due perhaps to the already existing hospital

in the community at the time the present hospital project was initiated. Present was a hospital board, charged with administering the old hospital. Three members of this board had assumed these offices held before by their parents. To this extent interest in local hospital facilities tends to have a family history. Assisting the duties of the hospital board are the "Twigs." The Twigs are a series of 28 women's groups which, together with regular programs of interest to the members, maintain club projects that specifically render financial or material assistance to the hospital. That they have a tradition in Noreast is evidenced by the year of organization, 1914. The Twigs are composed of the wives of Noreast business and professional men and encourage the introduction of hospital concern and duty from mother to daughter. In addition, the Twigs constitute one visible expression of the informal social arrangements of the women in Noreast. Although the manifest function of the specialized hospital organizational structure is devoted to the maintenance of a hospital in the community, its latent function is that of bringing into an informal focus many of the associational and religious aspects of the city of Noreast.

The behavioral set. As the "factions" of Southeast county were known to its residents, the people of Noreast seem immediately aware, as they reported, of certain "teams" composed of persons with a long history of informal and friendship relationships, and with a record of participating together in the initiating and the carrying out of civic projects. Informants quickly reported that certain persons in Noreast "went together," and that one could always predict this relationship in community affairs.

These "teams," termed here a behavioral set, have developed from particular histories of reciprocal obligations. Later analysis will demonstrate their relevance to the Noreast hospital project.

C. Empirical Decision-Making System

The available evidence for the social arrangements within which decision-making for major projects occurs in Noreast suggests two overall conclusions: (1) that Noreast, for the decision-making context, consists of two segments, the city and its business and professional organization and the immediate hinterland of a rural trading area. Different from Southeast the locus of decision-making moves from an out-county social organization to the main street of the city. The rural hinterland is relevant only to the extent that a few commercial farmers have ready and fluid access into participation in the associational and religious life of Noreast. (2) The organization of Noreast for purposes of community problem-solving is, as it were, multidimensional. By this is meant that differing community issues will tend to call forth differing segments of the community. Life would seem to be extremely specialized in Noreast, and the way that the resources of the community articulate to bear on a particular problem would seem to depend on the manner in which associations view the problem as a part of their social domain. In this way the domains of decision-making would seem to be many and varied.

Political organization. Although Noreast serves as the county seat for Mary county, no references could be drawn of county political organization having any relevance at all to the civic affairs of Noreast. The

demands of operating county government appear similar in Mary county to those of the previous cases. But municipal concerns of civic significance to Noreast apparently are resolved through the autonomous arrangements posited in Noreast. Even the city council of Noreast would appear to have a limited domain regarding public projects, especially in initiation. Here the projects tend to be limited to the improvement and maintenance of the city physical plant, transportation, and communication. Much of the civic activity in Noreast revolves around plans and procedures to assist certain service programs, such as the Boy and Girl Scouts, Red Cross, volunteer health agencies, recreation for youth, church "benefits," and supporting the extra-curricular events of the schools. Such civic affairs fall outside of the domain, apparently, of the city's governing body.

In the previous case studies one could not possibly attempt to reconstruct the sequence of events in the hospital-getting process without eventually casting it into the midst of larger and generally applicable settings for decision-making; hence, the varying relevance of county and out-county political organization and the relation of county associations to the articulation of authority and influence structures. But the Noreast case must be viewed in another way. First of all, it is an autonomous grouping that the present research does not reveal was clearly linked to larger arrangements, except in the specializations in extra-community affairs that result from special interests. Secondly, Noreast presents a series of social zones, which have domains and "rights" in certain problem areas. Hence, the earlier theoretical treatment would

suggest the explanation that Noreast's decision-making setting finds its locus in an influence structure, expressed through the associational complex of the city of Noreast, and that the articulation of an authority structure, i.e., formal political offices, is not necessarily required for the functional operation of decision-making processes. This, of course, does not mean that decision-making involving financial civic projects is wholly self-contained in Noreast. The hospital project was related to the Gately Hospital Council, which is concerned with several counties, as well as officials of the Hill-Burton program of federal assistance. Nevertheless, the relationship from the standpoint of Noreast was carried out through the presently defined capacities of influence, and did not proceed through an intermediate process of formal political legitimacy. Although in previous case studies county governing bodies played varying roles, no such process stage was evident in Noreast.

These conclusions must recognize that the Noreast project did not employ political instrumentalities, i. e., bond issues, to provide for the local share of hospital construction costs, but rather a voluntary public subscription of funds. An operating hospital was already present with a specialized supporting organization. These two characteristics may explain the specificity and the predominant influence content of the Noreast project, or, the Noreast project initiated from a community situation differently organized from the standpoint of a hospital. An earlier cited analysis, however, revealed that eight in ten of the Northeast projects employed the voluntary subscription device, which undoubtedly relates to the analysis above regarding the separation of authority and influence structures.

Associations and influence. An earlier cited statement provides a cue for the present analysis: "If you want to understand Noreast you have to know what happens at the corner of Main and Hill Streets." The leading question becomes, "What does happen there?"

The main corner of Noreast appears no different, physically, from that of the usual city with a population of 5,000. The corner building is the local bank, a branch of a chain headquartered at Oakton. On the second floor of the bank building are the club rooms of the Norwast Club. Each week finds some 60 members of the Noreast Club coming and going from the bank building and the club rooms, for purposes of dining, a game of billiards or cards, and the frequent Saturday evening party to which wives are invited. Each week will also find five men meeting in the directors' room of the bank, to retire upstairs to the Noreast Club for lunch; for the five men are not only members of the Club but two of them are it organizers twenty years previously, a third is its business manager, and the fourth is one of the popular members.

The Noreast Club first began as an interest of two men. One was the son of a wealthy landowner and investor, newly out of a prominent Eastern university; the other was the son of the owner of a well-known printing company in Noreast. The two sons had traveled together to Latin America on an extensive trip, met regularly with others for recreational activities. Today the first has succeeded his father, is a wealthy gentleman farmer and investor, spending time in Oakton on business affairs and in Noreast as a member of the bank directors and the only president of the Noreast Club. The second has taken over the printing company, is

a member of the bank directors, and continues as a prominent member of the Noreast Club. The president of the bank, new to the community by some fifteen years of residence, serves as business manager for the Club. The fourth director, a wealthy vegetable produce broker, is the chief link between the bank and the credit arrangements of the rural people in the entire county.

This group is a crucial "behavioral set" in Noreast as it concerns the initiation and completion of larger civic enterprises. The public images of these men might be summed as follows: For the printing company owner: "The personification of Noreast;" for the wealthy gentleman farmer and financier: "Money and vitality, what else do you need?" For the vegetable broker: "Knows everyone in the county;" and for the bank president: "No influence outside of Noreast, but a smooth operator when it comes to organizing."

The informal proceedings that take place daily at the Noreast Club do not overlook much, for discussion purposes, that concerns the life and times of Noreast. Although the Noreast Club does not declare formally the sponsorship of particular civic enterprises, it does constitute an arena in which strategies are developed involving both the community and recalcitrant members of the Club. As one hospital official stated in Gately, "When you go to Noreast to consult about the hospital, you will eventually end up at the Noreast Club where the business will continue from there." Reciprocal obligations regarding civic activities are displayed and tested in the informality of the Noreast Club. For example, one of the almost legend pastimes of the Club is a veritable potlatch.

It may be depicted by some such conversation as follows, flowing from a group of the Club members gathered informally for a "game."

First member: "I just happen to have some tickets for the church supper next week. I think each of you will have a hard time getting out of here without buying one."

Second member: "The church supper is fine, but the Boy Scouts are in need of a donation right now. I'll pay double for your church ticket if each of you will throw in $____ to the Scouts."

Third member: "But the hospital needs a new _____. I would buy three tickets for the church supper in trade for $____ to the hospital."

Other members: Etc.

The present elucidation in regard to the Noreast Club has been made in order to accent the point that the some 60 members of the Club not only represent the associational life of Noreast, but in its members is posited the official associational leadership. Although the associational structure is multi-dimensional, or having prescribed domains of responsibility and decision-making rights, its complexity is in part articulated and resolved by the events of the Noreast Club. The functional contribution of the Noreast Club, however, is related to, and supported by, certain high ranked associations.

Three prominent associations in Noreast were continually cited by informants as the "kind of groups that usually get things started." Informants ranked them on the basis of usual initiating responsibilities as the Rotary, Lions, and Women's Service Club. Three of the four men noted above are members, and former officers, of the Rotary Club, and the fourth a standing prominent member of the Lions. If one were to

conceptually view the social arrangements within which decision-making is carried out, from the vantage point of the Noreast Club, both the Rotary and Lions Clubs would have to be two of the important terminal points. Both of these associations serve to incorporate the capacities of some rural influentials, and the city professionals.

To this point, and including the previous case studies, the presentation has excluded women in either roles of authority and influence in projects of the magnitude of a hospital. Indeed, the hospital-getting process has been an essentially male activity. For the most part this has been true of Noreast. Nevertheless, the associational complex that involves women in Noreast is important in civic enterprise, but it is contained distinctly from the one involving men. Depending upon the project studied in the Noreast community, one would find himself viewing the organized women's associations as almost a "different world" from that of the men. There is, indeed, a counterpart of the Noreast Club for the women, the Silver Club, with club rooms in the same bank building, and from it the ties lead to the Women's Service Club, the "Twigs," and the church groups. Women make themselves felt in the civic affairs of Noreast but they are subordinate to men in projects of financial magnitude.

The churches of Noreast participate as groups in the general conduct of civic enterprises, although they do not serve as the sponsoring agents. Foremost is the Presbyterian church, in which two of the four men cited above hold active memberships, and one is the presiding official in the church governing body. This latter official contributed a statement

which indicates the manner in which the church may constitute a "platform" for springing into the issues that are defined as "community improvement."

> "If you are going to be active in the community, you have to have some group that you can depend on--that will back you every time. In my case, I feel that serving the community is one way of being a good Christian. Sometimes I'm not always sure that all the groups I belong to will back me up in a pinch, but I know the church will."

In addition to these core groups are many more, an understanding of which could be yielded by only a complete study. A great number of fraternal lodges, professional societies, a reported weak Chamber of Commerce, veterans organizations, and women's clubs--would fill the club roster of Noreast.

The above analysis has viewed the organizational setting for decision-making as it related to the largely middle class, old American segment of the population. The associational life of the Italian and Polish centers "on the other side of the canal," and consists of a number of ethnic oriented clubs. The community activity of these groups is focused in their Catholic denominations. A recent priest belonged to the Noreast Club, which provided some linkage. In the rural areas one finds the usual associations, such as the Farm Bureau, home extension clubs, and certain county-wide special interest groups devoted to the horticultural enterprises of the area. They, however, follow their manifest functions and do not provide a mechanism of articulation. In the hospital project, the county-wide organizations assisted with certain organizational and financial details of fund raising, but it was impossible to ascertain

their relevancy to the arrangements centered in Noreast that made, legitimized, and carried out the decisions resulting in a hospital.

Summary. In some respects the striking conclusion of the Noreast decision-making system of relationships related to major civic projects is that it presents no authority agency in the form of a local governing body, but that the organization of the capacities of influence is predominant. The problem here, as it was in Southeast, Mid-State, and Far-west counties, is not the articulation of influence and authority agencies and structures. Instead, it is to gain coherency in a segmentalized associational structure, in which the capacities of influence are diffused. In this way the associations of Noreast are truly special interest and they would appear to have relatively well defined domains of responsibility for decision-making in differing orders of civic issues. In a major project, requiring the mobilization of rather complete consensus and finances, the domains of the associational structure must be collapsed in favor of a common end and a joint employment of means. In Noreast this procedure becomes possible through a pyramiding of both associations and influence, to the point where a few persons have control of the total influence capacities (resources and proficiencies) that are present.

D. Important Events in the Noreast Hospital Project

The Noreast community enjoyed a small hospital for some twenty years previous to the initiation of the present project in 1944. The old facility was a converted dwelling. Community informants provided numerous reports that the old hospital had been decreasing in desirability.

One person said, "The old hospital had become so crowded that I heard they were using bathtubs for beds." Another stated, "The big worry of mine was that newborn babies had to be carried up two flights of drafty stairs from the delivery room." It was reported that local discussion had been provoked over a local man having been injured, then refused admittance to the Noreast hospital due to lack of room, and had later died in a neighboring hospital. The informants agreed that they believed, in 1940, that a new hospital was needed and felt that this to be a general attitude in the community.

In the two-year period following 1940, hospital board minutes indicated that frequent mention had been made of the possibility of a new hospital. From 1940 to 1944 the president of the hospital board had stated to many "his dream" of a new hospital in Noreast, and the board's tribute to him on the event of his death included a statement about this "dream being realized." The central figure on the board in 1940 was the owner of a local printing company, whose father had preceded him on the hospital board. In this same year, this person invited a wealthy landowner and financier, his lifetime friend, to become a member of the board. These two men began to function together in matters pertaining to the hospital and on the death of the board chairman the wealthy landowner became president, the printing company owner the vice-president. With this event, the administration of hospital affairs was reported to have taken on a new vitality. A new fire escape system was installed, a new hospital supervisor was employed; and negotiations opened with the Gately Regional Hospital Council. The latter negotiation was to secure the

services which the Council provided for small hospitals in the area.

In September of 1944 the vice-president of the hospital board, the printing company owner, read of the successful attempt of a nearby community in raising funds for a new hospital through the employment of a professional fund raiser. He contacted the president of the board and the two of them investigated the merits of the particular fund raiser employed in the other community. Satisfied with the results of this investigation the two men discussed with the fund raiser the possibilities of a similar venture in Noreast. The professional fund raiser agreed to spend two weeks in Noreast in an attempt to ascertain the feasibility of fund raising for a new hospital. This was done under a pact of secrecy between the three men, with the expectation that the fund raiser would report to the board if the venture was deemed possible.

During the intervening two weeks the two officials of the hospital board contacted the local bank president in order to obtain his cooperation if the report came back as favorable. The bank president abruptly refused his cooperation on the grounds that the proposed amount, $125,000, could never be raised in Noreast, for as he stated: "This is a $.25 and $1.00 community." The two hospital board officials prevailed, however, when they indicated the extent to which they would support their interest by personal contributions.

One other person was informally contacted and presented with the plan. This was a wealthy vegetable broker, who joined with the previous three as a director of the local bank. In addition, he was reputed to "know the rural people better than anyone else in the county," and had

long been prominent in the Noreast Lions Club. This person approved the plan, as reported, on the grounds that (1) the bank president believed it to be feasible, and (2) of his history of cooperating with the three men on other community projects.

After the completion of the two-week investigation by the professional fund raiser, he appeared before the hospital board and presented a favorable analysis. According to the board minutes, he made an "excellent impression." The board members indicated that at the time of the meeting they felt some reluctance because of the possible "public attitude toward an expert coming into the community and taking money away with him." The two officials of the board who had earlier initiated the idea observed that the "board was worried about the expert and the bigness of the job. Yet, the fund raiser had all the answers that night, said the cost would be less than five per cent, which is as low as anyone could do the job, a local person or anyone else."

Informants generally indicated that the community at large supported the hospital board in its approval of the new hospital project by means of a subscription of funds with the services of a professional fund raiser. The majority believed that the board had the right to do this, that it represented the community, and that "no other group could have done it." But five of the 42 informants believed that the board should have communicated more with the community. The informants generally agreed that the professional fund raiser was necessary because of the efficiency and competence which he would provide.

Following approval of the professional fund raising plan by the hospital board there followed a series of informal discussions, largely

centered in the Noreast Club. Presentations were also made at other Noreast associations, particularly the Rotary and Lions Club, and an extensive newspaper publicity campaign initiated. Almost immediately the professional fund raiser arrived in the community to initiate the fund raising campaign.

The campaign phase of the Noreast project brought to the community a complicated finance campaign. This was, in effect, a short-run bureaucracy. The four men cited above were placed in functionary roles in an organization of the community that put some 600 persons to work. Each worker occupied a role with a title, answered for others below him, to others above him. The goal was no longer the more general idea of a new hospital but had become specifically defined as a sum of money, or $125,000. The professional fund raiser became, by contract and public announcement, the director of the campaign. For the short-run period of the campaign the fund raiser brought to the community a new set of norms and at least a short course in the development of bureaucracy. Workers in the campaign were trained in the tactics of gaining money pledges from friends; for, in fact, one of the basic rules was that of seeking out a relationship of friendship and of obligation. Each worker was given maximum responsibility to select his subordinates and to proceed to obtain a pledge from them. It was argued that this would encourage the subordinate, in turn, to aggressively get pledges from his acquaintances. At this stage it was no longer a question of whether the hospital idea was legitimate or not but "how fast can the goal be reached." Note the following statement included in a written report submitted by the fund

raiser to the hospital board in securing the contract.

> From our knowledge of your community and its people, we believe that at this time we could recommend the well known short term campaign, in which the preparations are begun and the campaign runs its full course over the space of a comparatively few weeks. This short term campaign involves the rapid concentration of all the forces allied to the institution, and the application of this power over a very limited period. It can be used in your case because we believe sufficient power exists, because the appeal which you can make is now sufficiently clear in the minds of the public . . .
>
> As important as is the development of man-power, it is also essential that the mechanics of the campaign be thoroughly organized; the endless detail of office routine; the proper development and checking of prospects to the best advantage for solicitation; the secretarial work of the committees, team members, and the thousand and one other things essential to a campaign.

For those individuals who played official roles in the campaign organization, speeches to committee and other group sessions were prepared and standardized by the professional fund raiser. In addition, 64 different printed or mimeographed forms, letterheads, and publications were counted as a portion of the campaign materials. At least 30 different letters were prepared and sent to the some 600 workers in the organization. A great variety of operations were developed that included teas for the women, appointment of a great number of committees (Building, Finance, Rating, Special Gifts, Etc.), and planning and action meetings on the various levels of the campaign organization.

With the intensive portion of the campaign occurring in the last two months of 1944, by February of 1945 the original amount of funds ($125,000) was over-subscribed, or $152,000. By this time the problem of certain of the previous case studies became apparent, namely, that the amount on hand would not be sufficient at current building costs.

The evidence does not suggest that the alternative plan of a bond issue was considered. Instead, the available funds were converted into treasury bonds and the board decided to withhold construction until a more advantageous construction period would arrive. No important events occurred until 1948, although during the intervening period encouragement was derived from the passage of Hill-Burton legislation.

In the fall of 1948 Noreast was given a high priority to receive a federal grant to assist in defraying hospital construction costs. The details of this event were handled through the offices of the Gately Hospital Council, with the president and vice-president of the Noreast hospital board representing the local project in the negotiations. By this time the proposed hospital was defined as a 50-bed facility, with an estimated cost of $400,000. During the inactive period from early 1945 to 1948, additional pledges in the Noreast community increased the earlier subscribed amount to approximately $200,000. Since Hill-Burton funds were to provide one-third of the costs, additional funds were required. These were secured by a grant from a foundation, negotiated under the auspices of the Gately Hospital Council. The amount obtained was $92,000, which made it possible to initiate hospital construction. It should be noted that at no time was there a consideration of returning to the community for additional subscriptions or legal measures. In fact, as it was reported, the original four initiators considered taking a personal responsibility for obtaining the needed deficit. With the details for construction being handled largely through the arrangements of the Gately Council, ground was broken for the Noreast hospital in March 1950.

Noreast summary. The important comparative feature of this case study is the absence of required articulation of authority and influence agencies. The only approximation of an authority structure was the continuing hospital board with publicly approved rights within a restricted jurisdiction. The methods selected and the subsequent events in the mobilization of consensus and resources in Noreast would seem to consistently indicate that this hospital project was related to decision-making systems and processes functioning through the capacity of influence. Although a portion of the legitimizing function for decisions made was posited in the hospital board, legitimacy appeared to be expressed through a few community roles of public responsibility. Hence, legitimacy was built into the roles played by a few men, and the hospital board, as an authority agency, became a sounding board of approval. Thus, the condition that only began to be evident in Norwest county, namely, decision-making geared to influence and a resulting high participation of local people, found its real extension in Noreast. Important at this point is that in the previous four studies the authority agencies were generalized structures for decision-making, i.e., the county governing bodies; while in Noreast the related authority agency was specialized and the various roles of influence in the community were generalized. This reversal means that the real problem was not one of articulating authority and influence structures but one of articulating diffused influence and collapsing it to a common set of means and ends. To understand how this was done in Noreast is to understand how the community obtained a hospital.

The arena for decision-making was a series of settings permitting well-defined informal sets of relationships. Impressive throughout was the "symbolic behavioral set" of four men with a long history of reciprocal obligation and joint community participation. Not only did the initiation of a new hospital flow from this relationship, but dependent on it was the development and operation of a short-run campaign bureaucracy. This relationship set enjoyed a permissive public image as well as important accesses into the associational structure of Noreast. In fact, the four men controlled not only the agency of approval, the hospital board, but the important organizational loci of influence in the community, i. e., the Noreast Club, the Rotary Club, and the Lions Club. In these ways what happened in Noreast was a deployment of influence rather than a deployment of both influence and authority.

Without the presence of formal political authority and the use of political instrumentalities for fund raising, such a singular deployment of influence resulted in a brief stage in which a bureaucratized finance campaign developed through the organizational and ideological skill of an extra-community professional fund raiser. Although this short-run organization recruited the influential persons of the community, it functioned rationally in terms of the specific goal of a sum of money. The fact that its structure developed around a great number of temporary offices leads to the conclusion that the campaign organization constituted a simulated authority agency constructed on the influence base of the community and serving to collapse and channelize the attending social properties in the community.

Finally, Noreast presents an entirely different administrative unit in so far as the service area of the hospital is concerned. In Norwest county, the appropriate administrative unit was the county, but decision-making was largely centered in Norwestville. In Noreast, decision-making was not only an activity of Main Street, but expectations for areas outside the immediate city, itself, were indeed inconsequential.

Chapter Summary

The present chapter has been devoted to an explanation of how the capacities for decision-making were organized in five selected hospital projects. The major hypothesis upon which the description and analysis was made is that authority and influence, as the capacities of decision-making, are differentially distributed through the roles in the community, and hence concentrated about certain pivotal axes of the social organization. If it is given that the hospital project is, by definition, a relevant task for either or both authority and/or influence, then the theoretical problem becomes that of not only delineating the agencies of both, but understanding the manner in which they become articulated.

Authority agencies. In four of the five projects, the county was the administrative unit involved and the county governing body was the centrally important agency of authority. In Noreast, neither the county nor its governing body was of apparent relevance to the community hospital. Instead, an already existing hospital board, supported by a positive and permissive public image, represented the only agency of authority, and that within narrowly circumscribed limits. In this latter case, the members of the board were also influential persons in the

community. The body of rights which they exercised in decision-making was extended beyond those constituted within the hospital board, which is one explanation of the loose connections of the board as a unit to the hospital project. Rather than being constituted as an agency of authority in Noreast, the hospital board was largely another pivotal point of the organization of influence in the community. That it functioned as a source of approval for the decisions made by its officials was due to its existence at the time of initiation and its obvious relevancy to considerations of hospital construction. That the hospital board was hardly necessary to the hospital getting process is indicated by the fact that it never served as an arena for decision-making. Decisions were made through other arrangements and both decisions and arrangements were frequently unknown to the bulk of the board members. Nevertheless, the decisions were approved by the board in a perfunctory manner. Whatever legitimacy was posited in the constituted hospital board, it was controlled by the two presiding officials. The crucial decision of inviting a professional fund raiser to the community did not come from the context of the board but independent of it. The initiatory negotiations were with persons who were not members of the board, and these negotiations and persons were held in secrecy from the board until others of community influence were committed to the project.

The structure of authority agencies related to the five projects varied. In Southeast county the County Commissioners Court was not greatly concerned as a total group, and in this respect was similar to the hospital board of Noreast. For the Southeast county project the

important office for authority was the probate judge, and it was this role that expressed active decision-making and the legitimizing function. It was only Southeast county that exhibited a formal political office role and involved throughout the entire decision-making process. In Mid-State and Farwest counties, county governing bodies were less central in either initial or continuing decision-making, nor were particular political roles differentiated. In both of these instances there were salient political roles, the Circuit Judge ("the source of legal knowledge") in the former, and the State Senator (the "go-between") of the latter. In Mid-State and Farwest counties the county governing bodies were both loci of the legitimate order, but there was no evidence of differential strategies with political offices contained within them. In Mid-State county the problem of the decision-making process was that of "capturing" the legitimate order, i.e., the county governing body; and in Farwest county the cooperation and participation of the county governing body had to be insured with the advent of a parallel authority agency, the hospital district governing board. In effect, this was accomplished by a kind of co-sponsorship by the two authority agencies.

In Norwest county the county governing body was necessary to the initiation of the project, as defined by state law if a bond issue was to be employed in hospital construction, but it was in this case that the focused legitimate order moves from a central importance. This was indicated by the differential behavior of non-political participants toward differing members of the body, and that the bulk of the decisions were approved through other devices than the county political group. Initial

overtures were made to members of the county governing body as individuals, and the same was true in regard to such matters as the appointment of a hospital board. From this point onward the county governing body was so loosely related to the completion of the project that decision-making, legitimizing, and execution functions were carried by non-political participants and the associations which organized the influentials.

Throughout the analysis of this report the major agencies of authority have been found to be formal political governing bodies. Yet, other agencies have appeared in the case studies that are non-political in the formal sense but exhibit the attributes of the authority agency. Although it is striking that the hospital, being located in a municipal site, has not been sponsored by a municipal governing group, it should be pointed out that in Southeast county the Carlin town council was involved as a total agency in the later stages of the project. Only Southeast county and its hospital project provided any evidence that municipal political groups were related to the decision-making process. In Farwest and Mid-State counties medical societies were relevantly included. There was no medical society organized in Southeast county and Norwest county. In Noreast the organized medical society for the county must be considered only another association in support of the project. No physician was active in the "inner circles" of decision-making as was the case in Mid-State and Farwest.

The foregoing evidence suggests that the hospital-getting process for small communities is carried out by decision-making which functions

on the capacity of influence more largely than authority, with the exception of Southeast county. In Noreast there was no problem of the legitimate order at all. In the remaining three cases, overtures were made to the appropriate county governing body. This should be contrasted with Southeast county where the problem was one of securing the commitment of the large landowner influentials. This reversal should demonstrate, in part, that in Southeast county the preponderant capacity for decision-making is that of authority concentrated in the role of the probate judge, and extended through the elaborate political machinery of the county. Accordingly, only in Southeast county were members of the county governing body active in the making of decisions as well as providing the legitimizing and execution functions. In Mid-State, Farwest, and Norwest counties members of county governing bodies were not active in the decision-making, per se, but were restricted to the casting of approval for legal requirements of the project. The distinction, analytically, would seem to be that when governing groups hold the public image of functioning in the totality "to get something done for the county," their members do not hold sharply defined offices of authority and tend not to operate in the initial process of making decisions; but where certain roles have superordinate rights of office, such as the probate judge, this office may include the making of decisions as well as giving approval and assisting with the administration of decisions. This, then, is the degree to which the governing group has a heirarchical arrangement of roles.

One last observation from the foregoing presentation should be made. This has to do with the tendency of the hospital project, although it

may spring from the influentials of the community, to work toward increasing specialized forms of legality. Hence, in Southeast county a formal hospital committee was appointed and later re-formed into a hospital board. In Mid-State, Farwest, and Norwest counties an initial step was to form a hospital board, in these cases prior to the details of hospital construction. The hospital is a specialized institution, and it would seem to require a specialized administration. Although influential persons active in the hospital-getting process have found their way into membership on the hospital board, the magnitude of the hospital project to the small community apparently forces the development of formal and constituted, but specialized, authority for purposes of administration. It is indeed noteworthy to mention that the initial decisions to embark on a new hospital project were made without benefit of a specialized agency such as a board, but the carrying out of the decisions had largely taken place under the auspices of such a newly created structure.

Influence agencies. Although later treatment will give in more detail an analysis of the ingredients of influence, it should be mentioned that the exercise of influence in the foregoing case studies appears organized in certain consistent ways. With the possible exception of Southeast county, the civic and service oriented associations would seem to provide the organizing principle for community influentials, and to provide the arenas for both their participation in public affairs and the maintenance of reciprocal and informal sets of relationships. Even the influential person must have, or obtain, operational access into decision-making domains of the community. The association would seem to provide

the most readily available mechanism. County-wide associations were important in Southeast and Farwest counties, the Farm Bureau for the former and the Grange for the latter. In both of these instances, influentials tended to cluster, in a social organizational sense, in these prominent county-wide organizations.

In Mid-State, Farwest, Norwest, and Noreast, the organized male civic clubs could not be overlooked as greatly relevant in the respective projects. The two autonomous subgroupings of Mid-State county, Larch and Westville, each had an organization of influentials constructed around such service clubs. In Larch it was the Rotary Club, and in Westville it was the Chamber of Commerce. In Farwest county the two towns of Champ and Marino had each a similar sort of association, and they were active as groups in the hospital projects. In Norwest the associational structure was pyramided, with informants agreeing that the Lions Club of Norwestville was the centrally important group for the initiation of civic projects. This appeared to be so true in regard to the hospital project that some of the legitimizing function for decision-making was assumed by the Norwestville Lions Club.

It was in Noreast that the fullest expression of the organization of influence in associations was found. Again, informants attributed male civic clubs as central groups in the initiation of larger community projects. Too, further pyramiding was present, with the male Noreast Club serving to bring together the influentials of the community as well as associational leadership.

A great variety of associations have been related to the development of hospital projects. Earlier chapters have pointed out the incidence of fraternal lodges, churches, veterans organizations, women's clubs, and special interest groups. In the five projects studied intensively many kinds of associations took part in the task in many ways. However, the development of new hospitals for small communities has been disproportionately the activity of businessmen. Noticeably lacking are employed professionals, i. e., officials of welfare organizations, and the professional directors of various rural programs such as the Cooperative Extension Service. When one focused on the decision-making process, the manner in which community business-oriented influentials employed certain favored associations can not be overlooked.

Articulation of authority and influence. One assumption drawn from the theoretical formulation of the problem for this study is that the capacities for decision-making within the community organization context may be organized in terms of authority and influence. Hence, social properties and proficiencies may be diffused throughout the structure of the community, although concentrated around certain organizational nodes. The decision-making function, concerned with the deployment of authority and influence in social situations of goal-oriented behavior, reckons with the neutralization of or securing of the properties and proficiencies vested in actors and arrangements not fully owned or controlled by the incumbent decision-makers. This problem may be accomplished by strategies and tactics, by the jurisdictions and mandates of constituted offices of authority, and by built-in patterns of social organization, which permits,

in either manifest or latent ways, the articulation of the capacities. The previous case studies demonstrate, in part, a variety of differences in the way that authority and influence may be joined for a particular problem-solving task.

The articulation of authority and influence would seem to depend on the extent to which the relevant resources and proficiencies vested in the community are organized in terms of active or potentially active decision-makers. Authority is an explicit capacity to the community. The resources and proficiencies of influence, on the other hand, are not so generally defined by the community at large. This suggests the hypothesis that if the influentials of the community do not have some organized expression of influence, its articulation with authority will, indeed, be difficult. This would seem to be precisely the characteristic of Mid-State county, in which the agency of authority possessed a county-wide domain for decision-making, while the influence of the county was organized in terms of two autonomous subgroupings of the county, March and Westville. The Chamber of Commerce and the Rotary Club integrated the influentials of the two towns, but no communication was reported between them. In addition, no county-wide arrangement existed wherein (1) the influentials of both subgroupings might be brought into similar problem contexts, or (2) provide access for the influentials to the county governing body. That Mid-State county encountered more difficulty than the other four cases in securing a hospital was partially due to this incongruous circumstance.

Greatly different was the situation of Southeast county. There the structure of authority was not only county-wide (a fixed domain), but was

well-known to local residents. Also with a county scope was the Farm Bureau, which incorporated both the landowner-storekeeper influentials of the out-county and the incumbents of political office. For this reason, it is not accidental or incidental that the initial linkage of political officials and the large landowners was secured through the mechanism of the Farm Bureau. The previous case studies reveal that influential persons in decision-making must have some organizational "platform" from which to spring the resources and proficiencies which they own into the community organizational process. The unintended consequences to the decision-making process would seem to be reduced if the organizational "platform" is similarly occupied by (1) other influentials, and (2) the incumbents of offices and positions of authority.

As in Mid-State county the Farwest and Norwest situations found influential persons organized in terms of the towns, in town-related associations, rather than the administrative unit of the county. However, both situations differed from Mid-State in that the towns did not represent autonomous subgroupings. Although some incongruity might be found in Farwest, it was resolved by the development of a legalized hospital district. This, in turn, provided a parallel authority structure to the county governing body, the roles of which were taken by influentials. This event indicates that it is possible, as it were, to manufacture a mechanism to gain articulation of authority and influence. Articulation was functionally insured by the co-sponsorship of the hospital project by the hospital district officials and the county governing body. In Norwest county the concentration of population and influentials in one

town of the county resulted in a pyramiding of the associational structure, with the Norwestville Lions Club not only providing the mechanism for articulation with the county governing body, but serving as the "platform" of participation in community and county affairs by the bulk of influentials in the county. In Norwest county the definition of the rights of the county governing body was more uncertain than in the previous three cases. With the increased indefiniteness in the relation of political roles to public affairs, it would seem that the responsibilities tend to be taken over by a more complete and structured pyramiding of influence. Coincidental here is the development of "symbolic behavioral sets," or groups of influential persons with a history of interpersonal obligation and joint community participation. In this way, the associational life of Norwest county was controlled by a relatively few men, each related to the other through historical and informal relationships.

This latter circumstance in Norwest is best exemplified in Noreast, where four men controlled practically all of the resources and proficiencies of the community, as well as its prestige associational life. In Noreast there was no problem of articulating influence with authority in that no agencies of authority, in the formal political sense, were relevant.

CHAPTER VII

CHAPTER VII

THE CAPACITIES FOR DECISION-MAKING

Previous chapters have focused on two problems: (1) the community organizational setting within which the decision-making process has occurred; and (2) the empirical outlines for the making of decisions and obtaining legitimacy, and for the executive and administrative consequences which follow. The purpose of the present chapter is that of delineating the major capacities of authority and influence for decision-making, and, in detail, to treat the sociologically relevant ingredients of each.

To accomplish this purpose, the presentation will be made with the use of certain methodological devices. First, in line with the working hypothesis for the study, the comparative treatment of the five case studies will be continued. Second, the four highest ranked decision-makers in each instance, as ranked by community informants, will be employed.[1] Third, extensive use will be made of the images and valuations

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[1]The selection of four participants in the decision-making process is not altogether arbitrary. Similar to sociometric choices, the references to participants in the hospital projects made by informants tended to cluster around those who compose the true "inner circle" of the decision-making process. This, together with the interpolations made by field workers, demonstrated that four highly ranked decision-makers was the popular pattern. Such a finding, although a by-product, is in itself significant for an understanding of large-scale financial projects, such as the hospital.

cast by informants of the decision-makers in regard to the initiation, the carrying out, and the completion of the respective hospital projects.

Position and Authority

A. Relevant Offices

Since the capacity of authority is held to be major in the process of decision-making (See Chapter One), and that it is most commonly expressed by the concept of office, the analysis to come of decision-making capacities may best initiate at this point.

Southeast. The highest ranked decision-makers, four in number, in Southeast county presented no interpersonal history of informal and obligatory relationships, one with the other. Each, in his own way, was related positionally to the developed political organization of the county, and each had a particular imagery of resources and proficiencies. Since the Farm Bureau was relevant in the initiation of the hospital project, and the probate judge was the central political role, the following comments may explain the important positional elements vested in the decision-making of the Southeast project.

SE_1. The individual ranked highest by the informants for "what he did for the hospital" was male, middle-aged, and the owner of several hundred acres of land on the edge of the Black Belt. He was also the owner and operator of one of the prominent out-county stores. Although a native of Southeast county, he had left in his youth and had proceeded to an executive position in a large business establishment in a northern state. After returning to the county in the early part of World War II,

he became active in community and county affairs. He reported, "My business job of the last several years kept me traveling over the country, and I never knew what it meant to work in one's home community. This is one reason why I wanted to come back to Southeast county." The organization in which these aspirations were apparently most realized was that of the county Farm Bureau, for he served as president through three critical years of the organization, 1944-1947. Informants generally believed that he had been encouraged in the acceptance of Farm Bureau leadership because of "his business experiences up North," and his facility "to ramrod things through, in spite of opposition." Note the following resolution unanimously passed by the Farm Bureau directors.

> Whereas Mr. (SE_1) who, for three years, served as President of the (Southeast) county Farm Bureau, taking charge when the membership totaled 53 members, and said membership grew to 887 under his leadership, did through his unselfish and wholehearted effort promote the (Southeast) county Farm Bureau to the largest membership in its history, now therefore, the officers and directors do hereby express our deep appreciation for his wonderful service.

The evidence suggests that the major access which SE_1 had to county-wide events was that of the Farm Bureau. The following selected quotations made by informants are indicative:

> "He was a very active member of the Farm Bureau."
>
> "He came back at the low ebb of the Farm Bureau, and made a good president in building it back."
>
> "He is popular with the Farm Bureau, who goes out and gets new men for their vitality."

The singular nature of the Farm Bureau as the only county-wide association incorporating both the influential large landowner-storekeepers and political officials indicates that the office of President

made possible the entrance of its incumbent into many of the organized systems of the county. That the rights of this office carries weight in county affairs is indicated by the apparent lack of the influence capacity of SE_1, to be presented in detail later in the chapter. In this way, an important office contained within the high ranked decision-makers in Southeast county was that of President of the Farm Bureau.

$\underline{SE_2}$. The second most important decision-making role was that of the probate judge. This office had two incumbents during the length of the hospital project. Informants agreed that the way to accomplish public purposes in Southeast county was through the political mechanism. Overwhelming testimony was given to the ascendancy of the office of probate judge in all political matters. Earlier references made to the office of probate judge, supported by the literature, should suffice it to say that legal and financial concerns of the county become squarely the task of the probate judge for decision and administration.

The two incumbents of the office of probate judge, during the period of the hospital project, differed in that (1) the prior judge was linked closely to the affairs of Carlin and the Black Belt, while his successor, on the event of the former's death, was reported aligned with the "hill country;" and (2) they differed in their non-positional influence. In regard to the probate judge incumbent at the time of the initiation of the hospital, the following sample statements are indicative of the authority constituted in the office.

> "If Judge SE_2 had lived, and said 'do it,' the Court would have supported it."

> "The Court would always back him on business affairs."

> "He told people what they could do and that the county was not able to build a hospital, but if they would really want it he would appoint a board and let them work it out in any way they saw fit."
>
> "As probate judge he was a powerful man in this county."
>
> "One of the greatest citizens we've ever had, but if he had lived I don't believe that we'd have the hospital."

After the original hospital committee was appointed, the initial probate judge died and the successor, appointed by the State administration was a man not generally accepted in the Black Belts throughout the state. In spite of a public imagery that focused on "a lack of family background and education," the constituted rights of his office facilitated active participation in the hospital project. Actually, with the shift in political administration of the county through state appointment of the probate judge, the Court Commissioners were opposed to continuing with the hospital project. The new probate judge individually supported the project in the face of this opposition, in addition to that manifested by a political faction centered in his own area, the "hill country." The stand of the new probate judge was felt by many informants to be a political overture to the voters of low income portions of the county, "who were led to believe that the hospital would result in low cost, if not free, medical care." Regardless of the motivation, that the new judge could make a positive stand was dependent on the rights of serving as probate judge. The following sample statements made by informants are indicative.

> "If he is for you, he is for you, if he's against you, heaven take you."
>
> "Used his influence with the state. Only about one-third of the counties that applied got state funds."

Although the office of probate judge has both constituted rights and those defined by tradition in a situation culturally oriented to the solution of local affairs by political instrumentalities, additional structural arrangements within the County Commissioner's Court places the incumbent in full communication with continually shifting factional alignments. For instance, much of the traditional Court activity deals with the administration of the road system. Accordingly, each Commissioner was given responsibility, and a small budget, for the maintenance of roads in his district. The probate judge is the central role in making the allotments to the Commissioners. Such devices, "built into" the Commissioner's Court, provided the opportunities for transactions and negotiations affecting the entire population of the county. Note the following comment by a county official:

> "(One County Commissioner) didn't put a road back into (a locality) and all the (a kinship system) banded together and beat him in every beat except his own. I don't think he will ever try to come back."

Several informants believed that the office of probate judge was not presently as well defined in the rights accruing to it as it was formerly. Such is accredited to the lack of a neatly articulated political out-county organization, due to the technological changes, and especially the political function of the plantation store in the cotton culture of the earlier Black Belts. The following statement is representative of several dealing with this observation.

> "The problem of modern politics in (Southeast county) is that the best thinking people are now not only the ones concerned in politics--but the poor thinking people now have their own political leaders and must be reckoned with. At one time the people in politics were all 'old family,' going back for three

> generations, with prestige, money, and responsibility; while presently a lot of people interested in politics are always over-confident. This is dangerous in (Southeast) county politics."

The foregoing treatment indicates the reliance on political organization in Southeast county. The crucial axis of this county-wide organization is the County Commissioner's Court and its superordinate office is that of the probate judge. As evidence to the lack of informal or formal relationships between SE_1 and SE_2 is the previous occurrence of SE_1 having unsuccessfully contested for the office of County Commissioner.

SE_3. The individual ranked third highest by the informants in regard to "what he did for the hospital" was male, 42 years of age, educated in two prominent universities of the South, and represented the family that owned the largest acreage of land in Southeast county. His family represented an old lineage in the Black Belt, having originally "come from South Carolina." SE_3 joins with a slightly older brother in managing extensive cattle and cotton enterprises. In most respects, SE_3 represented the influence vested in the large landowner-storekeepers of Southeast county. The family operates in the out-county one of the traditional plantation stores.

In the formal positional sense, SE_3 was related to three important offices and positions. First, there was active participation in the two important county-wide associations, the Farm Bureau and the Cattlemen's Association. He had served over a period of time as a director of both, and more recently, succeeded SE_1 as the President of the Farm Bureau. Second, store ownership must be considered in view of the large number of tenants and other workers employed in the extensive farming

operations of the family. Third, there were extensive positional aspects of family and kinship.

Active participation in the Farm Bureau had led to a role of "influencer" within the Farm Bureau while SE_1 was more active as an "organizer" in representing the Farm Bureau in county affairs. The following comments from selected informants are indicative of the manner in which SE_3 was related to the Farm Bureau.

> "He's a good man, and has been active in the Farm Bureau ever since he was a boy."
>
> "When it comes to the Farm Bureau he could have sabotaged the whole project in spite of the energy of (SE_1)."
>
> "He is a mighty good man and a worker, as well as in the Farm Bureau." (Italics ours)
>
> "Has a lot of influence with the young group and the Farm Bureau."
>
> "He always spoke for the hospital in the Farm Bureau." (Italics ours)

SE_4. The individual ranked fourth by informants in actively making it possible for the hospital to materialize was the manager of a distributing company in Carlin. General agreement prevailed that SE_4, a relative newcomer to Carlin, was limited to the immediate affairs of the town, rather than in the out-county Black Belt or hill country areas. Post factum analysis of the sequence of events in the Southeast project, together with the reports of informants, indicated that SE_4 entered into project activities at a relatively late stage. Perhaps the single explanation here was his membership on the Carlin town council, and the eventual importance of this council in the selection and securing of the hospital building site.

The important positional element to be attributed to SE_4 was, therefore, membership on the Carlin town council. In addition, he had an interest in state politics and a plan to contest for state representative. The municipal governing role provided access to the prominent, some of them "old family," representatives of the educational and associational life of Carlin.

A second major office held by SE_4 was that of a trustee of both Broadview College and Carlin Military Academy. An earlier reference pointed out the importance, social organizationally, of these two institutions for the people of Carlin. SE_4 had been active in fund raising campaigns to "save" Broadview College, and this performance had enabled even a newcomer to successfully identify with those of position and influence in Carlin.

> "He is on the city command of Carlin, the Board of Trustees of Carlin Military Academy, and well thought of by a certain group of people in Carlin."
>
> "He is a city council man, and interested in the hospital from the city's point of view."
>
> "He was on the draft board during the war, and carries a lot of weight in Carlin."

Mid-State. One of the contributing evidences to the existence of two autonomous subgroupings in Mid-State county, Larch and Westville, is the apparent inability of informants to explicitly rate active participants in the project. Two reasons appear foremost: (1) a lack of communication between the two autonomous subgroupings; and (2) the internal difficulties of the project affected an "in and out" form of participation in the decision-making process. Consequently, references to four

decision-makers in the Mid-State project are, in part, based on the selective interpolation of the analysis.

$\underline{MS_1}$. The decision-maker who initiated the idea for a new hospital was the editor of the weekly newspaper in the county seat of Larch. In a situation characterized by a deficiency in communication, he who controls a major medium of communication occupies a crucial position, even without a constituted right and subsequent authority. MS_1, a relative newcomer to Larch, brought a particular body of experience and a self-image that was, in part, in conflict with the expectations of the various decision-making publics in Mid-State county.

The experience of MS_1 was that of an employee of metropolitan newspapers following college training in journalism. In addition, he had gained some "felt skills" in promotional work for community welfare activities, including fund raising, in community chest and the YMCA. From this, MS_1 had developed the self-image of the newspaper man as the "watchdog" of community developments. Although his series of articles actually informed the community of hospital need and presented the possibility of a new hospital, his role later shifted to a careful perusal of the detail of hospital project events and their publication in the newspaper. Such behavior repeatedly ran counter to the expectations of other decision-makers.

> A local businessman had been involved in an accident in which a small boy had been injured. It had been rumored that he had, in turn, sent the boy and his mother away "to let the thing cool off." MS_1 insisted on printing the story with the resulting alienation of business people and a loss in advertising.

MS_1 was not averse to editorially rebuking his own political party. Over a period of time alienation had occurred here.

$\underline{MS_2}$. Only in Mid-State and Farwest counties was a medical doctor found active, in a positive sense, as a member of the "inner circle" of decision-making. In Mid-State a physician was viewed as centrally important in the hospital project. Positionally his office, in addition to physician, was that of President of the county Medical Society. Informants generally believed that once the project had been initiated, and had encountered difficulty, the sustaining interest in the hospital had come from the medical society, and specifically its leader, MS_2. Coupled here was an active participation in the civic organizations of Larch. Several informants advanced some such comment as, "He is an outstanding man and the best doctor in town. He is very well liked and worked hard for the hospital." An early symbolic expression of need for a hospital by residents of Larch was that "the lack of a local hospital kept the physicians driving to other hospitals, which was not only hazardous but reduced local practice." This expression, made repeatedly, was usually cast with reference to MS_2.

Added to the office of medical society President, MS_2 had a former attachment in Westville, that of basketball coach. His success in this earlier occupation had, as one said, "endeared him to Westville people." The following comments made by Larch informants should be noted.

> "He is a man with real influence in Westville, and can talk to the better people there."
>
> "If (MS_2) had lived in Westville, it would have carried Westville."

$\underline{MS_3}$. In previous Southeast county two of the four high ranked decision-makers possessed some office of county or municipal governing responsibility. Reported central in the Mid-State project was the

political office of circuit judge, termed here MS_3. Born and reared in Mid-State county, MS_3 enjoyed the positive image throughout the county of having been "a local boy who had made good." This image resulted from the assumption of individual responsibilities in completing law school under adverse conditions, and of following a former judge with a most successful history of accomplishment.

Although the office was political in a formal sense, it is not included within the structure of the county governing body. The "out-of-court" functions of this office were defined, both by the incumbent and other informants, to include the expediting of county affairs that require a source of legal knowledge. Such a contribution was accepted as non-political behavior and no mention was made of the function being included in the rights and duties of the office. Throughout the development of the Mid-State project MS_3 accepted the responsibility of bringing legal knowledge to the hospital group. At the point where such a need no longer existed, he withdrew from further participation.

$\underline{MS_4}$. It should be noted, to this point, that the Mid-State project was characterized by professionals participating positively in the decision-making process. This was not true of Southeast county. The fourth individual to be included, and reported as the most active participant, was a Larch druggist. Although the public image would cast him as "a successful businessman" rather than a professional, the latter positional item placed him at a convergent point of interest, and a subsequently developed relationship, with the medical profession. Although no offices were held in the formal political sense or in the relevantly

important associations in Larch, he did possess access to them. One informant believed that he "reported to the county commissioners more than was necessary." Due to a confused public image, it is doubtful that MS_4 possessed a strong capacity of influence. Thus, it would seem that intra- and extra-community access made him appear, both to the public and other decision-makers, as "most active." This may explain his extensive operations in the role of, as one informant put it, "traveler" for the hospital development, i.e., petition circulation, consultation and negotiation with the officials in the State Capitol.

Farwest. From the analysis of the hospital-getting process in Farwest county, together with the rankings of the informants, the conclusion was apparent that the circle of decision-makers actively responsible for initiating and completing the project was unusually small. As pointed out previously, the Farwest project was actually an administrative exercise among a few decision-makers who were so strategically placed that relevant agencies of influence and authority were effectively articulated.

FW_1. Ranked most responsible for initiating the Farwest project was FW_1, an incumbent State Senator resident in Farwest county. This office, making for unusual extra-community access into state and regional legislative arrangements, was meaningful in that its incumbent was noted for his close association with the Governor and his seniority in the State Senate. In addition, his legislative office had effected the passage of social legislation in the State, a part of which had dealt with the development of district hospitals. About the legislative office of FW_1 an imagery had developed in Farwest county that added a capacity for

influence. As one informant expressed, "After all, there can't be much wrong with a fellow that comes from (another state) to (Farwest), becomes a successful newspaperman, goes to the legislature at age 27, then to the Senate, and becomes a close friend of the Governor." The previous ownership of a local newspaper was reported to have provided FW_1 with "a lot of friends and a lot of contacts" in Farwest county.

To be carefully pointed out is that the constituted rights of the office of State Senator, and whatever authority might follow, were not directly relevant to decision-making in Farwest county. Instead, this position not only invoked a positive imagery and capacity of influence but provided an advantageous access into legislative arrangements both within Farwest county and on the state level. In addition, FW_1 had maintained an active interest and participation in the affairs of Farwest county, especially through speaking engagements before the organizations of the county. Due to both positional and influence elements he was known to have worked closely with the Farwest county governing body, the Board of Supervisors. As one informant put it, "He is very close with the county officers and I believe that he was influential in appointing the board of directors for the hospital district."

$\underline{FW_2}$. The decision-maker ranked second by Farwest informants was "old family," his father, a Polish migrant, having settled in the county as a young man. Since the present analysis deals with the positional element of office, it must be reported that FW_2 held no offices, at least of the formal political type or those of prestiged associations. In fact, general agreement prevailed that his participation in local affairs had

been at a minimum and that his access into the associational life of the county, Champ, and Marino had never developed. His occupational position was important, that of serving as a legal consultant to the prominent lumber interests of the county. This position had made him a wealthy man, and he was reputed to be the highest individual taxpayer in the county.

For the purposes of decision-making the above occupation, although not providing the capacity of authority in any constituted form, provided a wide range of state and federal contacts. These extra-community relationships had brought him into a working relationship with the State Senator, FW_1, and influenced the latter in bringing FW_2 into full participation in the project, first as a member of the hospital district board of directors, and eventually its chairman. The following comment perhaps best represents those made of the advantageous elements contained in the legal consultant position held by FW_2.

> "His outside contacts benefited us most, especially with federal agencies such as the Forest Service that he had worked with. He really took the responsibility, even took it from other members of the board, and then would come back and give them an outline of what he had done. He wasn't too well known around here because he was never around--always off on some kind of state business for the lumber interests."

In conclusion, the position of FW_2 afforded a wide variety of extra-community access, low and infrequent access to intra-community agencies and associations, but through his relationship with FW_1 was able to penetrate the structure of the county governing body.

$\underline{FW_3}$. Another high ranked participant in the Farwest project was an "old family" representative, a middle-aged mining and construction engineer. Again the positional element of political or associational office

was not related to the activity of FW_3 although he was considered an active "community man", especially in the Grange and the Masons. Yet, he was appointed to the hospital district directors initially and served as their first president (later succeeded by FW_2). This circumstance resulted from a previously established relationship with the State Senator, a relationship based on the latter's image of FW_3's range of proficiencies in construction engineering. General agreement prevailed on the part of the informants that he was the only man in the county that was qualified to supervise large scale construction.

As earlier described, the initial step in the Farwest project was that of forming a county-wide hospital district, whose directors would have specialized authority in hospital construction and maintenance. Although two of the four decision-makers herein mentioned were primarily involved due to specific proficiencies, the instrumentality of the hospital district provided specialized authority for decision-making. As previously cited, the hospital district board erected a parallel authority agency with that of the county supervisors; the offices of this new agency embodied the capacity of authority regarding hospital affairs. In other projects there was initially a hospital committee or board, but its legitimacy depended on the constituted governing bodies that made the appointments. In Farwest county the board was not only a hospital board to manage the affairs of the hospital, per se, but represented a constituted instrumentality, the hospital district. This circumstance means that throughout the duration of the hospital getting project in Farwest county, decisions were made within such a framework.

Consequently, after the offices were filled with men possessing what were construed as essential skills and competences, decision-makers had the added capacity of newly constituted authority. Such was the case of FW_3.

$\underline{FW_4}$. A fourth active participant in the Farwest hospital project was a young (32) osteopathic physician who practiced in the small community in which the original meeting for a hospital occurred. Serving as the leader for a small professional osteopathic group in the county, he was also a member of the County Board of Supervisors. Notwithstanding the circumstance that FW_4 was a newcomer to the county, informants described him "as a rising young man in county affairs." Most relevant, however, for the decision-making process in this project was his incumbency in the office of supervisor. Earlier cited was the observation that the problem for the Farwest project was that articulating two parallel authority agencies, the hospital district and the Board of Supervisors. FW_4 assisted at this point by attending the frequent meetings of the hospital district directors, which, in effect, meant that the Board of Supervisors was represented. Throughout the course of the project one of the oppositions, that was successfully controlled, was that of the osteopathic physicians, and FW_4 became active in their behalf when some threat was felt that osteopaths would be excluded from practice in the new hospital. That the opposition was contained until a state ruling removed the threat is undoubtedly due to the supervisor office held by FW_4 and the cooperation of the total board of Supervisors having been secured through the efforts of FW_1. The office of Supervisor made it

possible for FW_4 to legitimately attend hospital district board meetings, and to contribute his proficiencies as a medical man.

In conclusion it should be pointed out that, in contrast to the previous studies, decision-makers FW_1, FW_2, and FW_3 formed a loose friendship group; and that the initiation of the project by FW_1 led to the participation of the other two. The major characteristic of this "relationship set" was its control of strategic access into extra-community arrangements and of possessing locally construed proficiencies in hospital development, i. e., legal knowledge, and architectural and construction technology.

Norwest. An earlier analysis concluded that the initiation and sponsorship of the Norwest hospital project occurred, in so far as the decision-making-process was concerned, within the pyramided associational structure of the centrally important subgrouping of the county, the county seat of Norwestville. Operating within the pyramided associational structure was the "inner circle" of decision-making. The following presentation briefly summarizes the relevantly important offices held by the most active participants.

NW_1. As described in the previous chapter, the initiation of the project came from the mayor of Norwestville, who initiated, not to the town council, but to the Norwestville Lions Club. Although it may be assumed that the office of Mayor included certain prescribed rights for project initiation, the particular office did not appear to be so represented. NW_1 initiated from the vantage point of a man viewed as "public spirited," tending to link the Norwestville and out-county interests

(as a rancher-businessman), and an active participant in the town associations, especially the Lions Club.

NW_1, middle-aged and a representative of "old pioneer" group of families, was perceived by most informants as the chief benevolent figure in civic enterprises. General agreement prevailed that he, over a period of time, could be expected to make two major contributions to such enterprises: (1) "helping to get things started", and (2) contributing substantially to the financial requirements because of his relatively wealthy economic position. The playing of the "initiating role" was undoubtedly facilitated by his service as mayor and subsequent access to the county governing body.

Note should be taken here of the first instance of a formal political office oriented to the jurisdiction of a municipality rather than the county; and, in fact, this is the only project in which a municipal governing office was represented in the initiation of the project. In Southeast county a municipal office was represented in later stages of the project, and in Mid-State county the most critical opposition came from a town councilman. Thus, Norwest provides an example in which initiation originates in the town as a subgrouping, and in which the initiating role was linked to a municipal political official.

$\underline{NW_2}$. The representation of office with decision-maker NW_2 is in some respects identical to FW_2, namely, that no formal political or associational offices were held. Selection was again made through an established friendship relationship with NW_1 and justified on the grounds of proficiencies for hospital construction. Such proficiencies were linked to

occupation, or that of an executive in a currently important oil products industry in Norwest county. This executive position made for wide extra-community contacts for NW_2 and, similar to FW_2, rather limited relationships in the immediate vicinity of Norwest county. Indeed, NW_1 reported that "I told (NW_2) he had to be active in the hospital project because the county had been good to him and this was a chance to repay it."

NW_2, considered a newcomer to the county, shared with NW_1 a wealthy economic position. Early in the project a hospital board was appointed, with the advice of NW_1, by the Board of County Commissioners. Although with less authoritative jurisdiction than the district board of Farwest county, the entrance of NW_2 into the presidency of the hospital board made it possible to legitimately exercise extra-community access for frequent negotiations with state and other officials. As one informant put it, "The time and effort which he gave to the hospital project would have amounted to $5,000 or more."

$\underline{NW_3}$. Ranked as one of the four most active persons was a Norwestville businessman who enjoyed the community-wide, if not throughout the county, image of "a good organizer." The setting in which this talent had been exercised was the Norwestville Lions Club, and, more recently, the Chamber of Commerce. The important office associated here, in addition to previous official duties in the Lions Club, was that of serving as chairman of the County Republican Committee. Thus, he was locally considered as active, if not in the formal sense, in municipal, county, and other political affairs. It was NW_3 who served on the exploratory committee appointed by the Lions Club and who later became a member of

the hospital board. From this point, recalling that the Norwest project was characterized by an extensive mobilization of the associational life of the county, a division of labor occurred between NW_3 and NW_2. The latter, with wide extra-community access, assumed the role of negotiator with outside officials. NW_3 performed an organizing function within the county, especially in regard to fund raising activities. The immediate arrangement from which these operations developed was, in addition to the hospital board, the Lions Club. Especially was this true in periods of emergency.

The previous three participants in the Norwest project formed the "inner circle" of decision-making. Although a great number of town and out-county representatives actively played a part, these three appear centrally important. To ascertain a fourth from the rankings of the informants and the interpolation of analysis, has proven difficult. The reason here is the inter-play between the above three men, representing the hospital board and the Lions Club. The resulting interaction led to a variety of Norwestville businessmen playing brief roles in the details of hospital development, and it is important to note a continuing representation of the Lions Club. However, NW_4 must be briefly cited, in that he was the one member on the hospital board representing solely the out-county ranching industry.

NW_4. A member of the hospital board, NW_4 was the son of a prominent "old family," long involved in the ranching industry of Norwest county. He had completed law school and, rather than establish practice, had returned to Norwest county to assist in family enterprises. NW_4 was

selected for the hospital board for two reasons: (1) he possessed a source of legal knowledge believed to be necessary in a hospital project; and (2) represented directly the isolated and dispersed areas of the out-county. Although no offices were held in addition to board membership, it should be noted that NW_4 was selected by a blending of two characteristics, family position, and skill. This pattern, as the above treatment attempts to demonstrate, has been frequently employed.

In conclusion, a final comment should point out the similarities exhibited by the Norwest project with the Farwest project. Initiation came from a "relationship set" of previous informal and friendship content, with the initiating role taken by a political official operating outside the political context. The difference is that the represented official was a municipal one, and the similarity is that in both projects the initiating political officials were outside the county governing group. In addition, another similar pattern is found, namely, that following initiation, the "initiator" personally involved perhaps the most crucial decision-maker in each instance, one lacking a history of local participation but possessing proficiencies construed as essential to the pursuit of the hospital project.

Noreast. Earlier references have pointed out that the Noreast project exhibited no involvement of formal political offices. The relevant offices held by high rated decision-makers were those related to high prestige associations within the city of Noreast, and, more specifically, the continuing hospital board for the established hospital. In Noreast the high ranked associations were two male civic clubs, and a

male social club. The four predominant decision-makers in the hospital project either held offices in these associations or had a fluid access to those who did.

$\underline{NE_1}$. The exclusively high ranked participant in the Noreast hospital project had never held municipal or county political office. However, the control of offices in high ranked associations was almost complete. NE_1 was Vice-President of the hospital board, into which he had intentionally placed himself rather than the President's office. The explanation here was: "I have always, since my college days, preferred to be the No. 2 man. When there are troubles everyone goes after the No. 1 man, which gives you enough time to decide what to do." Both the Presbyterian Church and the Noreast Rotary Club gave important associational support to the hospital project, and NE_1 was the presiding official in the former and a past official in the latter. But the pyramiding of the associational structure in Noreast centered in a male social club, the Noreast Club, and there all of the four selected decision-makers played important roles. Although not holding office at the time of the study, NE_1 was considered the "prime mover," as one informant put it, of the Club in that he had joined with NE_2 in its organization some twenty years previously. The following excerpted comments indicate some of the positional imagery supplied by Noreast informants.

> "He has been on the hospital board for a long time, and always worked hard for the hospital . . . has been connected with the hospital for a long time . . . has held the Presbyterian Church together . . . never likes to take offices if someone else will take them, for he prefers to be the man behind the man . . . is the top man in (Noreast) for everything."

NE_2. The second high ranked participant and decision-maker formed with NE_1 a symbolic "behavioral set," in that, since the original organization of the Noreast Club, the two, through community expectations, were regarded as a team in community affairs. Independently wealthy, NE_2, was noted in the community for the time spent in metropolitan centers handling the affairs of extensive investments. Consequently, the extra-community access which he had was unparalleled by the others who joined with him in the project. Like NE_1, he had been a past officer of the Rotary Club, the co-founder of the Noreast Club with NE_1, and was brought into the structure of the hospital board by NE_1 to serve as President. In addition, NE_2 had served as a director of the Noreast bank and was noted for the contribution made to its financial circumstances. He had recently reciprocated with NE_1, by introducing the latter into a directorship of the bank. The board of directors must be considered strategic in regard to civic projects of finance in that it placed the incumbents in contact with full knowledge of the financial affairs of community and individual, alike. The foregoing offices held by NE_2 should indicate that, although his residence was on his large country estate, his operational access in local affairs was the city of Noreast. Note the following excerpted comments.

> "He was a central figure . . . he really has wide acquaintances and influence, wide contacts . . . he has a wider perspective than most local people, not only in business ability but on his station in life . . . really mixed up in a lot of things, leader in the Boy Scouts, past president of the Rotary Club, started the Noreast Club, and a strong president of the hospital board."

NE_3. The third ranked participant and decision-maker represents a similar pattern of offices held as the former two. Having developed an

extensive vegetable brokerage business, he, too, was noted for wide contacts throughout the state and region. His occupational position, together with a directorship in the Noreast bank, had made him the central figure in arranging credit with the farmers of Mary county. As several informants reported, "There isn't a single farmer in Mary county that does not know him, and he knows everything about their financial condition." A common pattern of obtaining credit on the part of farm people was to first seek out NE_3 before contacting the bank, with the implication that his approval or disapproval would determine whether or not to approach the bank.

NE_3 was a strong member in the Noreast Club, a past president of the Lions Club. A few years previously, when the Noreast Presbyterian Church was financially and organizationally unstable, NE_1 encouraged NE_3 to "come into" the church. As one informant put it, "(NE_1) brought (NE_3) into the church, his profanity and all, and had him help keep the church together." The following excerpted comments may indicate the public image regarding the positional station of NE_3.

> "He has contacts with the farmers that not even farmers have . . . nobody can call so many people by their first name . . . has wide connections in both the town and the rural areas . . . quite an influential director of the Noreast bank . . . helped (NE_1) to get the Presbyterian Church on its feet."

$\underline{NE_4}$. The fourth ranked decision-maker in the Noreast project was involved, in part, on the basis of positional elements. His important, and in some ways crucial, office was highly relevant to the type of fund raising project sponsored in Noreast. He was the President of the Noreast bank. Middle-aged and a newcomer to the community by fifteen years of

residence, NE_4, without the advantageous economic position of the previous three, possessed a history of having joined with the others in numerous community ventures. Constant interaction was maintained through his central position with the directors of the bank, and he had served as the business manager of the Noreast Club for several years. Active participation was maintained in the Rotary Club with NE_1 and NE_2.

NE_4 was noted in the community for his success with organizing previous campaigns, especially during the period of World War II. Consequently, he was seen by the other three as needed "for his administrative and organizational experience." Also, as explained by the other three, his position was symbolically important in the pursuit of a fund raising project, i. e., "we could hardly go into this sort of thing if the bank president was against us." Nevertheless, two of the other three decision-makers believed that it would have been possible to accomplish the job if this had happened. That such an event did not occur reveals the important distinction of the Noreast decision-making process, or that the centrally important decision-makers were linked informally through an extensive array of reciprocal obligations.

At one point was the matter of position confused in the public image with the resources and proficiencies of influence commensurate with the office held. As one informant stated, "NE_4 kowtows to (NE_2) by going along on things, and 'apes' him in the Noreast Club because of money. People resent a person collecting money when he can't give it himself." Another said, "He probably pledged himself for the rest of his life in order to keep up on the money giving." The contribution which he made

to the project was actually one of strategy in encouraging financial contributions, both by organization and by appeal. One statement made perhaps best indicates the conclusions drawn from an analysis of the case materials: "The place where he (NE_4) really counted was because of his knowledge of the financial structure of the community, which came from his being a banker. However, because he is a banker, he is limited as such in the community."

These comments of the offices held by NE_4 demonstrate, together with previous comments, that the four-decision makers form a "symbolic set" in that certain positional elements are held in common and that historical obligations and shared experience in public affairs secured the relationship informally. Although a similar structure began to evolve in the Farwest project, and continued in Norwest, its extensive development must be credited to the Noreast project. A final observation must be made, namely, that in those three project cases where a pyramiding of the associational life occurred, there are informally patterned "inner circles" of decision-making.

B. Other Positional Elements

Total profiles. The foregoing case analysis of twenty high-ranked decision-makers in five hospital projects yields two positional profiles. Each is constructed around an occupational role in the respective hospital service community; hence, Type 1 follows from a professional position occupationally; and Type 2 follows from a self-employed businessman or employed executive position.

Reference to Figure III will demonstrate the variety of patterns within and between each group of four ranked decision-makers in each of the five cases. The professional, or Type 1, positional profile may be summarized as follows: For such hospital projects, one could expect as a leading decision-maker as a professional person, middle-aged, representing either an old established family, or a newcomer, classified in the middle income class; possessing average contacts outside the community in state and national circles; and with little political participation in the formal sense.

Type 2 may be summarized as follows: A self-employed businessman, or perhaps an employed executive; tending to represent an old family lineage in the community, or be at least near this classification; to represent the more wealthy group; to reside in the town which is to serve as the site of the hospital; to be highly active in community associations of prestige, especially male service clubs; to possess extensive contacts with persons and agencies outside the immediate community; to have almost no participation formally in political affairs; and, finally, to fall in the middle-aged bracket.

Differentials. As the positional elements enjoyed by the decision-makers in each of the five projects are scrutinized, certain exceptions to the positional profiles above are revealed. In the Southeast project, the profiles would alter to include either a decision-maker occupying a formal political position, preferably the important office of the probate judge if the Black Belts of the South were considered; or the out-county large landowner of old family lineage. In the Mid-State project is found

Figure (III) Summary of Positional Elements of Twenty High-ranked Decision-makers

	SE_1	SE_2	SE_3	SE_4	MS_1	MS_2	MS_3	MS_4	FW_1	FW_2	FW_3	FW_4	NW_1	NW_2	NW_3	NW_4	NE_1	NE_2	NE_3	NE_4	Totals
Occupation																					
S. E. Businessman	-	-	-	-	-	-	-	x	-	-	-	-	x	-	x	-	x	x	x	-	6
Farmer or rancher	x	-	x	-	-	-	-	-	-	-	-	-	x	-	-	x	-	-	-	-	4
Employed executive	-	-	-	x	-	-	-	-	-	-	-	-	-	x	-	-	-	-	-	x	3
Professional	-	-	-	-	x	x	x	x	-	x	x	x	-	-	-	x	-	-	-	-	8
Civil official	-	x	-	x	-	-	x	-	x	-	-	x	x	-	-	-	-	-	-	-	6
Family Position																					
Old family	-	-	x	-	-	x	x	-	-	x	x	-	x	-	-	x	-	-	x	-	8
Near old family	x	x	-	-	-	-	-	x	-	-	-	-	-	-	x	-	x	x	-	-	6
Newcomer	-	-	-	x	x	-	-	-	x	-	-	x	-	x	-	-	-	-	-	x	6
Economic Class																					
High	x	-	x	-	-	x	-	x	-	x	-	-	x	x	-	x	-	x	x	-	10
Middle	-	x	-	x	x	-	x	-	x	-	x	x	-	-	x	-	x	-	-	x	10
Low	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Residence																					
Out-county	x	-	-	-	-	-	-	-	x	x	x	x	-	x	-	x	-	-	x	-	8
Site community	-	-	-	x	x	x	x	x	-	-	-	-	-	-	x	-	x	-	-	x	8
Both	-	x	x	-	-	-	-	-	-	-	-	-	x	-	-	-	-	x	-	-	4
Extra-Community Access																					
High	x	x	-	-	-	-	-	-	x	x	-	-	-	x	-	-	-	x	x	-	7
Medium	-	-	-	-	-	-	x	x	-	-	-	-	-	-	x	-	x	-	-	x	5
Low	-	-	x	x	x	x	-	-	-	-	x	x	x	-	-	x	-	-	-	-	8
Organizational Influence																					
High	x	-	x	x	-	x	x	x	x	-	x	x	x	-	x	x	x	x	x	x	16
Medium	-	x	-	-	x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Low	-	-	-	-	-	-	-	-	-	x	-	-	-	x	-	-	-	-	-	-	2
Political Participation																					
High	-	x	-	x	-	-	x	-	x	-	-	x	x	-	x	-	-	-	-	-	7
Low	x	-	x	-	-	-	-	-	-	x	-	-	-	-	-	-	-	-	-	-	3
None	-	-	-	-	x	x	-	x	-	-	x	-	-	x	-	x	x	x	x	x	10
Age																					
Young (less than 40)	-	-	-	-	-	-	-	-	-	-	-	x	-	-	-	x	-	-	-	-	2
Middle-aged (40-60)	x	x	x	x	x	x	x	x	x	-	x	-	x	x	x	-	x	x	x	x	17
Old (above 60)	-	-	-	-	-	-	-	-	-	x	-	-	-	-	-	-	-	-	-	-	1

the predominance of the professional pattern, although this may be linked to certain political offices as well as the self-employed businessman position. The Farwest project is similar, with the professional pattern predominating. Starting with the Norwest project, the positional pattern of decision-makers veers sharply toward the businessman-employed executive type which, finally, reaches its fullest extension in the Noreast project, to the exclusion, altogether, of the alteration for the Southeast project, i.e., the formal political official.

C. Summary: Position and Authority

The construction of hospitals in small town and rural communities is a task of frequently unprecedented proportion to the community. The disproportionate dimension about the task is a financial one. Sufficiently large expenditures of sums challenge local governments and the economic capacities of the people. Thus, it must be noted, in summary fashion, that hospital development is, to this point, largely "man's work." Especially in the Norwest and Noreast projects did women play important auxiliary roles; but these activities have been devoted to the administration and execution of decisions that were originally made by men. Within the theoretical scheme of this report as to what constitutes the decision-making process, the analysis should permit little doubt that small community hospital development is essentially a male activity.

Throughout the present study impressive, indeed, has been definitions as to the need for "responsible persons" in the manipulation and collection of the financial resources deemed necessary. In view of this

sentiment, it is perhaps not surprising that the men of the "inner circles" of decision-making have largely been found in the maturity of middle age. In but one of the projects, Farwest, were two extremes of age to be found. Undoubtedly, age must be linked with the essential capacities of authority and influence required to materially affect the decision-making process in a project of this sort. Thus, to become a political official, to possess the financial and legal skills for the task, or to have obtained the resources of influence -- each and all require time, which is to be reflected in age.

Coincidental with the sex and age characteristics decision-makers represent the more economically fortunate group in the respective communities. A prevailing sentiment was that those who decide to gather the economic means of the community should be in position "to ask no more of others than he may do, himself." Economic position is undoubtedly joined with rank, skill, and office.

Throughout, it has been found that the decision-maker in hospital projects has been generally active, and officially related, to the associational life of the community or county. Such participation has provided a position from which access was possible into the organized channels of communication and problem-solving. Although this positional feature has usually been present, it has not been always the case. When it has been lacking there has been present either access to extra-community individuals or agencies, or the possession of specific proficiencies. Hence, in both the Farwest and Norwest projects, decision-makers were found with a minimum of intra-community associational participation and access, as well as a

history of activity in local affairs. The needed resource, in these instances, was legal skill and a wide variety of extra-community experiences.

County or municipal political offices are irregularly distributed through the "inner circles" of the respective projects. In the Southeast project each of the four decision-makers was politically sensitive, one held the centrally important political office in the county, another a political office of a municipality. In contrast, the Noreast project, lacked formal political offices, and no local governing agencies were relevant to the project. In both Mid-State and Farwest, formal political offices were involved, but they were only tangent to the most relevant political groups. In Norwest initiation of the project was performed by a municipal official, but addressed to associational contexts rather than political.

Finally, the relation of decision-makers to the administrative units of the hospital service area differed. In the Southeast and Farwest projects, decision-makers resided in the out-county as opposed to the town site for the hospital. In Mid-State, they consistently and completely resided in the site community. For Norwest, they represented both the out-county and site community; and in Noreast a similar balance occurred, but with stronger identification with the site community.

Property and Influence

Although the previous section delineated the offices of high ranked decision-makers, evidences were given of the possession of additional resources and proficiencies. These are the ingredients of the second major

capacity for the decision-making process, that of influence. Influence is the investment and the distribution of resources and proficiencies (social property) in the community, portions of which become utilized for purposes of decision-making. The elements of social property are embodied in the value system in a way that they are construed as necessary for the sanctioned exercise of influence.

The following section of this chapter sets forth the incidence and quality of the resources and proficiencies vested in the twenty ranked decision-makers.

A. Resource of Wealth

Wealth, or the services of goods and persons accruing to the individual decision-maker, was found associated in the five cases of hospital construction. Wealth was consistently a characteristic of the high ranked decision-makers. Without an attempt, in field study or analysis, to obtain exact evidence of wealth possessed, the images held by the community have placed the decision-maker in a broad and qualitative economic position. Based on these judgments, at least ten of the twenty high ranked decision-makers were in the high income bracket of the respective community. The remaining ten individuals fell no lower than the relative middle-income bracket, and a few of these might be classified in the middle to high income level.

For three of the five case studies, two of the four selected decision-makers, in each instance, were considered among the most wealthy men in the respective community or county. In the Southeast and Norwest projects, the initiators of the projects were so considered; and in Mid-State county

the representative who provided legal knowledge and another who expedited extra-community negotiations--both were "high income" persons, as viewed by local informants. In Farwest county, only one of the four was considered a wealthy man; and in Norwest county three of the four were believed to be independently wealthy.

The decision to evoke interest in a new hospital means that someone, the people or represented financial agencies, have to be committed. For each project, the sentiment was consistently expressed that if one were to commit the community to perhaps its largest financial project, then he should amply commit himself. To the extent that this behavior is valued by the respective communities, to the same extent is the possession of wealth a resource, and a component of influence.

> Case comment: Southeast. A decision-maker of the four ranked highest who enjoyed the image of "being the most influential person in the county" combined with his family to own and operate some 27,000 acres of Black Belt land in the county. Their holdings were the largest in the county, and informants believed that their accumulated wealth was greatest. In this instance the use of wealth was related to events long since become legend. Among these legends is one dealing with family ownership of a former bank, which, with the advent of the depression, collapsed. Legend has it that this occurrence resulted in the patrons of the bank being reimbursed by the family fortunes. To this day, SE_3 is credited with having stemmed from a background that "made a lot of money, but would not hurt anyone with it."

> Case comment: Noreast. In the Noreast project NE_2 is to be characterized by a similar pattern to SE_3, namely, the inheritance of family wealth. In this instance, the legend of possessing wealth was not positively related to historical events, but to the present behavior of using the wealth in ways prescribed as "community-minded." As one informant put it in regard to the manner of receiving wealth, "When you are not a native of the community and your father gives it to you, this makes a lot of difference in the way people feel about you." A minority of the informants would have agreed with the following sentiment: "He has lots of money which means that you can get away with a lot and people will 'kowtow' to him." The majority of the informants would have agreed

> with the following comments made: "He was able to give freely of time and money to the project . . . He could appeal to people with money, by saying how much he gave . . . He was an aggressive worker with the upper incomebrackets . . . He was just wonderful on the project, because of both his money and his physical leadership . . . You have to find men with time and money in a project like this one."
>
> Informants believed that the "vitality" of NE_2 was related to his possession of wealth. Informants related one event in which Boy Scout leaders had become concerned over the casual attitude of the community in a Boy Scout fund drive. Finally, at the close of one meeting a Scout executive, driven apparently to exasperation, asked about the Noreast quota. NE_2 was reported to have disposed of the matter and ended the meeting with the simple statement: "We'll raise it."

These sample references illustrate the extent to which the possession of wealth constitutes a resource of influence in the decision-making process. Two aspects of this resource are important. One deals with the manner in which wealth was earned and the extent to which the holder comes from a tradition of "community-mindedness," however that may be valued by the community at large. The second is the manner in which wealth is made available, directly or indirectly, to the pursuits of civic improvement. Related to the latter is the nature of the eccentricity of its employment in community affairs. In one project, Southeast, a variety of images were presented that held one decision-maker as a "man who worries about little things when it comes to money." As several informants reported, "He developed a fine new fish pond, but no one is allowed to fish in it." Another reported, "He is too cold-blooded about his business." Contrast this with the instance of NE_2 in Noreast, for as one informant stated, "He is really a capitalist with a lot of money, who would argue over $.25 on the matter of principle, but would not haggle over $2,500 for a good cause." Another said, "He is not out after <u>your</u> dollar, but

will give himself." Still another reported, "When he goes to a benefit supper, you will always find something under the plate after it is over." Participation of the Southeast representative in the decision-making process, in spite of the negative wealth image, was made possible by the possession of other resources and skills, and incumbency in offices amidst a process functioning on the basis of constituted authority.

For each of the projects studied the expediting role through extra-community access to persons and agencies was taken by one possessing wealth. Thus, the pattern of career and occupation associated with the accumulation of wealth apparently provided operational access into extra-community situations deemed essential for the major financial and technological project. Moreover, in Mid-State, Farwest, those decision-makers who provided legal and technological skill for hospital construction were numbered among the high income group.

One function of the possession of wealth in the decision-making process is the strategy which it enables. Particularly was this true in the projects that secured a portion of local funds through a voluntary public subscription, i.e., Norwest and Noreast.

> Case comment: Norwest. Two events occurred in the Norwest project dealing with the subscription of funds. The first was to raise $15,000 to qualify for a bond issue. The committee which handled the details of this subscription had as its members wealthy representatives, and contributed considerably to the subscription. More significant was the second subscription event, in which it had become necessary to raise $21,000 in a few days in order to obtain Federal funds. The Lions Club, within which the four decision-makers were found, was given this task. The Lions Club, operating on the assumption that they should "not get bogged down with the nickels and dimes of passing the hat," proceeded to "obtain $17,000 worth of pledges (aiming at $1,000 per pledge) without going off the main street of Norwestville." In both events it should be remembered that the decision-makers of wealth had access to the potential contributors of wealth.

Case comment: Noreast. Two decision-makers (NE_1 and NE_2) secretly initiated the project, which included negotiating with NE_3 (the bank president) for his support. At first, NE_3 refused to cooperate on the assumption that the community could not financially sponsor a new hospital. However, when he discovered the extent to which the two initiators were willing to contribute financially, which came to him as a surprise, he became vulnerable, as reported, to further elicitation of his support. One of the wealthy decision-makers in this project was asked by a field observer: "What would have happened if the voluntary subscription of funds had failed to reach the goal?" The immediate response was: "Some of us would have made up the difference, ourselves." The character of the fund raising activities of this project made some knowledge necessary of the financial position of the potential contributors. This was not only made possible by the advantageous positions of the decision-makers in financial matters, but their possession of personal wealth provided the opportunity for direct negotiations with potential contributors.

A Gately Hospital Council official reported an event in which NE_2 was told that Noreast would still need a sum to qualify for federal aid. The immediate response, as reported, was that NE_2 would stand good for the amount personally. Other circumstances, however, made this personal contribution unnecessary.

Case comment: Southeast. Although this project did not engage in a voluntary subscription of funds, the possession of wealth by the large landowners of the county made necessary an early and crucial strategy. The wealth of the landowners, especially the large holdings of agricultural land, was equated with a potential resistance to threat of higher taxes via a bond issue and sales tax imposition. Initiating decision-makers in this project moved to involve the large landowners officially on the sponsoring hospital committee, secured even further by the publication of their names in the county newspaper.

Case comment: Mid-State. Again, this project did not engage in a voluntary campaign in thorough-going fashion, although initially this was suggested by MS_1 (the newspaper editor) and briefly attempted without success. Although the fact cannot be construed as the explanation for the failure, it should be pointed out that the individual who suggested and encouraged the voluntary subscription did so on the basis of self-perceived skill and experience in fund raising, and was perhaps less able to personally respond to it with personal wealth than any of the other important decision-makers.

The foregoing treatment of the resource of wealth as a component of the capacity of influence has proposed three major functions of the resource

to the decision-making process. The first relates to the image of the public in regard to its possession by a decision-maker within the community organization context. This image would apparently be affected by the manner in which the wealth was obtained, but, even more important, the manner in which its stewardship is evaluated by the relevant publics, i. e., the immediate "inner circles" of decision making, the "tax-paying" public, etc. A second function deals with the structural relevancies of the possession of wealth. H. D. Lasswell[2] points out that wealth, as a value, is shaped in the institution of business. The present analysis would conclude that the occupational and career pattern of those who possess wealth has taken place within the more extensive arrangements of the extra-community society. Hence, there is associated available access into interpersonal and administrative channels not represented within the small community. A third function is that wealth becomes a valued resource to be bargained for, negotiated over, and transacted in the community organization project. Those who disproportionately control the wealth of the community, especially in the financial project, become amenable to the strategies which the decision-making process frequently requires.

B. Resource of Respect

Respect is a deference value, an intrinsic valuation of the person. Within the community organization context, the resource of respect in decision-making follows from evaluations of interpersonal behavior. The

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[2]H. D. Lasswell, Power and Personality, W. W. Norton, New York, 1948, pp. 17-18.

expectations rendered may increase or reduce the response of others. It is through the evaluations of respect that the personal and informal life of one is made relevant to specialized participation in the decision-making process, say, the construction of hospitals. A history of interpersonal behavior, in conformity or unconformity with the expectations of the community, will lead to an imagery of respect, or the lack of it, when the decision-maker interacts with others of the various publics within the community. Respect grows from the visible expressions of the individual's performance in community affairs, and may deal with any number of behavior patterns. From the present evidence certain of these patterns appear predominant. One relates to family position, another to what is locally viewed as "human relationship" skills, and finally, to proficiencies in subject matter and the possession of talents and competences of some relevance to the respective task.

Note the following case comments which illustrate the major types of the resource of respect as evidenced by the imagery of decision-makers held by the respective community.

> Case comment: Southeast. Two opposing types of respect imagery were found in the case study of the Southeast project. One dealt with the relation of the possession of wealth and the contemporary eccentricities of interpersonal behavior; the other with intellectualism, or "being educated and refined." The latter type was one expression of family position, or the old Black Belt family as against the hill family.
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> An example of the first type is the comparison of decision-makers SE_1 and SE_3. Among the members of the "inner circle" of decision-making, SE_1 was held to be "a poor boy, one of the poor country cousins, who has achieved quite a bit, acquired a good bit of wealth, but turned out to act like a 'big shot'." Or, as another said, "He was a big (business) man, and you might say that he still likes to be the boss and tell people what to do." Still again, "He has all of his land posted and I don't post an acre of mine;

you don't do things like that down here. . . . People don't have any confidence in him at all. He came here ten years ago and has tried to run everything in the county. Everything he has done has rubbed people the wrong way, and he was even defeated (politically) in his own community because he can't even get along with his neighbors and even his kinfolk. . . . He has a lot of money, but is a first impression fellow; he dwarfs everything and everyone else, and his thought is the principal thought." A qualitative interpretation of the imagery as provided by the informants in Southeast county might best be summarized by the following comment: "He doesn't have so much weight, but if he got blocked, he would come right back and fight and fight and fight." Add to this persistence the rights of the office of President of the County Farm Bureau and one finds a partial explanation of his high ranking participation in the Southeast project.

The above imagery digest should be contrasted with that of SE_3. Considered the most wealthy man in the county, the following selected statements indicate a highly uniform image of the county. "Everybody likes him and his brother. . . . He is the richest and most influential man in the county but to see him you would never know it. All he does is speak to a few people and soon everybody is for the idea. I don't know how he does it. . . . Had as much and more to getting it although he didn't give as much time as SE_1. . . . He just spoke a word here and there and it got further than SE_1 when he worked for it. . . . He doesn't care for running things but he is a worker. A good follower doesn't have to be a big cheese. . . . He and his brother have plenty but they give a world of stuff away. . . . His influence is personality, and just as nice to one with a dime as a millionaire. He would enjoy himself as much with a poor man as anyone else. . . . His influence meant more than what he actually did. . . . SE_3 could have sabotaged the whole project in spite of the energy of SE_1."

The second type, dealing with those viewed as intellectuals, may be also contrasted with illustrative material from the Southeast case. The crucial distinction was that of being "an old Black Belt family that came from South Carolina" and "educated and refined," as compared with the "hill family of narrowness and lack of refinement."

Case comment: Southeast. SE_2 was not only a newcomer to the county, having been reared in another county, but represented the "hill country" of that county. "He is very radical, honest, and ignorant," reported one informant. Another stated, "He's a country boy, and not very educated, but means well. . . . He has had a lack of opportunity and education, and not as capable as the

> others. . . . He got excited and confused but he was for it. He is really not educated for a job like that, but he has carried it out all right. . . . The others (in addition to SE_2) were of a higher type, which goes back to family, being better educated, better raised, and thinking more in the future. Class means a lot in the Black Belt." The previous comments would approximate the imagery of those informants who represented the Black Belt areas. Note the following quotation selected to represent those made by the informants of the hill country areas of the county: "It might be said that he was the one who caused the hospital. He is not a popular man now but was popular here when the hospital was being built. Abrupt, not much education, but with a mighty big heart. He is a radical man but will make an awful good judge ten years from now."
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> This digest differs considerably from both SE_3 and SE_4. The former was considered a representative of "one of the fine old distinguished families of the black belts." He was noted for, in spite of an inherited wealth, having attended two universities. As one informant put it, "Because of his background he is deep. People respect him for going out for it (the hospital) even though he knew it was going to cost him several hundreds of dollars a year."
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> SE_4, a newcomer to the county, and lacking the Black Belt heritage, was perceived to be interested in "refined things." As one informant put it, "He is a graduate of two universities, but he went through the hard way and worked his way through." Another said, "He runs with the college set, and is a gentleman of the first order. . . . He is the kind of a fellow who can tell you the truth and not make himself stand out." An informant of the non-intellectual group reported, "He is a very reserved man. He goes down the street as if he has something on his mind, and doesn't speak to anyone." And as another stated, "He thinks he's above anyone else in the county."

The foregoing illustrations demonstrate that the resource of respect may form from the public image of stewardship associated with the possession of wealth and from the possession of talents based on education and family position. The public view of the use of wealth occurred in each of the five case studies, especially for those decision-makers highly ranked in their participation and classified as high income representatives. Perhaps the best example of this form of respect is that of NE_2 in the

Noreast project. Having inherited a large estate and engaged in financial investments and management, the community imagery was indeed striking. Legend after legend was repeated by informants about the manner in which NE_2 consistently stood ready to assist worthy community projects with his wealth. Similar to SE_3 he was viewed as a "man who would not be small about money." The community had not overlooked the event of NE_2 sponsoring two local youths to a college education.

Other forms of respect credited to decision-makers by the public image include: (1) respect for the circumstance of "one having made his own way and having become successful through hard work;" (2) respect for the possession of legal and financial skill; (3) respect for the sharing of the decision-making function with others; and (4) respect for "working hard, but not trying to take credit for it." In Mid-State county, MS_3 (the circuit judge) shared the imagery of respect in that he was considered"a man that had made good by his own boot-straps." In Farwest county, FW_2 was accorded a respect image due to a reputation of "knowing the details of legal requirements for projects that involve state and federal agencies."

The sharing of the decision-making function with others and the reduction of credit-taking in the decision process did, in some instances, produce a sharply defined image of respect. An example would be that of NE_1.

> Case comment: Noreast. The image of NE_1 was consistently aimed at "the desire of NE_1 to give the credit to someone else." Also, NE_1 reported that he always preferred a subordinate position in a community project because he "always liked to weave in other people," and "being in the No. 2 spot made it possible to have the time to find a solution when people were going to the No. 1

> man with a problem." The following quotations rendered by informants indicate the general imagery cast by those interviewed: "He does not have a single selfish motive. . . . He is very clever in handling people, but never takes the credit, and never takes offices if he can help it. . . . During the depression he would buy a poor kid a pair of shoes, but no one would ever know about it. . . . He can be hardheaded and he can be tough, but he does everything in a quiet way. . . . He is a good old solid community man, and people might not even know it. . . . He is a level-headed, and he is a quiet, man."

The foregoing treatment has delineated some forms of the resource of respect. A comparison of the give projects indicates that the respect resource has been rather uniformly distributed among the four ranked decision-makers in each instance. The explanation of the public image which vests this resource in the decision-maker necessarily varies.

Throughout the analysis of the case materials each project exhibited decision-makers with positive images of respect. The exception was the Southeast project, in which two of the four selected representatives held a negative image of respect. That both were active in the initiation and completion of the hospital project was due to the possession of other resources and proficiencies, as well as incumbency in political and associational offices. In Mid-State county, the divisive nature of the project made for difficulty in determining uniform images of respect, although the instance of MS_1 (the newspaper editor) might be cited as one possessing a negative resource image of respect. In this case MS_1 was felt, especially by other decision-makers, to lack stability in his alignments concerned with the project, and disobeyed the "social rules" of community participation by "exposing each decision to the public." In Farwest county respect was attributed to all of the decision-makers, based largely on skill. Norwest and Noreast exhibited decision-makers with respect

images, centering largely in approved conduct in the distribution of wealth, the sharing of the decision-making function, and the reduction of credit-taking.

C. Resource of "Morality"

As viewed in terms of the present theoretical scheme, the resource of "morality" refers to the valuations of the community that a person, i. e., a decision-maker, "can do no wrong." These persons accordingly have vested in them that portion of the value system as to what is morally correct and, in this instance, correct in community enterprises. "Morality" is a valuation of the person, respect deals with the valuations of what he stands for.

Perhaps due to methodological deficiencies, the evidence for the four high ranked decision-makers, in each instance, does not suggest distinctive possession of the resource of "morality." In Southeast county it is doubtful if any of the four could be definitely attributed a public image of "morality" as a component of influence. In Mid-State county some indication was present that MS_2, a physician, was looked on as a moral man, in that "he is trying to do too much doctoring for his own good." The concern of the community of Larch over the manner in which MS_2 vigorously carried on his practice amidst the hazards of driving daily to a hospital outside the county is a positive valuation of a man "going beyond the limits of duty" for the community. In Farwest and Norwest counties no distinctive "morality" images were cast for the decision-makers.

Based on the methods employed in the case studies the only distinctive image of "morality" cast was the instance of NE_1, the highest ranked

decision-maker of the Noreast project. Perhaps the cue was the comment of one informant, who stated, "He (NE_1) is the personification of the community." To explain this statement is to explain his resource of "morality." As one aspect of the explanation, it should be noted that the informants generally agreed that NE_1 was oriented to the "means" of a community project, rather than the "end." As it was put several times, "He likes to reach the goal but he will not hurt people to do it." This should be contrasted with SE_1, where the prevailing image was exactly contrary, or, oriented to the goal rather than the means to secure it.

> Case comment: Noreast. Any number of events and reports in the Noreast project might be interpreted as evidence of the possession of a resource, cast by a public image, of "morality," or moral rectitude. The following are selected examples.
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> Opposed to the project in Noreast was a professional person of old family lineage and joint owner of one local newspaper. Although he had apparently planned active opposition, his stated reason for not continuing was the entrance of NE_1 and a recognition that in Noreast "if NE_1 was in it, no opposition could seriously prevail."
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> In an earlier strike in a local plant, the entire community had begun to feel the strain after negotiations between labor and management officials had failed. Almost legend in Noreast was the voluntary entrance of NE_1 into the midst of the negotiations, and the immediate success which resulted. This is explained locally by the obvious reaction of people to the ethical approach which NE_1 was capable of making.
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> Divided opinion was manifested in Noreast in regard to the male social club, the Noreast Club, on the basis of the recreational pastimes of the club, especially in conjunction with frequent Saturday night parties. Several references were made by informants to the fact that NE_1 declined to participate in many of the pastimes, and "that he can take some of it, but he knows when to drop out." This was admitted to by NE_1, after he had discouraged the research team in attending a Saturday night party to which it had been invited.
>
> Self and public images of NE_1's interest in public enterprises agreed, namely, that his major platform of participation was a local church, and that his motivation in civic pursuits was his conception of "the responsibilities of being a good Christian."

> The adroitness of NE_1 in sharing the decision-making function with others, and the reduction of credit-taking, have been previously cited as one explanation for his generally prevailing image of respect. Among his more intimate acquaintances, however, this behavior had evoked an image of greater emotional depth leading into moral rectitude.

In this way, one may conclude that possession of the resource of "morality" was limited among the twenty high ranked decision-makers in the five projects. The most distinct occurrence was in the Noreast project, where a constellation of events and circumstances had placed one participant on the edge, at least, of becoming a patriarch of the community. The second instance was that of Mid-State county, where the community expectation in regard to the symbolic position of the physician had been met.

D. Resource of Success

The resource of success refers to the community expectation that a person always meets with success in community ventures. Also, there is the feature of success in one's occupation or business. The present evidence suggests that a generally prevailing resource of the decision-makers in major financial projects is that of success. Thus, in some instances decision-makers participate with the advantage of a history of successful action in previous community projects, or, if not, a history of success in occupation and career. These, in effect, constitute two types of the resource.

In a summary analysis of the twenty decision-makers in the five projects the following could be stated: Three possessed only an image of success in previous civic enterprises; four possessed an image of only

personal success; eleven an image of both personal and community enterprise success; and two evidenced neither. Certain references grow from the data which should be presented at this point. For the two decision-makers who possessed neither an individual nor public venture success image, one was the initiator of the Mid-State project (MS_1) who, in later stages of the project, scrutinized the activities of others closely; and the second, in Norwest, was viewed by other decision-makers as one difficult to encourage in active participation. Another reference is in regard to those accorded only personal success images. Each one of the four, in this instance, was a decision-maker who provided skill and operational access to state and federal agencies. One may conclude that when highly needed skills are vested in persons in the community, no history of previous community enterprise success may be necessary in performing in the decision-making process.

In these ways does community or personal success qualify as a resource of influence in the hospital-getting process. Another function is the manner in which the resource, as a component of influence, may be entered in the process of decision-making. The following references may be illustrative of the use of the resource of success in decision-making.

> Case comment: Southeast. Perhaps the distinctive reference to be made in the Southeast project is in regard to SE_1. Although having returned to the county of his childhood five years prior to the initiation of the project, he was immediately asked to become president of the then weak Farm Bureau. In three years the organization had reached its most successful peak, which was credited by the members to the impetus of new leadership. The original request of a newcomer to become president was explained locally by the fact that SE_1 had, through his own efforts and abilities, risen to a position of success in a prominent business organization "up North." Although there was real local concern over employing big business methods in community enterprises, somewhat belated admission was

made that the ability of SE_1 to "drive right through opposition" was a centrally important contribution to the completion of the hospital project.

As reported by a few large landowners in Southeast county who had become officially involved in the project through appointment to the hospital committee, their decision to overtly support the project while maintaining a covert skepticism of its feasibility was due, in part, to the knowledge, via the Farm Bureau, of SE_1's inclination to "keep driving in spite of opposition."

Case comment: Mid-State. In this case, it was indeed striking that no one of the four decision-makers possessed a distinctive resource of successful participation in large scale community projects. The initiator of the project was credited with no image of personal or community success. Although the remaining three were cited for personal financial success, informants pointed out that they had had no such community experience previously. In fact, in the instance of MS_4, informants agreed that "he had never taken much interest in projects before."

Case comment: Farwest. The four high ranked decision-makers in this instance drew heavily on a firm public image of both personal and community success. Three of the four were credited with both personal and community success, but the most active decision-maker, FW_2, with only personal successful achievement. FW_1 (the state senator) was referred to by practically every informant as a "local boy who made good, but still is interested in his home county." His success in higher administrative circles of the state legislature was so thoroughly known in Farwest county that no question was made of his knowledge of impending legislation to assist the construction of small hospitals.

Of particular interest in the Farwest project is the local recognition that was given to two of the leading decision-makers, FW_2 and FW_3. In the instance of the former, his long and wide success in dealing with state and federal agencies on legal matters was viewed by the initiating decision-makers as a necessary resource, so much so that he became involved in the project without a history of participation in community affairs. In the instance of the latter (FW_3), his success image of "being the most successful construction engineer around" became a desirable resource, as believed locally, for the hospital project. Undoubtedly, the success image gained by these men in the pursuit of professional careers is related to the fact of their active handling of the technical details of the project.

Case comment: Norwest. Three of the four high ranked decision-makers in the Norwest project were credited with a history of personal and community success. The initiator of the project is

illustrative. NW_1 had participated fully in civic affairs of Norwestville, and was credited with having "put over a lot of things in the community." NW_2, on the other hand, had never previously engaged in local civic enterprises, but was known throughout the region as a most successful executive, a "builder," of a Norwest county manufacturing concern.

Case comment: Noreast. Distinctive resources of success were found distributed to the four high ranked decision-makers. Two, NE_1 and NE_3, were credited with a long history of success in community projects. Illustrative here are the several references made to the way in which the two men had "put the church on its feet." General agreement prevailed that the various fund drives for civic projects received their greatest assurance from NE_1, and, to a lesser extent, the remaining three men. As one informant put it, "NE_1 is always helping to see through some drive in the community. Why, he was in my office yesterday and I'll bet he had three or four different tickets in his pocket to sell for some benefit." Another informant commented, "It is a standing joke of mine with NE_1, that when I see him I ask him what he is trying to sell now." In a different context was the case of NE_4, who had a public image of skepticism in regard to a successful career, as measured by the accumulation of wealth. This is suggestive that, considering the social class orientation of hospital project decision-makers, the possession of wealth is directly linked to the image of success in personal life. However, NE_4 was considered necessary in the decision-making process due to his "successful heading up of bond drives during the War" and his reputation of "being the best organizer in town."

The foregoing illustrations suggest a threefold conclusion: (1) that active participation in the decision-making process for a project of the financial and technical magnitude of the hospital calls forth men who have either or both of distinctive success in their occupational careers, especially as it relates to the accumulation of wealth; and through participation in successful community enterprises. (2) The resource of personal success, if it is related to relevant financial, organizational, and technical skills, may invite the entry of participants into the decision-making process without the possession of a history of success in community civic enterprises. (3) One function of the resource of success

in the decision-making process is that of containing opposition that might otherwise flare into active resistance.

E. Resource of Access

The resource of access refers to a characteristic of the decision-maker in his relationships with groups and individuals within and without the community. An earlier section of this chapter, in delineating the positions and offices held by twenty active participants, pointed out the forms of structural settings which rendered opportunity for decision-makers to mobilize a pyramided associational structure and to communicate with extra-community officials and agencies. Intra-community access, as previously discussed, deals with membership and officership in community associations of high prestige, and relevant to the project at hand. In this way, sixteen of the twenty selected decision-makers possessed high organizational influence, in that they were members or officers of those associations which informants believed could have initiated action toward a new hospital. Only two of the twenty belonged to but one of the associations believed to be capable of initiating the project; and only two of the twenty were lacking in membership or officership in any of the potential initiating associations. In the latter instance, those without direct associational access were both characterized by the possession of skill believed to be extraordinary, and/or developed extra-community access into administrative and legislative agencies.

The second form of the resource of access is related to extra-community relationships. It is strikingly evident that each of the projects included one decision-maker in the role of expediter of technical details

with outside agencies. In Southeast county the probate judge, with a traditional role of "ambassador" for county affairs, made it possible to gain access to state financial agencies and to secure a state contribution to construction costs. Moreover, the wide business contacts of SE_1 expedited the negotiations with architects and legal agencies. It was rumored in Southeast county that "SE_1 had flown to Washington to see about the hospital project." In Mid-State county the local druggist, MS_4, and an acquaintance of the Governor (a native of Mid-State county) assumed the responsibilities of extra-community negotiations with state agencies concerned with hospital construction.

In Farwest county informants were much aware of the extensive business connections of FW_2 (the legal consultant) throughout the state and the entire West. In this instance, informants explained that the nature of FW_2's occupation had led to his absence from the county and a corresponding lack of participation in community associations and related affairs. Nevertheless, his regional-wide business contacts,and experience with state agencies, were considered necessary to the hospital project. Indeed, it was FW_1, with developed political access, that insisted on FW_2 making entrance into the decision-making aspects of the Farwest project. As one informant said of FW_2, "He has wonderful contacts and has been dealing with the Federal Forest Service for years." As another report included, "His outside contacts benefited us most."

The project in Norwest county also included a role of outside expediter of legal and financial details, taken by a man credited with a wide variety of state and regional business contacts. As he said of himself, "I have been in a lot of business meetings, and I was not afraid of

getting on the phone and calling the people who could help us out." In referring to the number and length of trips taken in behalf of the hospital by NW_2, one informant put it, "The time and effort that he spent would have cost $5,000 or more."

Similarly to Norwest, the Noreast project delegated its major extra-community contact work to the decision-maker who possessed extra-ordinary business connections throughout the county, state, and nearby metropolitan centers. As another of the four ranked decision-makers put it, "He has a head and an eye for business details. Everything he touches seems to make money." Although somewhat more limited, the case of NE_1 should also be cited. He had extensive relationships developed through the nature of his business and, in addition, a long interest in hospitals. This interest had led to extensive relationships with specialized hospital agencies, such as the Gately Hospital Council. During the development of the Noreast project the Gately Council was able to facilitate administrative and financial details. The access to the Council held by NE_1 provided an effective mechanism.

The foregoing illustrative references to the resource of access suggest that a common resource of the twenty selected decision-makers was that of strong intra-community participation in high prestige associations. In some projects the decision-makers actually "owned" and controlled the activities of certain civic associations and, consequently, provided an interlocking of them. Even more pertinent, however, is the presence of at least one role in the inner circle of decision-making that was concerned with extra-community negotiations, i. e., with officials and agencies on state, regional, and national levels. In each project was found one who

carried the brunt of these tasks, and who possessed, through a history of occupational duties, a measure of experience in affairs outside the immediate locale of the hospital project.

F. Resource of Obligation

The resource of obligation deals with the extent to which decision-makers in a major community project may be related to others through a history of reciprocal obligations. The degree to which others may feel obligated to him, through past events and experiences, provides the decision-maker with not only a resource which may be employed in the decision-making process, but also enables a prediction of support in the initiation and development of the project. Felt obligation toward a particular decision-maker may be had by other decision-makers within the inner circle of decision-making, by many individuals and organizations throughout the community, and by both. The presence of the former contributes to the occurrence of the "symbolic behavioral set," associated with the Farwest, Norwest, and Noreast cases.

Evidence of felt obligations as a resource of influence suggests that considerable variation occurs in the respective cases. In Southeast and Mid-State counties felt obligation was diffused throughout the county for certain of the decision-makers; in Farwest county felt obligation was a diffuse matter but with a loose obligatory relationship set among the four ranked decision-makers; in Norwest county reciprocal obligations were largely focused among the centrally important decision-makers; while in Noreast the "symbolic behavioral set" was even more greatly developed.

The Southeast and Noreast cases represent the greatest variation in the patterns of reciprocal obligation as a resource of influence. For this reason these two cases will be treated in greater comparative detail. Before proceeding, however, a brief mention should be made to the incidence of this resource in the other cases.

In Mid-State county but one of the four decision-makers strongly depended on obligation as a resource. This was MS_2, the physician and president of the County Medical Society. The initiation of the Mid-State project resulted from a definition of hospital need constructed around a locally held belief that the lack of a hospital evoked hazardous travel, and reduced service, for local physicians. This expression of need was attached to the medical services of MS_2. Since these beliefs supported an early justification for a new hospital, MS_2 was able to fully participate in the decision-making process. At certain stages in the Mid-State project it was believed that the physicians were too much "the power behind the throne" in the project. That this sentiment brought no alteration in the inner circles of decision-making is undoubtedly related to the social rights of MS_2 gained through the extension of medical service to the community that went beyond the "call of duty."

In Farwest county, obligation was felt toward FW_1, the State Senator responsible for initiating the project. On a community-wide basis this feeling of obligation resulted from the positive evaluations of service rendered by FW_1 in the legislative halls of the state, which had not only previously assisted the county of Farwest, but the other rural and sparsely settled areas of the state. FW_1 was able to choose the high ranked participants in the project, although it was the official function of the county

governing body to make the appointments. The freedom to do so was, in part, a function of the feeling of obligation by the political officials that FW_1 had benefited the county many times, assisted in the passage of the hospital districts law, and had spent much time and energy in initiating the Farwest project. Three of the four selected decision-makers in Farwest were loosely related on a friendship basis and a respect for the proficiencies of the others. No evidence was gained that these three possessed a history of reciprocal obligations, one with the other.

In Norwest county the four active decision-makers formed a loose friendship group. Two of the four had a developed history of sharing the decision-making function in previous civic projects, and this could hardly occur without felt reciprocal obligation in community affairs. The Norwest project exhibited a variation of a usual pattern in which the resource of obligation may involve others in the project. Instead, the Norwest project was characterized by NW_2, eventually the most active of the four, having become involved by a request based on the definition of obligation. NW_1 reported that he asked NW_2 to accept an appointment on the first hospital board, even though NW_2 possessed no history of interest and participation in local affairs. The request was made on the premise that "Norwest county has done a lot for you; now is the time you can repay it."

Southeast and Noreast. In both cases the resource of obligation was employed in the decision-making process as one component of influence for certain of the high ranked decision-makers. There was at least one important differential in the two cases. In Southeast county each

decision-maker could expect support from certain organizations and subgroupings of the county. However, there was no record of reciprocal obligations between any or all of the four decision-makers. In Noreast county three of the four possessed this resource either with the community at large or with relevant organizations and subgroupings. In addition, the four formed a "symbolic behavioral set," based largely on a long history of reciprocal obligations.

A brief review of the Southeast decision-makers in terms of an important relationship of obligation may be indicative. SE_1, as previously described, had guided the Farm Bureau to its most successful years. Although some members were not in favor of the proposed hospital, they approved the plan of SE_1 for initial Farm Bureau sponsorship of the hospital. As reported, the directors could hardly do otherwise after a commendation granted for the services of SE_1 in building the Farm Bureau membership. The Farm Bureau had also become active in the spread of Blue Cross hospitalization insurance, and SE_1 was in position to interpret this event as one of obligation for the Farm Bureau in further extending the opportunities which insurance might provide.

In the case of SE_2, obligation must be taken as a major resource of influence. For the most part, this resource had been developed through political favors in the offices of probate judge. Consequently, entire segments of Southeast county, especially those aligned with the incumbent state administration, had received favors in regard to the solution of road problems. The strong and positive stand taken by SE_2 was reenforced by those out-county representatives who had become obligated through such

political favors. The same mechanism assisted in the approaches made to the state administration for financial assistance. SE_2 had supported the incumbent state administration, generally disfavored by the Black Belts, and had not only been appointed probate judge as a consequence, but possessed appropriate access to state administrative agencies.

SE_3, through long and frequent service to the county, possessed a diffused resource of obligation. This was especially true of the patrons and employees involved in the operations on large land holdings and centered in the credit arrangements of an out-county plantation store. Generalized relationships of obligation aided the full involvement of SE_3 in the project. These were construed by SE_3 to be twofold: (1) as a member of the board of directors of the Farm Bureau and the successful organizing record of SE_1, no alternative existed to individually voice dissenting viewpoints, because (2) the combined public and self image of "being refined and educated" made it impossible to oppose initially the well-meaning project of the hospital. Coincidentally, the approval of the large landowners and their appointment to an original hospital committee was secured in much the same way. At least through a self image of "refinement and education" each felt obligated to publicly approve the project, but with the belief that it would not actually materialize.

SE_4 was noted throughout the town of Carlin to have taken active leadership in maintaining Broadview College and Carlin Military Academy in the town. Such activity had involved extensive direction of fund raising drives to keep the institutions economically sustained. The importance of the institutions to the "intelligentsia" of Carlin had

enabled SE_4 to become a member of the trustees of each and to become a respected member of the town council. Especially among the professionals and patrons of the two institutions, SE_4 possessed a resource of obligation.

Felt obligation between the four decision-makers in Southeast County was non-existent and, in some respects, negative. SE_1 and SE_3 were aligned politically against SE_2 and SE_4 over the matter of the presiding state administration. In a situation in which an old family and Black Belt heritage was decisive, SE_3 was the only representative of the Black Belt, while SE_2 and SE_1 were viewed as members of the "poor country cousins," and both relative newcomers to the county. While SE_4 was considered representative of the "intelligentsia" in the town of Carlin, possessing extensive education, he was still a newcomer to the area and operated exclusively in the circles of Carlin, a subordinate system to the politically acute Black Belt of the county. Consequently, as it were, the four decision-makers in Southeast county lived in sociologically distinct worlds, with little previous opportunity to develop mutually shared reciprocal obligations.

Throughout the intensive interviews with the four ranked decision-makers, numerous references were made by each of the others. Such references, however, were remarkably free of any indication that past events had linked any combination of the four into a behavioral set on the basis of felt obligations. The following case comments may be indicative.

> Case comment: Southeast. The following references of the obligatory relationship between each of the four Southeast decision-makers and the others indirectly demonstrate the paucity of felt obligations between them.

Obligation of:

SE_1 to SE_2: SE_1 had been defeated for the office of County Commissioner without the support of SE_2.

SE_1 to SE_3: SE_1 was not Black Belt; SE_3 was Black Belt and a representative of "an old family from South Carolina." SE_3 felt mildly obligated to SE_1 because of the latter's successful leadership of the Farm Bureau.

SE_1 to SE_4: No previous contact prior to the hospital project.

SE_2 to SE_1: Represented opposing political alignment over incumbent state administration. SE_2 (Probate Judge) could not understand why SE_1 "had worked so hard on the project." Little previous contact.

SE_2 to SE_3: This relationship represented the most distinct example of the Black Belt aligned against the "hill country," and the "narrow people" against the "refined and educated people."

SE_2 to SE_4: No previous contact prior to the hospital project.

SE_3 to SE_1: SE_1 as President of the Farm Bureau, and SE_3 as a director, had led to some contact and a mild feeling of obligation on the part of SE_3.

SE_3 to SE_2: Said SE_3 of SE_2: "Give the devil his due, as he was the first to suggest the bond drive. He has turned to labor and socialism, and is a lower type than the other probate judges." (A crucial evaluation when made by the only true Black Belt representative among the decision-makers.)

SE_3 to SE_4: A strong mutual respect image, but no previous contact in county or community affairs.

SE_4 to SE_1: No previous contact.

SE_4 to SE_2: SE_4, a member of the"intelligentsia" of Carlin, believed SE_2 to be an uneducated man, although an honest one. No previous contact, SE_4 exclusively in the system of Carlin, SE_2 exclusively in the system of the out-county.

SE_4 to SE_3: No previous contact in community affairs.

The foregoing references provide the conclusion that the operational relationship between the four high ranked decision-makers in the Southeast project was anything but one based on a history of mutual obligation. Their juxtaposition in the decision-making process can, by the present evidence, be explained by the positions and offices which they represented. In a community organization setting where problems are resolved through the articulation of politically acute authority and influence structures, it becomes possible, as well as necessary, to effectively pursue the hospital project by the rational employment of the incumbents of the offices. In this way, the decision-making process in the Southeast project was one that functioned on the basis of constituted authority, and functioned without dependence on previously established obligatory relationships between the decision-makers.

Turning to the Noreast project, a different pattern is to be found. The setting in which the four ranked decision-makers operated did not possess the devisiveness of Southeast county; there were no alignments politically; there were no Black Belts and a "hill country;" and there were few differentiations made between town and out-county. The important consideration was who had access to the associational life represented along the Main Street of Noreast. That four men controlled the associational life is not to be explained by the rights and privileges which associational offices provided, but a twenty-year history of developing obligatory relationships that had finally resulted in associational control. The four men did not live in sociologically distinct worlds, but within the concentrated business life of a small city. The following case comments may be indicative.

Case comment: Noreast. The following references to the obligatory relationship between each of the four Noreast decision-makers and the others indirectly demonstrate the abundance of felt obligations between them.

Obligation of:

NE_1 to NE_2: Both had an interpersonal history of friendship for some twenty years. As agreed to by both, NE_1 had "introduced" NE_2 to the organized life of the city of Noreast. Said NE_1: "NE_2 makes a good president, and I have been getting him into the No. 1 spot for some time."

NE_1 to NE_3: NE_1, when the Noreast Presbyterian Church was in precarious financial straits, called on NE_3 to join and share with him the responsibility of re-building the church. As NE_1 put it, "I'll be grateful for a long time for the help NE_3 gave me at the church."

NE_1 to NE_4: During World War II, NE_1 was responsible for a number of drives, i. e., bond sales. Believing himself to be lacking in organizational ability, he had called on NE_4 to devise the organizational plans, which had proceeded effectively. In addition, NE_1, a founder of the Noreast Club, reported himself indebted to NE_4 for the latter's handling of the Club's business affairs. "There has to be a work horse in every club," as reported by NE_1.

NE_2 to NE_1: Perhaps the most succinct explanation of the obligatory relationship of NE_2 to NE_1 was the former's statement: "I'll feel obligated to NE_1 because we've been through a lot together."

NE_2 to NE_3: NE_2 had for years been the forceful head of the Noreast Club. NE_3 explained that, as a "former poor country boy," his entrance into the Club through NE_2 provided him with a host of business contacts and friends in the city of Noreast.

NE_2 to NE_4: At least two expressions of obligation: (1) the service of NE_4 as business manager of the Noreast Club: (2) and the opportunity to serve as director of the bank provided by NE_4 which had permanently secured the operations of NE_2 in the city of Noreast.

NE_3 to NE_1: In an extensive interview, NE_3 gave evidence of having internalized an obligation which he believed the entire community owed to NE_1. This he reported to have resulted from the assistance rendered by NE_1 to individuals and to the community for which credit was never given. In previous years, NE_3 had cared for an invalided member of his family and, with great emotion, reported that, "For five years NE_1 visited him when everyone else in the community had forgotten." NE_3 continued to state, "If NE_1 was to say, 'dig up the streets of Noreast,' I would be out there helping him."

NE_3 to NE_2: A history of reciprocal relations, and consequent obligation, flowing from financial and credit dealings in their respective businesses. In addition, NE_2 had secured the entrance of NE_3 into the Noreast Club and, hence, into the businesslife of the city.

NE_3 to NE_4: The obligatory relationship was pronounced, and perhaps stronger than any other. During the early days of the depression and the precarious business initiation of NE_3, NE_4 had been instrumental in negotiating a large loan in exchange for old bank notes, which loan was repaid "with convenience." This event later led to NE_3 joining the bank directors. Many informants reported that NE_3 would not go along with a financial project if NE_4 did not approve, and NE_3 reported that if NE_4 had refused to cooperate with the hospital project, he would have done likewise,

NE_4 to NE_1:
to NE_2:
to NE_3: The obligatory pattern here was not only distinct but similar to the entire group of decision-makers. NE_4, the bank president, could not compete with the other three because of a tenuous position and a low salary. However, due largely to his organizational skill and full knowledge of community financial affairs, he had been invited into functionary roles by the other three, making it possible to become one of the elite in the associational life of the city, especially as the business manager of the Noreast Club.

In conclusion, the inner circle of decision-making in the Noreast project exhibits the advanced characteristic of the "symbolic behavioral

set." There were two paired sets of relationships involved on the obligatory basis, one involving NE_1 and NE_2 ("We've been through a lot of things together.") and one involving NE_3 and NE_4. That each possessed a resource of obligation in the other made a linkage possible. One other explanation must be made. This deals with the circumstance of the four Noreast decision-makers occupying certain decision-making arenas in which they, and only they, had control, i. e., the bank directors, and the prevailing organization in the pyramided associational life of Noreast, the Noreast Club.

In summary, this selected treatment of the resource of obligation delineates two forms; one dealing with the generalized feeling of obligation which the community may hold toward the decision-maker and the feeling of obligation which the decision-maker may hold toward the community. Indeed, NE_1 stated, "If Noreast was going to get a hospital, it was up to me to start something." The second form is the detailed obligatory relationships among the decision-makers, themselves. Although considerable variation occurred in the present studies, Southeast and Noreast represent contradictory patterns. In Southeast county, the constellation of offices and positions made the decision-making process effective while functioning on the capacity of authority; while in Noreast a history of sharing the decision-making function in community affairs had resulted in an internally obligated inner circle of decision-makers.

G. The Resource of Time

The major community or county project requiring financial and legal planning forces the employment of extensive quantities of time. The

community, at large, is frequently well aware of securing participants in the process who are not only willing, but also in position, to contribute time to the project. The development of a decision-maker in community affairs also requires that a portion of his career be given to voluntary and unreimbursed participation. Within the community organization context, a project is usually a voluntary one in its unreimbursable aspects. But four of the twenty selected decision-makers for this analysis could contribute time to the project by right of a position in which they were employed, i. e., SE_1 (the Probate Judge), MS_3 (the Circuit Judge), FW_1 (the State Senator), and NW_1 (the Norwestville mayor). It is indeed striking that three of the five initiators of the hospital projects were in positions that would provide some remuneration for the time spent on the project; although the greatest expenditures of time were rendered by others as the project developed.

The time-consuming duties in each of the five projects were those of extra-community negotiations with officials of hospital and architectural agencies. In Southeast county, SE_1 expedited legal and financial duties, and many informants expressed amazement at the time devoted to the project. Impressions of the activity of SE_1 invariably included the importance of contributed time. SE_1 represented relatively great wealth and operational access to extra-community arrangements. In Mid-State county the expediting role was taken by MS_4, a wealthy druggist, also with extensive business and professional connections outside the locale of the county. For Farwest county, FW_2, reputed to be the most wealthy man in the county, expedited financial and legal problems and possessed the greatest resource of

extra-community access. The same pattern followed for Norwest county and the Noreast projects, in that NW_2 and NE_2, respectively, were considered the wealthiest decision-makers and each played the expediting role in financial and legal negotiations. In not a surprising way, the resource of wealth made for flexibilities in contributing time to the project.

For the Noreast project time was considered of particular importance among the four high ranked decision-makers. When explaining the decision to employ a professional fund raiser, each of the four credited the resource of time, together with needed organization skill, as a necessary reason. In this instance, the initiating participants were uncertain if personal occupations would allow the required time to organize and direct an intensive fund-raising drive. The professional fund raiser was, in part, an attempt to subsidize the time that had to be committed by someone.

H. Proficiency in Subject Matter Competence

Earlier references have been made to the incidence of competence and skill in the five projects. Likewise, but one of the five projects was characterized by a hospital already in operation, and in the remaining four communities the hospital venture was new, technical, and of startling financial proportions.

Since each of the projects was subsequently assisted with federal funds under the Hill-Burton Hospital Survey and Construction program, the active decision-makers were, in certain stages, literally surrounded by technical consultants. This consultant service was largely devoted to problems of construction and architectural design. There can be no doubt, and an earlier chapter has presented, that the opportunities for federal

and state assistance stimulated the initiation of projects in small communities. It has been surprising, however, that in the projects considered, the decisions to initiate the project were made by residents of the respective communities and counties. State and federal consultants generally did not enter the community until local commitments were made for a hospital. In Mid-State, Norwest, and Noreast, local arrangements were made prior to knowledge of impending federal and state legislation. In Southeast and Farwest, prior knowledge did exist of forthcoming federal and state assistance, but local commitments were under way before assurance that the assistance would materialize.

With these background comments, three types of subject matter competence may be readily ascertained: (1) subject matter competence dealing with hospital operation and construction; (2) legal knowledge and skill; and (3) knowledge and skill in the manipulation of finances. The hospital project was, in effect, a technical, a legal, and a financial problem.

Hospital operation and construction. The present evidence suggests that knowledge of technical hospital operation and construction was distributed minimally throughout the twenty high ranked decision-makers. But two of the five projects were characterized by participants with prior hospital experience. In Southeast county, the President of the Farm Bureau (SE_1) and a director of the same organization (SE_3) had been concerned with the development of Blue Cross Hospitalization insurance. As reported, this experience brought contact with the potential services of the small hospital. In Mid-State county, no evidence suggested that any of the four active participants possessed experience in hospital operation and

construction. In Farwest county, one of the four (FW_3) became involved due to a construction engineering profession, although not devoted to hospitals. Note the following selected comments: "He was one of the few in the country trained to perform the job of supervising the hospital construction." "He held respectable and responsible construction positions before this job." "They felt he was a good one to have on the board because of his ability." "He is a good engineer."

For Norwest county, no body of experience relating to hospital operation and construction was present. The initiator of the Norwest project (NW_1), as mayor of Norwestville, had increasingly become interested in the private facility then operating in Norwestville. This, as he reported, resulted in an appreciation of the minimum standards of hospital service. NW_1 stated: "I would dream of the little hospital catching on fire some night and picture them tossing people out of the window."

The Noreast project best represented a process in which those who made decisions possessed technical subject matter competence. This circumstance was largely due a small operating hospital in the community, and the development of a specialized community hospital auxiliary. Noreast and Norwest county differed in that the latter hospital was a private one and did not have a developed auxiliary. In Noreast, two of the four selected decision-makers were members of the existing hospital board, and NE_1 had followed his father in the task. The incidence of the "Twigs," or organized women's auxiliaries, enabled knowledge of hospital affairs to be distributed throughout the community. In addition, civic affairs of Noreast were greatly oriented to health and welfare activities, adding, at least, associated subject matter experience.

A definite demonstration of technical competence in hospital operation and construction was made by NE_1 in the Noreast project. Hospital operation had, indeed, become for him an avocation, and of which the community was well aware. NE_1 had developed an extensive library on hospital operation and construction, was noted for frequent attendance at hospital conferences, and for his constant negotiations with the Gately Hospital Council. Informants consistently referred to his preoccupation with hospitals: "I relied a great deal on his knowledge of hospitals." "He has been looking at hospitals around for several years." "He always wants to know the facts, and always studies things out." This evidence, together with the presence of demonstrated subject matter competence, provides the conclusion that only in Noreast one finds the beginnings of professionalism among laymen in community affairs.

Legal knowledge and skill. In four of the five projects, a county bond issue was employed to secure funds for hospital construction. In each instance, this circumstance required attention to both enabling and restrictive legislation. State and federal agencies were legally involved in all five projects, especially in the following: Southeast, qualifying for state aid; Farwest, the development of the hospital district; Norwest, legal requirements in initiating hospital bond issues. In Mid-State county crucial opposition to the project was cast in the form of a "remonstrance," a legal instrumentality. Only in Noreast was the project free of legalities, excepting the receipt of funds through federal agencies and the Gately Hospital Council.

Among each group of four high ranked decision-makers was found one role devoted largely to legalities. In Southeast County it was the

probate judge, together with the County Commissioners Court, who provided the necessary legal skill. For Mid-State county the circuit judge served as a consultant to the hospital sponsoring group, and in his own words, ". . . helped out wherever I could." By his assistance procedures were developed to remove the remonstrance that immobilized the project. In Farwest county, the legal consultant for the lumbering companies (FW_1) actively carried the legal responsibilities, and FW_1 (the State Senator) assisted in legally forming the hospital district. In the Norwest and Noreast projects, legal details were almost altogether assumed by NW_2 and NE_2, respectively. In the latter two instances, they did not represent the legal profession but by right of experience in the business world were able to assume the assignment.

In conclusion, it should be emphasized that in the Southeast, Mid-State, and Farwest projects the tasks of dealing with legalities were taken by individuals having either legal training or legal positions. For Norwest and Noreast, the tasks were taken by individuals not in legal positions or possessing legal training, but wealthy businessmen with state and regional business experience.

Financial knowledge and skill. Many references have been made to the hospital project as a problem in community finance. Thus, it is not surprising that the decision-making process occurred as an exercise in financial planning, financial deals, and related strategies. Seventeen of the twenty high ranked decision-makers were viewed as successful businessmen or professionals in their respective communities, and those most active part in financial dealings were among the most wealthy men in their respective communities or counties.

Competence in finance went beyond successful experience in the business world, in that much of the strategy involved was that of financial commitment. In Southeast county the large landowners were the great holders of wealth, and the first step was that of neutralizing the opposition of the landowners over threat of higher taxes. As well, if the large landowners were to approve, then it was expected that the rank and file of the citizenry would react: "The landowners who will suffer the most are for it, so why not the rest of us?"

For Mid-State county, the first step in the project was to justify an expensive project in a setting viewed generally "as one of the poor areas of the state." The uncertain selections of the Mid-State decision-makers in fund raising devices were, in part, an uncertainty of how to announce an expensive project in the face of beliefs that "taxes are just too high." In Farwest county, the formation of a hospital district was, in effect, the legitimizing of specific financial appropriations for hospital construction operation and maintenance. In Norwest county, a sum of $15,000 was required voluntarily before a bond issue was legitimate; and in Noreast the initiation of the project was held secret until the financial structure of the community was thoroughly assessed. In addition, the involvement of NE_4, the banker, was considered necessary in that he possessed extensive financial knowledge of the community. These references may indicate that from the early initiation of the hospital project the matter of finance was a crucial one.

Two additional characteristics of the projects define the need for subject matter competence in finance: (1) the interaction of certain decision-makers with colleagues, the citizenry of the community, and the

representatives of state and federal agencies. In these events, the function was actually a "go-between," in an attempt to bargain both with the community and the outside agencies in reaching a satisfactory balance of contributions. As pointed out previously, recurring emergencies were prone to develop and to test the facility of the local responsible individuals. (2) Rising construction costs presented a continual embarrassment of under-estimating the financial load to the community or county. This called for alternative methods of financing on the assumption that the community would resist successive use of the same fund raising device. Hence, in Southeast county a sales tax followed a bond issue after the project was scaled down; in Mid-State, the absolute dependence on federal funds before the project could proceed; in Farwest and Norwest counties, a reduction and revision in the estimates for the hospital; and in Noreast, considerable delay in construction until financial support was obtained from a foundation.

I. Proficiency in Organizational Skill

Undoubtedly each of the decision-makers treated herein possessed some measure of organizational skill, defined as those abilities associated with developing an organizational scheme for the community, setting this scheme in motion, dealing with the day-by-day details of operation. But two of the five projects engaged in extensive organizational arrangements coincidental with gaining consensus and raising funds, Norwest and Noreast.

In Southeast county no short-range organizational machinery was employed to gain consensus, i. e., bond issue vote, or to raise funds.

Whatever informal negotiations were carried out to insure success and to release contained opposition, they penetrated a social organization geared to political manipulation. The important organizational step in Southeast county was the appointment of a Hospital Committee by the probate judge. Both SE_1, the Farm Bureau President, and SE_2, the probate judge, were responsible for this procedure. Its intent was that of publicly committing the large landowners to the project by membership on the committee, and the prediction that they would not negate due to their self images of civic responsibility. That this organizational procedure did not backfire on SE_1 and SE_2 was due, in part, to an under-estimation of the large landowners of the executive and organizational ability of the Farm Bureau President in securing assistance from state and federal sources. The organizational sensitivity of SE_1 in recognizing that the landowners could defeat the project is an example of organizational skill as a component of influence.

The prolonged difficulty of the Mid-State project was, in part, the inability of the decision-makers to satisfactorily articulate two autonomous subgroupings of the county. With this circumstance the active participants, centered in the county seat of Larch, made at no time an effort to expand the structure of the sponsoring group to include the subgrouping of Westville. The Mid-State project represents an instance in which an abundance of legal skill was present, but no abilities to cope with a complex and divisive county organizational problem. The important display of organizational skill in Farwest was the articulation of parallel authority structures, the county governing body, and the directors

of the hospital district. The articulation was accomplished by erecting a co-sponsorship of the two structures, and by a continuing insistence that the representatives of both join in the sponsoring meetings.

For Norwest county, one decision-maker was selected for participation because of the explicit criterion of being "a good organizer." This image had resulted from extensive responsibilities in community fund drives and heading the County Republican Committee. Consequently, when $15,000 had to be raised to qualify for a bond issue vote, NE_3 was placed in charge of developing a scheme that would "organize" the efforts of the entire county, and reach into the far corners of the isolated ranching neighborhoods. That the $15,000 was over-subscribed stands as evidence of the exercise of skill. When the sponsoring group was faced with the emergency of raising $21,000 in three days, it was NW_3 who exclaimed in the Lions Club meeting, "We can't waste time on nickles and dimes," and proceeded to demonstrate how twenty-one men on the Main street of Norwestville could be expected to pledge $1,000 per man. A history of such events explains why informants reported that "NW_3 is the best organizer in the county."

There can be little doubt that the Noreast project exemplifies the most extensive employment of organizational skill, for in this project the design was to raise funds entirely by an organizational arrangement. The four decision-makers, together with community informants, believed that sufficient organizational ability was vested in the community to initiate a fund raising plan. Their uncertainty was that once the plan was put in motion, the motivational appeals might not be sustained.

Hence, they believed a professional fund raiser was necessary to contribute motivational appeal and enough time to keep the plan sufficiently sustained. During the supervisory period of the professional fund raiser, NE_1 and NE_4 (the bank president and the "best organizer in town") played staff roles in advising on organizational detail. One reported example was the appointment of a committee by NE_2 which NE_1 discovered was entirely Presbyterian. Before the names of the committee were released to the press, NE_1 was able to secure what he believed to be a more equitable religious representation.

The professional fund raiser of the Noreast project represented advanced organizational skill. In a period of three weeks the entire community was living in the grip of a short-range bureaucracy, premised on the procedure "that every person must have an office of responsibility and people under him." In this way, a project that had initiated from the obligatory secured group of four influentials became a highly organized and impersonal campaign. Details of the plan became impersonally considered. Hundreds of community residents, without previous experience in community affairs, became "division leaders," "captains," "committeemen," "workers," and "reporters." Every speech and every argument in the appeal for funds was not left to chance, but worked out in detail and taught to the participants. Note the following excerpts from the written instructions of the professional fund raiser to the decision-makers for an approaching campaign dinner.

> To Mr. NE_2: In your introductory remarks, please briefly thank the workers and guests present for their attendance, and express a cordial welcome to all who have joined with us this evening.
>
> You will please follow the program. Each speaker is definitely limited to an on-the-time basis. All

speakers are asked to conform to this rule; then proceed to follow the program by calling on the persons enumerated.

To Mr. NE_1: As Vice Chairman of this campaign, you should briefly review the pertinent facts pertaining to the hospital. We have a number of guests present and it would be well to lay a good foundation, so they will understand the needs of the hospital. Emphasize the following points:

When you conclude refer to Mr. NE_2 and say something of this nature: "Mr. NE_2, you asked me to recruit an army to take the field . . . and present this army of men and women to you . . . they are ready for action; they have demonstrated their interest and loyalty in the new hospital . . . etc.

Communication throughout the community as to the campaign was secured through organizational devices, in addition to the mobilization of mass and other media. After the meeting cited above, a report went to all the workers in the campaign and the organizations of the community. Note the following excerpt:

> The marshalled cohorts of the (Noreast) Hospital have taken the field 650 strong . . . determined that $125,000 -- yes, $150,000 shall be raised to build a new hospital for the citizens of Mary County. They have what it takes . . . these workers . . . nearly 400 of them were present at the opening dinner . . . courage . . . determination and will power . . . they've got it and are going to put it to work. The "little ladies" under the leadership of Mrs. ( ) made a fine showing. Our Generalissimo, Mr. NE_2, did a fine job, DO YOU AGREE?

That this form of organization could descend upon the community of Noreast was, in part, due to the entrance of a new decision-maker into the process. Although lacking the array of influence components enjoyed by NE_1, NE_2, NE_3, and NE_4, the abundance of organizational skill did, for a brief period, place him in a crucial decision-making role. At the time of the study informants generally agreed that the raising of funds

without taxation necessitated the employment of skill in community organization. That the exercise of such skill will be long remembered by the residents of Noreast is indicated by the selected comments: "He had a system second to none." "He was the maestro of the concert." ". . . put everything in proper relation and set the spark, tied it all together and set it going." ". . . never heard a person who could say so many words in five minutes, not what 'I' can do, but what the community can do."

In conclusion, it may be said that organizational skill was a widely distributed resource of influence among the twenty-high ranked decision-makers, although the necessity for such skill varied among the projects. For the Southeast, Mid-State, and Farwest projects, no organizational machinery involving the community or county at large was employed; instead, associations and jurisdictional agencies were articulated in an administrative way.

The Norwest and Noreast projects present a different problem in that residents of the service areas were activated by means of extensive organizational machinery. In these instances, the tasks of organization were concentrated in one or two of the decision-makers, selected specifically for their "organizing ability." (NW_3 for Norwest, NE_4 for Noreast) Organizational skill had its greatest extension in Noreast, when the initiators of the project employed a professional fund raiser to devise an intensive campaign for funds. The professional fund raiser was, in effect, an influential who was able to direct the project solely on the basis of proficiency.

J. Proficiency in "Ideological" Skill

Ideological skill is meant as the ability to recognize and to manipulate appropriate symbols. Although the entire notion of a hospital is symbolically connotated, and symbols were employed in gaining consensus and approval for the project initially, the phase of the project in which symbol manipulation was most extensive dealt with fund raising. Reference to Chapter Three will provide the summary of the appeals employed in justifying the hospital project to the community.

Although methodological deficiencies must be admitted in this area of the study, the following brief comments may indicate the incidence of ideological skill in the five projects, the manner in which it was employed, and the comparative necessity for it.

As previously cited in regard to Southeast county, the crucial problem was one of committing the large landowners to an approval of the project, even though their individual reactions to the project might be negative. The initiators of the project recognized that, in a financial project, the approval of the landowner influentials (also the large taxpayers) would be necessary. Even more important was the Black Belt image, and the self image, of the landowners as being "educated and refined." The initiators of the project construed the hospital as a necessary, and a great, step forward for Southeast county. The symbolic definition of the hospital, together with the "educated and refined" sentiments of the large landowners, were both employed in the appointment of a hospital committee, which included the large landowners, and the appointment released to the community and county through the press. Chiefly instrumental

in devising this plan was SE_1, not only a landowner himself, but possessing a long experience as a business executive.

For Mid-State county no satisfactory symbol manipulation was able to counter the solidarities vested in two autonomous subgroupings of the county. The lack of organizational schemes and appeals to the entire county, for Mid-State was a county project, was defined by resisting influentials of Westville as an attempted larceny of Larch. The present evidence suggests that the decision-makers were never quite able to fully know the sentiments of the devisive setting, and, rather than employ organization or symbolic manipulation, depended upon legal instrumentalities. The full exploitation of the "over-worked doctor" situation in Larch did symbolically assist in gaining the approval of the Larch community. Perhaps the leading example of symbolic manipulation was performed by MS_1, the newspaper editor, who consistently cast unanticipated consequences at the members of the sponsoring group by printing in full each decision and action taken. Such was done on the published premise that the role of the press was to permit the people to observe the works of their leadership.

With insufficient evidence, the tendency of the Farwest project to be an administrative exercise of a few persons makes for difficulty in understanding the importance of symbols employed. In this instance, the agreement of the people at large as to the need for hospital facilities apparently made unnecessary extensive appeals to the county. The small total population in Farwest county provided the opportunity to contact many people individually and informally, and a few meetings prior to the

vote for the hospital district sufficed to explain the need for a hospital and the efficacy of employing hospital district legislation. In addition, the very presence of Farwest influentials associated in favor of the project was reported by informants to have convinced most people that "the hospital was a good thing."

Perhaps the exclusively important symbol manipulation in Norwest county was the rationale for a new hospital made by NW_1 to the original meeting of the Lions Club. NW_1 pointed out to the group that "no doctors would be forthcoming to the community without a hospital," and proceeded to capitalize on the fact that the doctors had declined over the years in Farwest county. He reported the statement of the physician son of a former doctor who, desiring to return to Norwest county, had stated that, ". . . no doctor could be expected to practice in a community without some hospital facilities." His explanation to the Lions Club included references to recent events in the existing private hospital indicative of need for improvement. These events involved persons known to all, and, as reported, made the need for a hospital seem very real. It was this same rationale that NW_3 later employed in developing a county-wide organizational plan to raise funds. In this way, we find NW_1 and NW_3 developing a workable justification of the hospital based on persons, events, and circumstances of need.

The character of the Southeast, Mid-State, Farwest, and Norwest projects was so much identified with the small inner circles of decision-makers in a context of authority and influence instrumentalities, that knowledge and manipulation of appropriate symbols were obscured in

contrast with the Noreast project. The Noreast project differs in that the need for a hospital was so couched that other alternatives existed beyond building an altogether new hospital. This is one explanation of why NE_1 and NE_2 secretly held their decision to initiate until a professional fund raiser might assess the financial structure of the community, and why other influentials, NE_3 and NE_4, were contacted for approval before the official sponsoring agency, the hospital board, knew of the activity. Gaining the approval of the operating board for the old hospital was accomplished in part by references to the "dream" of its former president, namely, the construction of a new hospital. With this president held as a former patriarch of the community, together with a recent decease, the memorial possibilities of the new hospital were evident to members of the hospital board.

Without any doubt the fullest expression of ideological skill was manifested by the professional fund raiser of the Noreast project. Coupled with organizational skill, the professional fund raiser flooded the community with propagandistic materials designed to give the short-run campaign bureaucracy the symbolic quality of a social movement; and to provide sufficient communicative ties to hold the short-run organization as a functioning system, impersonally distinct from the allegiances and roles of normal community life. A great variety of symbols were manipulated, by means of pamphlets, newspaper articles, speeches, and informal contact. Note the following excerpted slogans that served to set the need for a hospital on different grounds than the previous projects: "What part are you playing in Life?" "The measure of success is in terms of those unseen

and intangible values that give human life meaning." "Your gift may mean a life restored." "Give a gift that keeps on giving." "We tend more and more in these latter years to look to the state to supply all our needs, but it would be a sorry day in America if the right and privilege of voluntary association for aid to the unfortunate were ever surrendered to the Government." "Don't compromise with conscience." "Let the memory of Our Loved Ones be a Blessing to the Living." "Service and sharing, in charity and sympathy, in pity and mercy, these are the lasting things in life." "I could not ask for anything again, if I had not when asked been willing here to give my all to help my fellowmen, and pass along my share of human cheer."

Since the short-run organization of the campaign depended on the complete identification of its members, the employment of symbols was devoted to bending the worker to a feeling of importance in the activity, and, also, providing the rules by which he might relate himself to fellow workers. Note the following excerpt from one of many pamphlets designed for this purpose: "As a sales representative of the cause, take inventory of yourself first. . . a good salesman must have pep . . . the world loves pep and is instantly drawn to anyone who has it . . . pep brings prestige, power, and perhaps most important -- money . . . money . . . money for a new hospital." "Talk . . . think . . . and act with pep." "No matter what gems of wisdom--what pearls of information may exist inside that brain of yours--they are all likely to be wasted unless you dispense them with pep . . . pep is a religion . . . an ideal . . . and in actual practice, a powerful hypodermic." "Just to dwell on a good example of pep is to generate pep within yourself at once."

A cue to what happened to the Noreast community was indicated by one informant who stated, "At the time of the campaign I would have gladly deeded my home over to the hospital." Another informant exclaimed: "This was the greatest set of revival meetings any community ever had. (NE_4) has never been able to shake the enthusiasm gained at that time." The display of ideological skill by the professional fund raiser, and supported and added to by the cited decision-makers, casts the focus of the decision-making process in the execution phase following on the commitment made by the four decision-makers and legitimized by the existing hospital board. That the extensive organizational machinery and with a high symbolic content were evoked is, in part, explained by the complete lack of constituted bodies of authority and the lack of legal instrumentalities for fund raising. The devices employed in Noreast would appear to be one way to control the sentiments of various publics found amidst a decision-making setting functioning on the basis of influence rather than authority.

In the way of a summary statement, attention should be directed toward what has appeared as a varied need for the employment of ideological skill. In three of the five projects decision-making occurred within certain legally prescribed agencies which could, in turn, legitimately authorize legal instrumentalities to collect local funds. In these same three projects early justification was based on definitions of acute need. However, in both Norwest and Noreast the legitimizing relevance of constituted bodies of authority diminished and in Noreast was excluded altogether. In its place we find increasing extensions of organizational machinery and increasing exercise of ideological skill.

K. Legendary Personality

Presented in Chapter One was a reference to a component of influence dealing with psychological elements. Such elements are outside the scope of the present study. Nevertheless, field study of the five projects revealed the importance of legend to influence. In that many such legends are actually interpretations of eccentricities of personality by relevant publics, they become of sociological import in an understanding of the capacities for decision-making. The following brief comments may, at least, indicate the manner in which legend functions to initiate the mantle of charisma.

The initiating decision-maker in Southeast county had become a legendary personality on the basis of two eccentricities: (1) his ability to "drive" people on a project in spite of their lack of enthusiasm; and (2) with great wealth to demonstrate a singular resistance to minute encroachments on his personal property. By far the majority of informants in Southeast county made comment of this, with the damaging note being the linkage, and interpretation, of such eccentricities with years of experience in the North, i. e., ". . . they may act that way up there, but it doesn't go over in the South."

Two decision-makers, FW_2 in Farwest and NE_3 in Noreast, had become legend in their respective communities through the eccentricity of non-forming "boisterousness." In both instances, the "boisterous" behavior in public affairs was interpreted as that of "being a real man that won't take 'no' for an answer." When informants were asked what this contributed to a community project, the composite and interpreted response was: "The project may be a serious one, but you are bound to have some fun when he's

mixed up in it." Note the following excerpts from images rendered by Farwest informants:

> Case comment: Farwest. "He plays hard and he works hard . . . he drank awfully hard but that made him one of the boys with a lot of people." "Boy, he could sure be sarcastic." "Some of the M. D.'s went to FW_2 and said that they wouldn't work in the hospital if the Osteopaths were permitted to work in it. He told them right back that it didn't make any difference to him where they worked, and that he had never got any place by being choosey about where he worked." "You never knew what he was going to do next, which is one reason why people stood in awe of him." "Why, when he died, the whole board was lost."

In the instance of NE_3, in the Noreast project, a frequent role taken was that of a kind of "court jester." As he said, "You can't let the people take themselves too seriously." Numerous references were made to legends oft repeated involving the profanity and brusqueness of NE_3. Note the following excerpts from images rendered by Noreast informants:

> Case comment: Noreast. One of the decision-makers in the Noreast project advised the research team "not to worry about what NE_3 says to you when you meet him. Whatever it is he won't mean it." It was NE_3 that circulated the rumor among members of the Noreast Club, or, "those research fellows will put you on the couch and really work you over." As one informant put it, "He's a wild man, a real steamboat . . . fearless in collections . . . rough and ready, but an awful good fellow."

As a cue to the conclusion that decision-making in Noreast functions more nearly on the basis of influence than authority, two others of the four decision-makers were credited with, at least, the beginnings of a legendary personality. These were NE_1 and NE_2. In the instance of the former it was "nervous energy," and the latter, "vigor." It was generally held in Noreast that the effectiveness of NE_1 in dealing with others was that they could not cope with his "good-natured nervousness." One legend had it that the extent to which NE_1 was nervous, to that extent was a new

community project forthcoming. Repeated by a number of the informants was the event of labor-management negotiations over a local strike. These informants believed that NE_1 settled the strike by appearing at the headquarters of negotiations and proceeding to baffle the negotiators (as reported, via "nervousness") until a solution was found. For NE_2 the Noreast informants indulged in a number of legend accounts, most notable among which was the event of NE_2 walking nine miles on snowshoes to attend a hospital meeting. Of this the interpretation was that of "vigor," i. e., "You can't help being enthusiastic when you are around a man like that."

The intent of the foregoing comments regarding legendary personality is that of delineating one of the mechanisms of evolving charisma. The conclusion of this analysis is that the charisma of the legendary personality may be expected in the decision-making process related to influence rather than to authority. In Southeast county negative images and negative legends did not remove the reality that the respective decision-maker was the incumbent of an office. Conversely, in Noreast the ascending control of the associational life of the community and the attending influentials without incumbency in political or otherwise constituted office had reached the point that personal eccentricities were becoming legend. Thus, in Southeast county personal eccentricities failed to count and did not deter as informants put it, ". . . to ram-rod things through in spite of opposition." For Noreast the decision-makers would not be accused of this exercise, even though it might appear that way to the outside observer.

Chapter Summary

The foregoing treatment of the capacities of decision-making has deliberately delineated and attempted to illuminate (1) the ingredients of authority and influence associated with 20 high ranked decision-makers, and (2) to indicate the manner in which they are entered in the decision-making processes toward the major financial goal of the hospital. Although a running summary of the chapter has been attempted, the following may serve to illuminate briefly the major conclusions.

1. The event of a new hospital may be construed as the energizing focus of social change in the small community. The persistent patterns of status and role become interrupted by the emergence of a social system devoted to the satisfying of specific community need, and this emergence produces consequences that reverberate throughout the stabilities of the community. Consequently, this chapter describes the selective qualities of evolving social systems, by an emphasis on those segments of the community's social structure which are tangent to the emerging system of relationships and which send forth the actors destined to play the roles required.

2. The foregoing evidence would suggest that decision-making for the small hospital requires actors, in a decision-making system of relationships, who, for the most part, represent the complex of the business world. If the positional components of the analysis were to be subsumed under any integrative institution, it would seem to be that of "business" as a manifestation of social class and wealth. Seventeen of the 20 high ranked decision-makers were either self-employed businessmen, executives, or

professionals in the business world.[3]

3. The hospital project, although dependent on the usual requirement of gaining consensus and mobilizing resources, appears to require a measure of technology, and an attending need for subject matter competence, especially in regard to legal and financial problems, and the skills of organization. In this sense, the hospital project is a problem in administration. It is not, therefore, coincidental that in each of the five projects one necessary role in the decision-making system was exclusively given to the exercise of legal and financial knowledge, and another to the exercise of organizational skill.

4. No uncertain position in the community characterized the decision-makers. The maturity of middle age, established residence and often the lineage of old family, high income and/or wealth--provided a secure positional attachment to the community, especially to its business component. Incumbency in political and associational office was an additional positional component to provide, if not constituted rights of authority, the social right to participate in the decision-making function. In at least two of the five projects, constituted authority for decision-making substituted for other positional components, i. e., Southeast and Farwest. In Noreast there was no constituted formal political authority but that of the specialized instrumentality of the hospital board. That the authority

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[3]Other data in the parent study, of which this report is a part, indicate that securing a public health department is not identified with the institution of business but with the notion of "public welfare." Perhaps this difference is one reason why one-fifth of the decision-makers in such projects were "housewives."

of these offices was hardly required in Noreast is evidenced by the substitution of other arenas for decision-making than that of the hospital board, i. e., associations, particularly the Noreast Club.

5. In the treatment of the variety of resources and proficiencies brought to the decision-making process, two distinctions seem present: (1) For those with strong positional attachments, the possession of such resources as respect, wealth, morality, success were, in effect, the valuation of the community of the manner in which one fulfills the expectations of his composite positions, and, hence, statuses and roles. Thus, as the big landowners of Southeast County might testify, the kinds of positions necessary for the mobilization of consensus and community finances for a hospital carry the obligation to "share one's wealth in public affairs," "to share the decision-making function with others," to contribute one's access into intra- and extra-community structures to the project--and whatever is necessary to reflect the community valuation of "being public spirited." In those instances where either non-jurisdictional position was lacking, or the expectations of the community were not met, either constituted authority through political office or the possession of specialized proficiencies insured participation in the decision-making process. (2) The second distinction is the provision of particular resources and proficiencies which the positions of the decision-makers made possible--access into relevant systems locally, i. e., high prestige associations, and into relevant systems external to the community, i. e., legal and financial administrative and political agencies. The foregoing analysis will indicate that the occupational and market positions of the decision-makers were consistently linked to the possession of accessibility.

6. The making of decisions legitimate rested, in four of the five cases, with the legitimate order of a relevant county, in each instance the county political governing body. In only Southeast and Farwest counties was the legitimate order clearly expressed through superordinate political offices. Commencing with Norwest, and reaching its fullest extension in Noreast, was (1) the multiplicity of resources and proficiencies enjoyed by each and all of the high ranked decision-makers, and (2) the intra-obligatory relation between the decision-makers. With these circumstances, the legitimizing of decisions moved from a formal locus in political bodies to the non-political mechanisms, i. e., the Lions Club of Norwest and the existing hospital board in Noreast. One explanation here is that a full complement of resources and proficiencies vested in a particular decision-maker serves much as the authority constituted in an office, namely, to charge the particular decision-making role with the legitimizing function. Hence, when NE_1 (of Noreast) believed that a professional fund raiser was necessary, the hospital board gave approval, in part as reported, on the premise "that NE_1 is our expert on hospitals."

The problem of Mid-State was not only a single locus of the legitimate order for two autonomous subgroupings of the county, but the investment of resources and proficiencies in the high ranked decision-makers was limited to but one of the subgroupings. Hence, from the vantage point of the influentials of the other subgrouping, neither position nor property could serve the legitimizing function.

7. Attention to Figure (IV) will provide a crude summary of the incidence of positional attachments and resources for the 20 high ranked

	County Civil Official	Municipal Civil Official	Other Civil Official	Relevant Ass'n Office	Old Family	Near Old Family	Newcomer	High Income	Middle Income	Wealth	Respect	Morality	Intra-community Access	Extra-community Access	Success	Time	Obligations	Community Obligations
SE_1				X			X	X					X	X	X	X		
SE_2	X						X		X				X	X		X		X
SE_3				X	X			X		X	X		X			X		X
SE_4		X					X		X				X		X			X
MS_1							X		X				X					
MS_2				X	X			X			X		X	X				X
MS_3			X		X			X			X		X	X		X		X
MS_4						X		X					X	X				
FW_1			X				X		X		X		X	X	X	X		X
FW_2					X			X					X	X	X	X		
FW_3				X	X				X				X		X	X		
FW_4	X			X			X		X				X			X		
NW_1		X			X			X		X	X		X		X	X	X	X
NW_2							X	X		X	X		X	X	X	X	X	X
NW_3				X		X			X		X		X		X	X	X	X
NW_4					X				X				X			X		
NE_1				X		X		X		X	X	X	X	X	X	X	X	X
NE_2				X		X		X		X	X		X	X	X	X	X	X
NE_3				X			X		X				X	X	X	X	X	X
NE_4				X	X			X		X	X		X	X	X	X	X	X

Fig. IV Possession of Capacities By High Ranked Decision-makers.

decision-makers. A few obvious patterns immediately may be distinguished, especially the consistent possession of intra-community access, the expenditures of considerable time on the project, and the differential extent of reciprocal obligations among the decision-makers of the inner circle, the latter occurring only in the Norwest and Noreast projects. Also to be noted is the scope of the resources possessed by decision-makers in the Norwest and Noreast projects.

8. Finally, it should be pointed out that in both Norwest and Noreast the relatively higher incidence of resources possessed by the decision-makers was related to extensive organizational plans in the respective hospital service area communities. In both instances, at certain stages in the project, associations and included influential persons were uniformly mobilized. This is suggestive that when the decision-making process includes an inner circle with no political or jurisdictional mandates, the applicable strategy to gain consensus must include the involvement, and subsequent approval, of a dispersed and diffused influence. Conversely, the inclusion of decision-makers in constituted offices of authority organizes the "rightfulness" to make decisions into explicit and concentrated centers of decision-making. This may be one explanation for the greater decisiveness of politically sponsored projects, as measured by the success after but one campaign.

CHAPTER EIGHT

CHAPTER EIGHT

MAKING DECISIONS AND GAINING APPROVAL

Previous chapters have treated two aspects of the decision-making process: (1) the empirical outlines within which the process occurs; and (2) the capacities for decision-making, authority and influence, by which the process functions. A third aspect must be considered. This deals with those operations which actively deploy the capacities in decision-making. To understand the functioning of decision-making is to understand the forms of decisions made, the strategies and tactics for gaining legitimacy and/or approval, the negotiations by which strategies are exercised, and the consequences.

The assumptions for the present analysis are to be found in a more definitive form in the first chapter. Nevertheless, a cursory comment, at this point, should indicate (1) that if a decision reduces the alternative courses of action for those to whom they apply in the community organizational context, the response of the publics may result in either or both of intended or unintended consequences; and (2) unless the capacities of authority and influence are completely controlled by the incumbent decision-makers, both must be gained or neutralized through negotiation and strategy.

The present chapter fosters an attempt to ascertain the major forms of decisions made in the five hospital projects, and the attending

strategies, negotiations, and consequences. Wherever possible, the comparative treatment of the five cases will be continued. The major organization of the chapter will relate to the four forms of decisions in hospital construction derived from the previous analysis: (1) decisions to initiate the hospital project; (2) decisions as to method of financing local shares of construction costs; (3) decisions as to the composition of sponsoring and operating groups; (4) decisions concerned with a major problem of hospital projects, the resolving of unanticipated rising building costs through external factors.

Decisions: Initiation of the Project

A. Southeast

The decision to initiate the hospital project in Southeast County occurred at the convergence of three circumstances and/or events: (1) a rapid expansion of the Southeast Farm Bureau and a subsequent attention to the development of hospitalization insurance; (2) the early acquaintanceship with impending federal legislation to assist local hospital construction; (3) the increasing recognition of need brought into focus by the acceptance of hospitalization insurance by Southeast people, but with no hospital to freely extend hospital services.

Initiation of the hospital project involved a decision that would limit the expenditures of public funds on a favored Southeast interest, the maintenance of rural roads, and would place a burden on the chief taxpayers of the county, the 30 or more large landowners in the Black Belt. With such limitations in the alternatives to relevant publics, the decision to attempt a new hospital was made.

The making of this original decision involved at least three elements: (1) the Farm Bureau directors, and their president, who posed the decision; (2) the Court of County Commissioners, and the probate judge, which could legitimately make the decision; and (3) the large landowners who, by recognizing the consequences that would disproportionately fall to them, could, with a positional and influential control of the out-county political system, approve or disapprove the original decision. This organization of the capacities for decision-making rendered a two-fold strategy, that dealing with the initiation to the County Commissioners, and that dealing with the involvement of the large landowners or, at least, a neutralization of their influence.

Tactics and strategies. In Southeast County, the original negotiation was that of the initiation of the president of the Farm Bureau, in company with the directors, to the members of the County Commissioners Court and the probate judge. The physicians of the County were invited to this original parley. Previous to this direct negotiation, however, the executive directors of the Farm Bureau had both informally and formally discussed the manner in which to approach the Court.

> Case study comment. At the first meeting of the Court, the Farm Bureau directors, and the physicians, mention was not made of the possibility of a voted bond issue to provide Southeast's share of construction costs. The tactic employed by the Farm Bureau directors, in their strategy to carry the Court was that of explaining that the Farm Bureau would underwrite the local costs, variously estimated from $25,000 to $40,000, with the expectation that federal funds would provide two-thirds of the total costs. The consequence of the first meeting was that the Court suggested a public hearing on the matter of a hospital. The interest of the Court, as reported by a former Court Commissioner (incumbent at the time), was not so much on the financial aspects of the project as with the need to "bring into the open" the big landowners, and representatives of various

political factions, in order to ascertain the potential conflict to the project, and to determine if the big landowners would support the hospital "as individuals and outside the Farm Bureau."

The foregoing comment illustrates that the directors of the Farm Bureau, through a willingness to financially underwrite the project, desired to carry the Court toward official sponsorship; and the Court felt unable to do so without a open endorsement of influentials, to be found among the large landowners and the professional and civic representatives of Carlin and Farmville. This endorsement was gained at a public meeting, held in Carlin, the county seat, characterized by the attendance of members of the Court, Farm Bureau directors, several landowners, physicians, and representatives of health, educational, and welfare agencies. The issue of this meeting, apart from support of the project, was that of forming an official planning and operating body for the hospital, as prescribed by federal legislation for compliance in the receipt of federal funds.

Case study comment. By the event of the public hearing both the Court and the Farm Bureau directors were preoccupied with the strategem of officially committing the large landowners and storekeepers to the project. The notion of the official hospital association was, of course, a legal requirement, but it offered the decision-makers (the Court and the probate judge and the Farm Bureau directors) the opportunity for two tactics to accomplish the mutual purpose: (1) the appointment by the probate judge of 16 hospital association directors from a list of names provided by the Farm Bureau directors that included the approximate 30 large landowners. Since the probate judge was also determined in committing the landowners, it is perhaps not surprising that the hospital association directors included the influential landowners of the Black Belt; (2) the publication of the names of the association directors in the Southeast County weekly newspaper, which circumstance identified the Black Belt influentials with the hospital project.

> The reaction of the landowners to these tactics apparently varied. Several of them admitted, and were reported by others, to have been individually opposed to the project, but that the previous tactics had successfully forced them to "go along with the project in the face of threat to reputations in the Black Belt of being "refined and educated." In addition, few of them believed that anything concrete would result in the activity, so nothing would be lost. At least a few of the landowners believed that the Court had gone through the ritual of listening to public interest but that, through insufficient concern, the Court would find a way to delay further action toward a new hospital.

Thus, in Southeast County the initiating decision for the hospital project occurred amidst a structural rigidity of the decision-making system of relationships, the initiating Farm Bureau, the legitimate and authoritative structure for decision-making, the Court, and the possessors of both influence and position, the large landowners. Thus, excepting the Farm Bureau directors, other decision-makers were involved in the process although individual orientations may have restricted their entrance. That this was possible is to be explained by the rigidities of the setting for decision-making in Southeast County, and the predictive knowledge of the decision-makers regarding the forms of expectations which obligate others.

B. Mid-State

The agreement of informants in Mid-State County, and other available evidence, regarding the initiation of the Mid-State project indicates that the crucial initiating event was an extensive campaign by the publisher and editor of the weekly paper, the Larch Republican. The editor, new to Mid-State County, was aware of impending federal legislation and the successes of other localities with voluntary public subscriptions of funds

for the improvement of hospital facilities. The functions of the newspaper editorials were undoubtedly varied, but included: (1) the elicitation of letters and testimonials from Mid-State County citizens which served to cast the possibility of a hospital in terms of a public issue. Letters of recommendation were encouraged from men in military service, and these were reported to have suggested a "memorial" hospital. One editorial dealt with a count of recent deaths of mothers during childbirth. Even the Board of County Commissioners took cognizance, with financial recommendations for the improvement of medical facilities at the Mid-State County Home. This event encouraged the editor (MS_1) to make the initiating decision, manifested in the arrangement of what locally was called, "The Sunday morning breakfast."

To this meeting were invited the physicians of the county, the circuit judge, a few businessmen and association officials from Larch (the county-seat town), two industrialists--one from Westville--and the editor of the Democratic weekly paper in Larch frequently spoken of as the "wheelhorse" for the Democratic Party in the County. The avowed purpose of "The Sunday morning breakfast" was that of informally discussing the possibility of a new hospital and to explore methods of local financing.

> Case study comment. Those informants who were present at the initial meeting believed that the major strategy involved was that planned by MS_1, the editor, in order to gain approval for an attempt, to be led through the newspaper by the editor, at a voluntary public subscription of funds. If this was the intended strategy, it completely failed, for a major devisiveness occurred that was to carry throughout the project and to explain much of the difficulty and delay which the Mid-State project was to incur. The disagreement was based on, not the feasibility of building a new hospital, but the possibilities of the voluntary subscription. The two industrialists joined with the editor in believing that this was the correct method, and one stated,

"that he would top the highest contribution made." The other representatives at the initial meeting believed that a legal instrumentality should be employed. This view was sponsored by the circuit judge (MS_3), reportedly on the grounds that it would be well for the incumbent Republican administration to be associated with the hospital, and the Democratic Party leader, reportedly on the grounds of rivalry with MS_1 as the editor of the Democratic paper and his desire to force the Republican administration of the county into sponsoring additional taxes.

Physicians present at the meeting reported that they preferred the voluntary subscription, but agreed with the proponents of legal instrumentalities, because this would insure from their point of view a county hospital, more feasible to them than one based exclusively on the service area of Larch.

The editor (MS_1) actually withdrew following the first meeting. Two committees were formed at the meeting, one called a "survey committee," composed of physicians, and a "finance committee." That the "Sunday morning breakfast" was, in part, divisive is suggested by (1) the Westville industrialist refused appointment to the finance committee, which later encouraged influentials in Westville to believe that the "west side" of Mid-State County had been excluded in the early decision-making processes; (2) although the majority sentiment at the meeting was against public subscription, a brief attempt was made for voluntary pledges but with no avail. Hence, the Mid-State project found itself without a defined sponsoring body and no approved method to raise funds.

As compared with Southeast County, the project in Mid-State differed in those decisions for initiating the project: (1) the decision-maker who made the initiating decision did not, by the present evidence, informally discuss the possibility outside the context of the newspaper, or consider the structure of the needed sponsoring group; (2) the original negotiations, by-passed the issues of feasibility and sponsorship, and engaged on the topic of finance. By this procedure, decision-makers were not able to organize the capacities of decision-making sufficiently to forestall the unintended consequences to follow; (3) the loci of competing decision-making centers (Westville, Board of County Commissioners, the town councils of Larch and Westville) were not directly involved, since the intent of

the "Sunday morning breakfast" was, within the designs of MS_1, anything but that of involving the municipal and county political instrumentalities.

Tactics and strategies. The Mid-State project is an example of a civic project of considerable magnitude in which a decision-maker without either authority or influence attempted to "gamble" for approval without negotiating with the centers of authority and influence. The strategy was that of gaining quick approval, not for a hospital or for the structure of sponsorship, but for a fund raising method in which the initiator would play a central role. When the strategy failed, all of the decision-makers involved were alienated in one way or the other, and the responsibility moved away from the intiating actor to an indefinite, if not void, set of alternatives. Hence, strategy was devised, but without supporting tactics and negotiations.

C. Farwest

In some respects, the setting for decision-making in Farwest County was similar to that in Mid-State, especially in regard to the importance of the county as an administrative unit in the development of public projects, and the existence of two towns as major service centers. One exception seems to reveal itself, namely, the uniformly distributed feeling of need for a new hospital throughout Farwest County.

The initiating decision in Farwest was, in a specific sense, provoked by the formal unterest of one small community, Crossroads, to obtain minimum "health center" facilities and a recreation hall--both to be planned under one roof. At this point, the convergence of a variety of

situational factors occurred, among which were: (1) the presence of state medical standards, making the Crossroads activity appear hopeless; (2) the development of state and federal legislation to assist with the financing of small hospitals; (3) the permissive legislation for hospital districts, a device to rest the legal responsibility of hospital construction and maintenance with the people; and (4) the proximity of one resident of Farwest County to such events, a state senator, with an interest in introducing social legislation and possessing the resources and proficiencies of influence in Farwest political and associational circles. Hence, the decision of initiation became visible when the State Senator, FW_1, appeared, by invitation, at Crossroads and recommended support to the formation of a county hospital district.

From this point, FW_1 negotiated as follows: (1) with the sponsoring committee at Crossroads in order to secure its cooperation in the development of a hospital district; (2) the civic and service organizations of the two major towns, Champ and Marino; (4) consultation with the Farwest Grand Jury, which, in turn, investigated the alternatives to building an entirely new hospital; (5) the initiation of newspaper articles on hospital facilities, the newspaper being owned and edited by FW_1. Such negotiations of FW_1 encouraged a simultaneous activity on the part of various agencies in Farwest County, which was directed at two targets, namely, a new hospital but, more importantly, the formation of a specialized hospital district to deal with hospital affairs. The result of this activity was the completion of a county-wide petition to make it mandatory on the County Board of Supervisors to call an election for the hospital district issue.

Certain differences occur between the initiating decisions of Mid-State and Farwest, although, in each instance, the initiating decision was made by a newspaper editor and publisher: (1) the Farwest decision-maker, FW_1, had the authority of constituted office as State Senator and the resources of influence which this office rendered, i. e., access to intra-and extra-community political and administrative agencies; (2) the immediate concern of FW_1 was neither the hospital nor methods of finance, as was the case in Mid-State, but to develop a legal instrumentality for the articulation of influence agencies and authority agencies toward a common end; (3) although the notion of the hospital commenced in a restricted segment of the county, FW_1 immediately cast it into the larger framework of the county; and (4) finally, widespread community activities culminated in placing the burden for subsequent decision-making on the important structure for legitimized and political decision-making, the Board of County Supervisors.

D. Norwest

Initiating the hospital in Norwest was comparable to the Farwest instance in regard to the extensive feeling of need for the hospital and the extensive period of negotiations conducted informally by the initiating decision-makers. Perhaps an added advantage was the concentration of county population in the county seat of Norwestville and the pyramided associational structure. In Norwest, the initiating decision was that of having the hospital construed as <u>county</u> and to involve the County Board of Commissioners, long considered by influentials as conservative in the

initiation of public projects. How this occurred may be explained by the explicit tactics of the initiating decision-makers, NW_1 and NW_2.

> Case study comment. NW_1 explained, in his review of the initiating decision, that the strategy involved was that of obtaining the approval of the Lions Club to publicly support the project, but to move the sponsorship to a county-wide basis by the locus of decision-making shifting from the Lions Club to the Board of Commissioners. The following tactics were employed: (1) NW_1, then mayor of Norwestville, began, as he said, "to operate on the street corners." This "operation" included discussions with the president of the Lions Club and the chairman of the County Republican Committee and termed the "best organizer" member of the Lions Club, as well as other individual members of the Lions Club. NW_1 reported that these informal sessions were held in order that he "could get an idea of who would support a new hospital if I started to talk about it formally." Another person contacted informally was an individual member of the Board of Commissioners, recognized by NW_1, as he reported, to be the one Commissioner "who would be likely to question the idea of building a county hospital." NW_1 reported that he had been entirely selective about the first informal contacts, i. e., he was mindful of the fact that the current president of the Lions Club had previously been in touch with a friend, a physician, who was interested in practicing in Norwestville, "if the facilities situation could be improved."
>
> The second tactic employed by NW_1, and by this time supported by NW_2, was a formal presentation of the possibilities of constructing a county hospital to a meeting of the Norwestville Lions Club. That the earlier informal contacts were successful is evidenced by the verbal support which the contacted persons gave to the hospital idea, and the subsequent unanimously rendered vote of approval by the Lions Club. The endorsement of the Lions Club was followed by an appointment of a committee, consisting of the initiator, NW_1, two Lions members earlier contacted informally, charged with the investigation of "ways and means" to develop a county project.

The foregoing comments indicate the extent and quality of the indirect and direct negotiations that steered the hospital project through to an endorsement of the Norwestville Lions Club. Immediately following, a public mass meeting was sponsored by the committee as an attempt to move the

project out of the Lions Club into a decision-making domain oriented to the county. In order to document the mass meeting, a petition was circulated which, in turn, became a device to formally approach the Board of Commissioners. Members of the three-man Lions Committee reported that, although the petition was not legally required, it was conceived in order to demonstrate that the hospital project was intended as "truly a county project," and thus would secure the active entrance of the Commissioners into the decision-making process.

E. Noreast

The initiation of the hospital project in Noreast actually occurred three years prior to the date of its formal introduction in the community. This circumstance was: the decease of the incumbent president of the existing hospital board made it possible for NE_1, the vice-president of the board, to secure the appointment of NE_2 as the new president. The explanation here was that a new set of plans and activities in hospital services was forthcoming, and NE_1 wanted, and needed, the official support of a member of the "natural symbolic set" previously active in community affairs. Added to this circumstance was the organization of the Gately Hospital Council to promote hospital service improvement in the Noreast area, and the increasing sensitivity to need in Noreast stimulated by hospital construction in adjoining communities.

The evidence suggests that the initiation of the project in an explicit sense began with the observations of NE_1 and NE_2 of the successful conclusion of a fund raising campaign in a nearby city, which was assisted by

a professional fund raiser. The following events describe both the negotiations and strategy involved in the initiating decision.

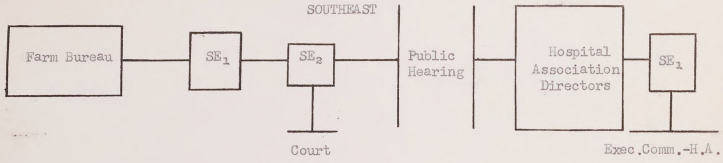
> Case study comment. The immediate reactions of NE_1 and NE_2 to their observations of professional fund raiser performances not only initiated the decision to declare the hospital project in process but, simultaneously, that a professional fund raiser should be the modus operandi for collecting local funds for construction purposes. The two initiating decision-makers not only contacted the professional fund raiser active in the nearby community, but proceeded to employ their resources of access to this community in order to determine the sentiments of the people regarding the conduct and the methods of the fund raiser. Assured on these points, the two (NE_1 and NE_2) proceeded to invite the professional fund raiser to the Noreast community "to spend a few days in measuring the ability to provide the money" for a new hospital. To this no evidence was gained that other representatives of the community, including the hospital board, were at all aware of these events. Just prior to the arrival of the professional fund raiser, who had been pledged to secrecy as to the import of his inspection trip, NE_1 and NE_2 made two other informal negotiations. One was with the bank president, NE_4, and the other with NE_3, the vegetable broker, and a member of the "behavioral set" earlier cited.
>
> When NE_4, the bank president, was informed of the events under way, his immediate response was that the proposed task was an impossible one, premised on the belief that "the cost of a hospital was too much for a $.25 and $1.00 community." Reported by each of the three negotiators in this instance was that the turning point to gain the approval and the participation of NE_4 was when the latter asked, "What would each of you personally give to the building fund?" The response of each came, as reported, as a surprise to NE_4. (Other explanations of the approval secured by this negotiation may be gained from the analysis of the preceding chapter.)
>
> The involvement of NE_3 in the proposed project, yet held in secrecy from all except those concerned in the informal negotiations, was simply secured by his knowledge that the bank president was, as one of the initiating two put it, "on the band wagon." (To be stressed is the not perhaps incidental order in which NE_4 and NE_3 were contacted in the negotiations.)

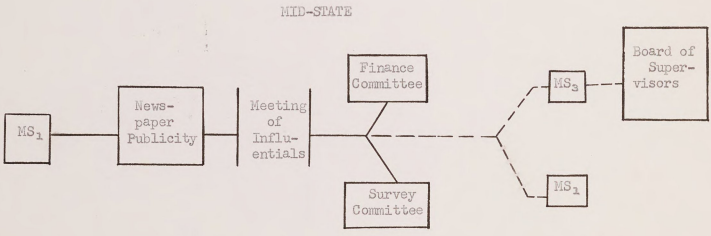
Following the previous interlude of events and the inspection of the professional fund raiser, the project was launched formally with the

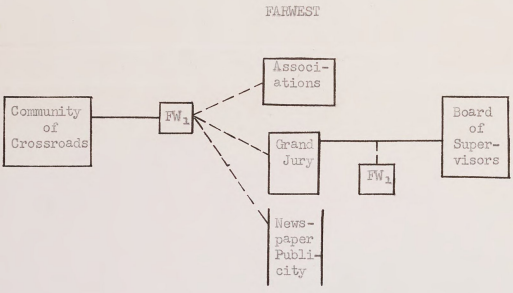
appearance of the fund raiser at a meeting of the hospital board. Two events occurred there that were climaxed by the formal approval of the board that the fund raiser should be employed and an on-going project initiated. One was the favorable report of the fund raiser, the other was the announcement of the president and vice-president (NE_2 and NE_1) that the bank president and NE_3 "would go along with the project" in terms of their "organizational abilities" and personal contributions. To be noted, also, is that the professional fund raiser appeared at the meeting with a contract prepared for signing. In effect, the hospital board, by signing the contract, had committed themselves to a project and, simultaneously, legitimized the fund raiser's entrance into the community.

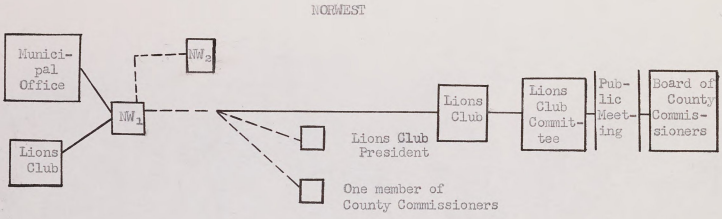
F. Summary: Initiating Decisions

Reference to Figure (V) will demonstrate the patterns of negotiation related to the initiating decisions in the five projects. Certain differences reveal themselves. In three of the projects, Southeast, Norwest, and Noreast, the initiating decision first became visible within the arrangements of relevance to hospital services found in formal structures. Hence, in Southeast, the initiating decision and decision-maker came from the "platform" of the Farm Bureau; in Norwest, from the municipality (as Mayor) of Norwestville and its Lions Club; and in Noreast, from the already existing hospital board. In Farwest, initiatory decision-making was, through the intervention of FW_1, extended and enlarged into the decision-making domain of the County. It is only in Mid-State that an almost complete lack of direct or indirect negotiation was found, and with









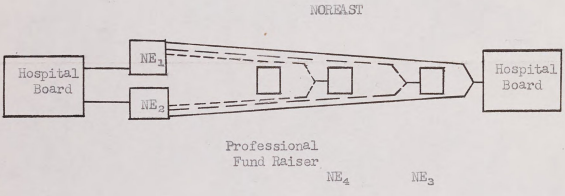


Figure (V) Patterns of Initiatory Negotiations

initiatory decision-making evoked by one lacking the capacities of authority and influence. While the initiating decisions of Southeast, Farwest, and Norwest intended for the locus of decision-making to pass through the respective county governing body (at least), in Mid-State County an unintended consequence, from the vantage point of MS_1, was the somewhat inadvertent (via MS_3) movement toward the Board of Supervisors.

Thus, the legitimate rights of initiating decision-makers were apparently not sufficient to launch a project of the financial magnitude of the hospital without the additional pronouncements of county governing bodies. Although negotiations were involved with strategies to gain approval and sponsorship in initiation by influentials and associations outside the context of such governing bodies, nevertheless, they worked in the direction of appropriate governing bodies. It should be noted, too, that precise "stages" of informal negotiations did not occur in the Southeast and Mid-State projects, but did in the other three.

Finally, initiatory decisions in Noreast sprung from the hospital board already in existence, but the negotiations were involved with influential persons outside its formal context. Thus, the negotiations carried on from the hospital board, through external contexts, but served to gain the official approval of the same hospital board.

Decisions: Methods of Financing

Throughout this report, references have been made to the centrally important requirement of sufficient local funds for hospital construction. In instances where state or federal assistance was expected, a guarantee of locally held funds was a legal requisite. Hence, those decisions affecting

the method of fund collection not only followed on the initiatory form, but were crucial to project completion.

A. Southeast

For the Southeast project, the rigidities of the structural setting for decision-making process provided no alternative to moving the locus of the process into the principal authority agency, the Court of County Commissioners. This circumstance, of course, gave every expectation to the initiating decision-makers that the method of fund raising would be that of the bond issue. However, the preoccupations of the initiatory decisions, and related strategies and negotiations, were with gaining access to, and the approval of, both the Court and the influence system of the large landowners. The question of funds was apparently contingent on these exigencies. Nevertheless, the fund raising method still remained as a weapon of the Court if, as several of the landowners reported, it were intent on delaying the project.

The organization of the hospital association, and its executive committee, gave both the officials of the Farm Bureau and the large landowners the preponderance of weight in suggesting action to the Court for the continuation of the project. The Court, however, was still the official sponsor in that the hospital was to be a county hospital. The probate judge, and the Court, although remembering the promise of the Farm Bureau to "underwrite" the local costs, were eventually placed in position of approving or disapproving a bond issue of $60,000.

Case study comment. Several events had occurred to obscure the original promise of the Farm Bureau to "underwrite" the local share of funds: (1) a new probate judge, in sympathy with the

> state administration held in disfavor by the Black Belt; (2) the passage of federal legislation to assist with local hospitals, which created for the Southeast decision-makers the erroneous expectation that federal sources would supply two-thirds of the cost; and (3) the development of resistance to the hospital project from a political faction strongly opposed to the incumbent state administration and the probate judge.
>
> The bond issue, rather than the promise of the Farm Bureau, did, for the probate judge, suggest the possibility of strengthening his administration, especially in the "hill country", where the opposing political faction was entrenched and, for the representatives of the hospital association (SE_1, etc), to be more certain of remaining free from publicly construed "deals" with the Court. Although the probate judge favored the hospital project, the evidence suggests that other members of the Commissioners Court did not. Recognizing this, SE_1, with the assistance of functionaries of the Farm Bureau, circulated a petition to gain support from the people, and subsequently provided between 4,000 and 5,000 names of taxpayers to the probate judge. Such a testimonial led the Court to approve a bond issue to the extent of $60,000. Later, the bond issue was passed by public vote by a two-thirds majority.

The foregoing comments depict the manner in which public consensus may be employed in the decision-making process. In this instance the probate judge and the hospital association officials had something to gain from a bond issue; but, also something to lose if the political resistances or the strength of the Court in opposition to the judge became severe. Thus, to decide the bond issue as a feasible way to collect funds, the decision-makers used the device of the petition to channelize and utilize public support as an item of legitimacy. In this sense, the frequency of use of the legally unrequired petition indicates that it is one "social gadget" of importance to decision-making.

B. Mid-State

An earlier analysis pointed out that the initiating decisions in Mid-State were primarily concerned with the method of fund raising rather

than, as occurred in the other instances, with gaining approval by either a general consensus or by the dictum of authority agencies. The result was a disintegration of the strategies of MS_1, the newspaper editor, and the "picking up" of decision-making by the incumbent circuit judge. This activity included (1) the calling of a public hearing, (2) the completion of legally necessary petition to show cause for a bond issue election, and (3) the election itself (which passed by a two-thirds majority). At this juncture, although a hospital committee had been formed at a public hearing, an unknown delay occurred in the issuance of the bonds. The Larch editor (MS_1) began to editorially raise questions about the delay, and the general unawareness of the public as to what constituted the delay provided the mechanism for the resistance focused in Westville.

The explanation of the bond issuance delay occurred at the juncture of a disagreement of the appropriations committee for the Board of Commissioners (the county council) over the manner in which the hospital project had inadvertently moved, through MS_3, the circuit judge, to the responsibility of the Board of Commissioners. The chairman of the appropriations committee was a Larch dentist, noted for his knowledge of county finances and bearing a reputation of "the watchdog of the county treasury." Believing that the physicians had initiated the project and that the county had then been given the responsibility, the appropriations chairman reported the petition to have been the mandatory cause to conduct the bond issue election. Otherwise, the evidence suggests that the appropriations committee would have resisted and delayed, even though the

Board of Commissioners had entered the arena of decision-making and sponsorship for the hospital. But the delay occurred, nevertheless, and it was due to both the legal and financial acuteness of the appropriations committee chairman. Through a political contact in the Court House, the county attorney, the appropriations chairman learned that the public petition did not specifically state that it was mandatory on the Board of Commissioners to issue bonds. Then, by the rights of the office of appropriations chairman, he was able to forestall continued action on the bond issue. That the hospital committee, described heretofore, did not immediately attack the delay was due, in part, to the difficulties of personnel mobility within the committee, the mounting resistance of Westville influentials to the entire project, and the constant editorial annoyance of the Larch editor who had been "jilted" in earlier decision-making initiations.

The chairman of the appropriations committee was eventually confronted with another petition which, in effect, demanded that bonds be issued and sold to the extent of $200,000. This petition resulted as the activity of a reappointed hospital board, which brought in men who, as one informant put it, "were very friendly with the doctors." Although the physicians had apparently withdrawn following the "Sunday morning breakfast," internal personnel difficulties on the board and mounting opposition led to a resumption of activity in the program through a hospital board that was close enough to the physicians that "it met frequently in joint session with the county medical society."

The strategy which the appropriations chairman devised in view of the new petition, and the tactics applied, provides one of the lucid examples of what is meant by strategy and tactics in this report.[1]

> Case study comment. The appropriations chairman was, of course, well aware of the major center of opposition and resistance to the hospital project, namely, Westville. The opposition there had been carried on largely by one of the town's influentials, a mortician, and supported by the weekly newspaper editor in Westville. The strategy of delay devised by the chairman of the appropriations committee was that of developing a "remonstrance," or a petition which, if gaining more signatures than the original petition to show cause for a bond issue election, would halt the issuance and sale of bonds pending an investigation of legality. It was possible to devise the tactic of the remonstrance because of the faulty wording of the original petition, which did not specifically make mandatory the issuance of bonds by the Board of Commissioners.
>
> The tactics of the remonstrance development were constructed on the resistances of Westville, for the appropriations chairman negotiated with the mortician of Westville, devised the remonstrance, and arranged for a Westville attorney to circulate the petition, largely in the town and surrounding environs of Westville.

After the remonstrance petition was filed and substantiated by the appropriate state tax authorities, a delay followed in the further action necessary to issuance of bonds by the Board of Commissioners. During the intervening period, the size of the board for the proposed hospital was enlarged, with three of the seven members as physicians from Larch. During the delay period, as well, federal legislation and the assignment of construction priorities provided Mid-State with an opportunity for assistance, which encouraged the enlarged hospital board to remove the delaying

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[1]An interview with the appropriations chairman found him opposed to the hospital project on the grounds that "it was not logical public action--the doctors are willing to take money from the Government for the hospital, but fight 'socialized medicine' at the same time."

action of the remonstrance.

> Case study comment. The tactics applied by the hospital board were largely person-to-person contact, appearance at county and community meetings--such activity directed toward a flood of resolutions and petitions from groups and organizations that had approved the hospital throughout the events of the Mid-State process. The resolutions and petitions requested the Board of Commissioners and other related authorities, i. e., state tax commission, to conduct a hearing in order to attempt a decision on the remonstrance. This intended consequence materialized, and an outside judge (not MS_3) presided at the hearing which declared the remonstrance "unverified", and thus removing the delaying action.

It should be pointed out that the hospital board could have nullified the remonstrance, not by court action, but by simply executing another petition to request bond issuance, but with legally correct wording and with more signatures than the remonstrance. That the hospital board elected to contest the remonstrance rather than circumvent it is to be explained, in part, by the uncertain history of the development of the board, the public criticism received for ineffectiveness, and the rapid turnover of board members. Confronting the remonstrance, the evidence suggests, was one way to publicly demonstrate that the board had arrived at operational maturity; in effect, a "face-saving" measure.

C. Farwest

The decision area dealing with the method of financing local shares of construction costs was simply handled in Farwest County, due to the administrative permissability of the Hospital District. The task of initiating decision-makers in Farwest was the legal development of the hospital district, for this solved automatically the method of gaining funds through the voted jurisdiction of the hospital district board.

The problems of Farwest County were apparently encountered and solved in the extensive negotiations and arrangements of the initiation of the project, and described heretofore--and carried out under the supervision of FW_1, the state senator. Beyond the activities of initiation, the physicians assumed the task of circulating a petition (gaining 1,200 signatures) to encourage the election dealing with the hospital district. One distinctive feature of the Farwest instance is that the decision to issue bonds per an election on the bond issue followed after more than a year of planning with hospital architects. Reported throughout was the circumstance of visiting hospital architects having appeared before county organizations, especially the service clubs of Champ and Marino. No evidence suggests anything but that the hospital district board simply, after construction costs were determined, gave notice of a county election to approve the issuance of bonds.

D. Norwest

Deciding on the method of raising local funds in Norwest County was, like Farwest and the other cases, somewhat automatic by the attempt of the initiating decision-makers to move the locus of decision-making into the Board of County Commissioners. Accordingly, a county bond issue was envisioned by the initiating decision-makers from the outset. Nevertheless, a variation in procedure occurred in the Norwest instance not previously encountered. In Southeast, Mid-State, and Farwest, petitions were employed to make mandatory a county vote on either a bond issue or a hospital district. For Norwest County, the petition became a device

to document the approval engendered by a county mass meeting and to demonstrate county interest to the Board of Commissioners. It was not an open declaration for a bond issue. Instead, state laws prescribed that if $15,000 was raised by citizens of a county for the intent of hospital construction, the Board of Commissioners would be therein authorized to call for election on a bond issue.

The efficacy of the unrequired petition, as a documentation of county interest, was that it enabled MW_1 and other members of the Lions Club committee to negotiate with the Commissioners in having a finance committee appointed with the recommendations of the Lions Club committee, especially MW_1. Appointments to the finance committee aimed to further guarantee that the project had moved from the Lions Club to the County. As mentioned heretofore (Chapter Six), the finance committee developed an extensive organizational machinery throughout the county and, per public subscription, gained an over-subscription, or $19,000. The Board of Commissioners, with this evidence, appointed the Hospital Trustees to further investigate hospital construction and to subsequently recommend the amount of bonds to be issued. With the history of attempts, and events, to legitimately secure the Norwest project as a county project, the recommendation of the Trustees to the Commissioners appeared as an administrative exercise.

E. Noreast

As numerous references had depicted, the initiating decisions of the Noreast project were actually made within the context of the fund raising

method. It should be noted that, since the Noreast project had no relationship with either municipal or county governing bodies, fund raising was apparently never considered as anything but an appeal to the people at large to voluntarily subscribe the required funds. For Noreast, the decision to employ a professional fund raiser committed the sponsoring group, the existing hospital board, to a hospital project. That the method of fund raising was taken as the initial decision, and not the legitimation of the hospital idea, was explained by the apparent constituted authority of the already organized hospital board, and its apparent, but gradual, plans that a new hospital was a necessity. Contributing to this point, too, was the developed expression of hospital need in the community, and the increased attention to hospital facilities engendered by the program of the Gately Regional Hospital Council.

In passing, it should be mentioned that the fund raising campaign in Noreast led to extensive displays of strategy and tactics, largely suggested and directed by the employed professional fund raiser. Although a variety of references have been made to the short-run bureaucratic characteristics of the campaign, the following comment may indicate the manner in which tactics were devised and executed.

> Case study comment. After the fund raising campaign was well along toward completion, the point was reached where the originally set goal was accomplished. The professional fund raiser independently sent a telegram to the various functionaries in the campaign organization, calling an emergency "breakfast" meeting for the following morning. At the meeting, the campaign workers were told that they were in danger of not reaching the intended goal, but that a day or so of intensive activity on their part would accomplish the desired end. In this way, it is not surprising that an over-subscription occurred when the final tally was made.

F. Summary

The foregoing section indicates the manner in which the initiating decisions for hospital projects were frequently indistinguishable from those decisions made to choose the method of fund raising. Southeast County separated the two forms of decisions, concentrating on first the approval of the hospital project, secondly, the method of fund raising. The same circumstance was true of Farwest and Norwest. In Mid-State County, the entire decision-making process initiated with a debate over the method of fund raising to be employed, while in Noreast, deciding on the fund raising method concurrently committed the community to a project.

In four of the five projects, a general movement of the decision-making process occurred toward the locus of county governing authority. In each instance, the method of fund raising, and related devices such as the petition, served either to encourage the involvement of political governing bodies, or to further secure the involvement. Important, also, is the extent to which the petition in various forms has functioned to channelize public support or opposition and, hence, to gain a concrete lever for purposes of negotiation and transaction. As was illustrated by Mid-State County, the petition made it possible to not only devise the strategy of opposition, but the means to finally immobilize the opposition. In Norwest County, the petition, while not legally called for, served to express the determination of the Lions Club to shift the burden of decision-making from the locus of restricted Norwestville to that of the county governing body.

Decisions: Composition of Sponsoring Groups

A. Southeast

The Southeast County project demonstrated that, although the recorded official sponsorship for the project rested in the County Commissioners Court, the process of sponsorship was extended to form another group, which, in the details of the project development, became representative of the sponsoring function. But, more important, is the way in which sponsorship contributed to the exercise of strategy. Although treated in detail in earlier sections of this chapter, it should be pointed out that the device of the hospital association, and its executive committee, served to identify the influentials of the County as official proponents of the hospital project. Here was a case in which the initiating decisions were made by decision-makers possessing authority through constituted offices; but they recognized that one of the major capacities for both legitimizing and executing decisions rested with the influential big landowners, and that the resources possessed by the landowners (wealth, respect, access, etc.) were felt necessary for the pursuit of the project. Hence, since strategy is the attempt to gain or to neutralize the resources and proficiencies not possessed by a particular decision-maker, mere attendance at public hearings was not enough to insure the formal commitment of the landowners amidst the subtleties of the out-county political network of relationships in Southeast County. The resources and proficiencies of the landowners had "to be moved over" from their perhaps diffuse deployment in the out-county system to a firmly aligned relationship to the nexus of sponsorship, the Court and the Farm Bureau directors.

It is significant that after the appointment of the hospital association directors, the total group became inactive, and its executive committee assumed the details of operations. Not to be overlooked is the manner in which the executive committee enabled the initiating decision-makers from the Farm Bureau to become officially and legitimately incorporated, not as representatives of the Farm Bureau, into the sponsoring function.

As previously mentioned, the probate judge made the selection of hospital association directors, but the initiating decision-makers from the Farm Bureau provided the alternatives for the selection. Whereas the petition was a device to construct strategies and tactics pertaining to the fund-raising method, the appointments of sponsorship were the devices for moving the locus of legitimacy in and through constituted agencies of authority, and permitting initiating decision-makers to be released from initiating roles and placed within the context of sponsorship, approved and legitimized by the authority agency.

B. Mid-State

Previous analysis has demonstrated that neither the feasibility of the hospital project nor the exigencies of sponsorship were explicitly met in the initiating decision area. Indeed, the Mid-State project was initiated outside the domains of formal structures, either associations or political bodies of authority. In some ways the most inadvertent process in Mid-State County was that of sponsorship. Not only did this, in itself, condition a series of unintended consequences, but, as well, the presence of competing centers of decision-making resulted in the

almost aimless passage of sponsorship from one competing center to the other. The assumption of sponsorship by either existing or newly formed groups came frequently so inadvertently, that devisiveness would occur within the respective groups which held sponsorship at a particular moment in time. Thus, the appropriations committee within the county governing body aligned itself against the parent group on the premise that the county was taking over the responsibilities decided by those of vested interest (i. e., the physicians). Similarly, the internal changes within the hospital committee resulted in an indefinite operating group, serving to finally bring organized medicine back into the decision-making arena.

> Case study comment. The end-point of the inadvertent forming of sponsorship was a kind of competing bi-lateral structural arrangement. On the one hand, the medical society stood back of, and frequently directed, the operations of the hospital board, which the Board of Commissioners had appointed; and on the other hand, the appropriations committee, although opposed, was linked to the authority Agency of the Board of Commissioners. All the while, the influentials of Westville provided the opportunity for strategies of opposition to be initiated, or the immobilization of opposition. That such a circumstance could result is, in part, explained by the inability to explicitly place or settle sponsorship in either a structure that could legitimately exercise it, or a nexus of sponsorship that would articulate authority and influence agencies, i. e., Farwest County.

These references to Mid-State County suggest the conclusion that the decisions of sponsorship were not concretely considered as necessary decisions at all. The result, of course, was that the participating decision-makers never quite knew, at any particular point, just what constituted the locus of sponsorship.

C. Farwest

Previous analysis has attempted to show that the initiating decision in Farwest County directly included the formation of sponsorship. The period of informal and formal negotiation instituted by FW_1 increasingly spread the circles of involvement to an ever-enlarged assembly of associations, and hence organized influence in the County. But the real purpose of these negotiations was to move, through the Grand Jury, in the direction of the Board of Supervisors in order to gain a legitimate decision that a hospital district be formed. As pointed out earlier, the hospital district decision was to result in a second authority agency staffed by influentials. Not only did this mechanism provide the possibility to formally articulate authority and influence toward a common end, but, conversely, provided for the possible consequence of two competing authority structures in the decision-making process. This, however, was destined not to occur, in that the bi-lateral authority structure resolved itself into a form of co-sponsorship. How this was effected is explained by the interlocking arrangement of FW_4 serving on both, the joint sessions given to the details of decision-execution, and the circumstance of FW_1, while literally holding no office in either authority agency, through both tangential authority positions and influence, assuming a continuing interlocking role. In effect, the decision-making process appeared to be centrally devoted to (1) explicitly pyramiding influence and authority, and then (2) interlocking the two in co-sponsorship.

To be pointed out is the similarity with Southeast County, namely, that initiating decision-makers (in this instance, FW_1), although

shifting the locus for decision-making to an authority-agency, determined the appointments to the sponsoring group. A dissimilarity was the latent function of the appointments. For Southeast County, they provided the immobilization of influence that could be deployed against the project, and in Farwest, the mobilization of proficiencies construed to be relevant and essential.

D. Norwest

Although the Norwest instance compares similarly with the decisions of Farwest in affecting the form of sponsorship, one exception, at least, prevailed. As commented before, initiating decision-makers preferred to move the sponsoring function from the initiating nexus, the Norwestville Lions Club, to the County Board of Commissioners. In this movement, the elicitation of general and public approval (per mass meetings and the documentation by petition) served to legitimize the decision and provide the arrangements of decision-execution--various committees selected at mass meetings to represent subgroupings of Norwest County. Again, initiating decision-makers (especially NW_1) provided the alternatives for choices to be made by the county governing body on the extension of sponsorship, the hospital board. Hence, the transfer of the sponsorship function must be held as moving <u>through</u> constituted bodies of authority, rather than moving <u>to</u> the authority agency and remaining.

The distinction of the Norwest case is that the eventual sponsoring group, the hospital board, proceeded to an alignment with the initiating decision-makers and the most relevant agency of influence, the

Norwestville Lions Club. Conversely, in both Southeast and Farwest, eventual extensions of sponsoring arrangements continued in either a subordinate or bi-lateral relationship to the county governing body. For Norwest, the beginning and the end of the sponsorship arrangement was, in most respects, identical. Hence, tranferral of sponsorship was circuitous, but in the process added the legitimizing sanctions of both the public and the centrally important agency of authority. As several references have demonstrated heretofore, once the circuitous transferral was completed, the Board of Supervisors appeared to have but a perfunctory relationship. Subsequent decisions, for example, as to details of finance and technical construction matters were directed for discussion and implementation to the Norwestville Lions Club, to the almost total exclusion of the Board of Supervisors.

E. Noreast

For the Noreast instance, the structure of sponsorship would appear to be a relatively less complex decision confronted by the initiating decision-makers. Throughout the project, the hospital board for the already existing hospital served as the sponsoring agency. However, more detailed consideration reveals certain distinctions not encountered in the previous cases. First of all, no constituted authority agency of municipal or county jurisdictions was relevant. Instead, the hospital board sufficed as an authority agency with narrow limits of jurisdiction, but also was another focal point of the organization of influence in the community. As referred to previously, the decision-making function was

carried out largely in contexts (arenas and domains of decision-making) other than the hospital board. The study of the evidence pursuant to specific decisions reveals that the Noreast hospital board was recurrently confronted, for approval, with decisions made by its presiding officials, NE_1 and NE_2. Such recurrent deferences to the total board were not necessary for the requisite legitimizing of the decisions, but served to continue the mandates of the offices which NE_1 and NE_2 held. Functionally, the hospital board was an authoritative expression of a "vote of confidence." Since the Noreast case is an example of a wide mobilization of the influentials of one community, the access which the initiating decision-makers possessed into the associational life of the city secured the major locus of the legitimizing function, the influence structure.

A second distinction of the Noreast instance is that the campaign organization functionally structured the entire community into sharing the responsibilities of sponsorship. Since the operational goal became defined, not as the hospital, but a specific sum of money, the organization of a multitude of committees and other work groups served to diffuse the sponsoring obligation throughout the community. In one sense, this step was necessary in that the hospital board actually had no mandate to assume official sponsorship for a new hospital, but only to manage the affairs of the hospital already operating. Moreover, with a fund-raising method based on voluntary contributions, the hospital board could not exercise authoritative instrumentalities to insure that funds would be forthcoming, as contrary to the county governing body's rights to

issue bonds. Neither was the hospital board in Noreast an extension of a political agency for sponsorship functions, as was, conversely, the circumstance of Southeast County. Thus, the character of the fund-raising method entailed not only the maintenance of the hospital board for mandating the only vestige of authority of office (its presidency and vice-presidency) but the diffuse involvement of the influentials of the community into a short-range bureaucratic structuring of the sponsorship function.

The question could be asked, however, as to the need for the campaign structure, since the initiating decisions for the hospital had been effectively approved by the hospital board. One explanation would be that the advent of the professional fund-raiser produced a host of tactics in fund-raising that called for atypical interpersonal behavior. The bureaucratic structure of the campaign organization instituted, for a brief period, the impersonal order. Thus, when one became "chairman of the Special Gifts Committee," both title and office affected a form of impersonal behavior probably not possible, nor customary, in a decision-making system of relationships functioning more largely through influence than authority.

F. Summary

The comparative comments of the manner in which the structure of sponsorship for hospital projects was decided indicate (1) that in four of the five cases (except Noreast), the sponsorship function was transferred from the structural nexus of the initiating decision-makers to or through the respective county governing bodies; (2) in Southeast,

Farwest, and Norwest, the transferral was advertently performed, while in Mid-State the transferral, from the vantage point of the initiating decision-makers, inadvertent; (3) in both Farwest and Norwest, the transferral was legitimized and facilitated by public expressions of consensus; (4) in Norwest, the transferral started and finished with identical structural alignments, while in Farwest, the transferral produced a bi-lateral structure of authority, effecting a co-sponsorship of the project; (5) in Noreast the sponsoring function was, for a brief period, diffused throughout the influence structure of the community by means of an impersonal bureaucratic campaign organization.

Decisions: Countering Unanticipated Building Costs

The development of small hospitals after World War II encountered the difficulties of an inflationary period. Hospital construction, operationally equated with relatively large sums of money, increasingly became a more expensive proposition--both to participating decision-makers and the public at large. Two over-all aspects of the problem, largely unanticipated at the point of project initiaion, need to be set forth: (1) the expressions of opposition to the project were destined to be based on themes of financial difficulty (reviewed in Chapter V); (2) since fund-raising required a period of time, original estimates of construction costs were found wanting at the close of the fund-raising period, due to the interim effects of increased building costs. Resolving this problem formed a class of decisions rendered in the majority of the hospital projects developed since World War II.

A. Southeast

Earlier presentation has included the references to a mistaken assumption of Southeast decision-makers, namely, that federal assistance would be forthcoming to the extent of two-thirds of the total construction costs. The eventual ratio of federal assistance was one-third of the construction costs. In the midst of the incorrect expectation, the original bond issue of $60,000 had passed by a public vote. Two decisions were made in order to offset the damage to original plans when knowledge made it clear that original expectations of federal assistance would not be received: (1) the original construction plans (a 50-bed facility at the county-seat town of Carlin and a small health center in Farmville) were reduced. The Farmville health center was eliminated from the project, and the size of the Carlin facility was reduced from 50 to 20 beds; (2) negotiations were opened with the state building commission in order to obtain assistance from the state monies.

Case study comment. Deciding to eliminate the Farmville facility would appear to run counter to the earlier efforts to secure the large landowners of the Black Belt area on the sponsoring and operating group. It will be recalled that the village of Farmville, placed in the midst of the Black Belt, actually served as the residence of many of the larger landowners. One might expect that, with an intent to eliminate the Farmville facility, resistance would be encountered from the large landowner influentials. In addition to the fact that Farmville was proximate to a larger city hospital, the approval of the landowner members of the hospital committee to eliminate the Farmville facility was secured without difficulty. The explanation is that the landowners, as individuals, believed that the hospital would not materialize, and that the present elimination was actually the start toward the complete defeat of the project for the entire county. Active resistance to the Farmville elimination could have, due to the financial impossibilities involved, perhaps indefinitely delayed the project, but the fact that the landowners did not resist is evidence, again, that the expectations of the Black Belt tradition could not permit the explicit opposition to the "worth-while" hospital project.

In regard to negotiations with the state building commission, the political identification of the incumbent probate judge with the generally opposed state administration provided the needed access to negotiate two contributions from state sources.

The third and final alternative to completing the Southeast project was to place before the public a two-mill sales tax for the purpose of not only completing hospital construction but, for a brief period, to provide public support to the operation of the hospital. That this was accomplished is explained by its introduction after the construction had begun. Rather than being confronted by an unfinished project (also a skeptical procedure for large landowners with a public image of "success") there was no alternative to voting the sales tax through successfully. For the large landowners on the sponsoring body, and the organizers of the resistance to the project (centered in the "hill country"), actual construction was both unintended and unexpected. It is here that the relevance of extra-community agencies became paramount. Visiting government architects, negotiations and closing of contracts with state and federal agencies, all worked toward an increasing burden of obligation for the Southeast sponsoring body. Although these were carried out and secured largely through the negotiations of SE_1 (Chairman of the sponsoring group), nevertheless, there were the previous sanctions of probate judge, the Commissioners Court, and the large land owners--all incorporated into the sponsoring and operating group for the project.

The Southeast instance is, therefore, characterized by three procedures in countering increasing costs of construction, namely, employing

access to state agencies for aid, reducing the extent of facilities planned, and negotiating a form of taxation when no alternative was present. The original method of raising funds, the bond issue, was not employed again, similar to the other cases that encountered increased construction costs.

B. Mid-State

Mid-State County was the only case of the five projects intensively studied in which adjustments of estimating building costs were unnecessary. Actually, the latent function of the extensive delays in Mid-State County was that of permitting the project to await the clarification of federal assistance. This circumstance contrasts with Southeast County project, which was initiated and bond issues committed in the midst of ill-defined state and federal assistance.

The first estimate of a bond issue in Mid-State County was that of $200,000. During the delay brought on by internal variability in the sponsoring committee, and the remonstrance of opposition to bond issuance, Hill-Burton legislation was defined. Accordingly, in Mid-State County, the original support assurred was that of one-third the total cost ($100,000). Finally, one-half of the total cost was assurred ($200,000). Hence, the delay inadvertently solved the problem of increasing building costs. Also, the turn of events with federal assistance was one factor in encouraging the sponsoring hospital committee to hasten to remove the delaying action of the remonstrance and to arrange for a deluge of petitions and resolutions from individuals and organizations in Mid-State County.

C. Farwest

Earlier references have indicated that in Farwest County the estimation of local shares of construction costs occurred after the details of sponsorship and negotiations with architects had been completed. Upon receipt of bids from construction firms, the low bid, or $900,000, was believed by the hospital board to be in need of reduction to $750,000. Throughout the early negotiations of the board, and the progressive development of federal legislation to provide one-half of the cost, it was planned that the Farwest County bond issue should not exceed $350,000. The alternative solution taken was that of arranging for certain architectural changes, and the calling for a new set of bids.

The discontinuance of the received bids presented a problem to the Farwest decision-makers. The architectural plans and the bids had been approved by state and federal agencies. Consequently, Farwest decision makers were forced to choose between two alternatives: (1) re-formulating the plans and calling for new bids in order to keep local costs at expectations; or (2) accede to the approvals rendered by extra-community agencies and increase the size of a local bond issue. It is at this juncture that the possession and exercise of proficiencies may be viewed. A single decision-maker (FW_2, the legal consultant) was authorized by the hospital district board to attempt negotiations with state officials in order to gain and "null and void" on the plans and bids already received. FW_2, with extensive access to state administrative agencies and architectural firms, was able to bring about the "null and void" condition. Both state agencies and architectural firms agreed to a re-formulation of hospital design, and a subsequent reduction in total cost of $150,000.

D. Norwest

For the Norwest instance, considerable difficulty was manifested due to the initiation of the project prior to federal legislation to authorize assistance. Three steps were taken by Norwest decision-makers to meet the alterations in building costs. The first was to gain, per a county mass meeting, approval to use the original $19,000 raised voluntarily to show cause for a bond issue election; the second, to follow the first bond issue of $130,000 with another of $25,000, which was duly approved by public vote. In this instance, construction was already underway and still prior to the opportunity for federal assistance. The third course of action, after federal funds were made available and $21,000 was still needed for matching purposes, was that of securing one thousand dollar pledges from businessmen, almost altogether in residence in Norwestville. As earlier cited, the decision made was that of supplanting another bond issue with a challenge to the Norwestville Lions Club to provide the solution.

The distinctive note about the Norwest case is that the same fund-raising method, the bond issue, was employed successively. In no other of the five projects did this occur. However, when the final sum ($21,000) was required, the decision-makers sought another alternative.

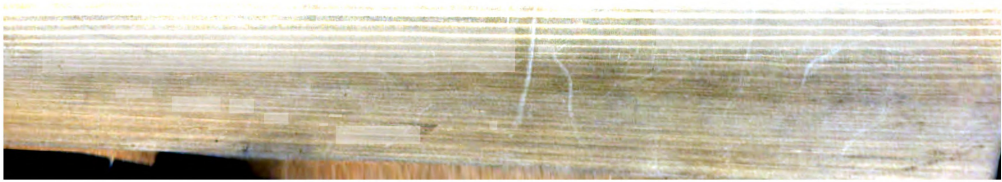
E. Noreast

The distinction of the Noreast instance, beyond its employment of the voluntary subscription method with professional assistance, was the apparent intent to raise a sum of money, but not to continue immediately

with construction. In Southeast and Farwest, the financial decisions ran concurrently with those of construction and design planning. In Norwest, details of construction planning were accomplished prior to decisions of finance. In Noreast, however, the decision process did not include an initial attention to estimated costs based on architectural designs. Informants reported that the technical details for which funds would be expended was the problem of the existing hospital board, in that "it had been looking over hospitals for several years." Indeed, the presiding officials of the board (NE_1 and NE_2) had become familiar with the requirements of hospital planning and design. In any event, the Noreast case provides an example of how public images of competence vested in decision-makers permits atypical alterations in the sequence of events within the decision-making process. Since hospital building is a financial consideration, it would be expected that the requirements upon which costs are based would be placed rather uniformly in the decision sequence. The alteration in the decision sequence in Noreast is to be explained, in part, by the positive public image of subject matter competence leveled at the participating decision-makers.

In Noreast $152,000 was raised through the voluntary public subscription. The Noreast hospital board, with the explanation that building costs would not permit immediate construction, converted the funds into treasury bonds with the intent to await a more favored period for construction.

Case study comment. Although no evidence is available that directly relates, nevertheless, there is some reason to believe that the initiating decision-makers did not see the construction



details as an immediate problem, and were expecting that a considerable delay would result, even though the voluntary subscription would be successful. In addition, the initiating decision-makers (NE_1 and NE_2) had become involved in the increasing relevance of the Gately Hospital Council to hospital development in the Noreast area. Knowledge was also available that the Gately Council was supported by a major health foundation. Since Hill-Burton legislation was not yet known to be forthcoming, it is entirely possible that the alignment made with the Gately Council was viewed as an agency that would, if the Noreast community could demonstrate its interest by a collected sum of money, be depended upon for construction assistance.

During the intervening period of inactivity (1945-1948) federal assistance became available to the extent of one-third of total cost; and detailed planning commenced. The resulting total cost was estimated at $600,000, the federal grant to be $100,000, the Noreast contribution, $200,000. The remaining amount was negotiated by NE_1 and NE_2 through their established relationships with the Gately Council, and a grant was obtained from a major health foundation.

Case study comment. The Noreast hospital board, through NE_1 and NE_2, had become reciprocally related to the Gately Council, particularly in an obligatory way. The Gately Council had as one objective the improvement of hospital administration in the member-hospitals. Accordingly, the Council had supplied an administrator for the old Noreast hospital, but who met with early difficulty in role definition from the medical staff of the hospital. It was NE_1 and NE_2 who met with the medical staff and insisted on the responsibilities of the administrator. In this way the aims of the Gately Council were being extended. This and other cooperative acts of NE_1 and NE_2 had made the Noreast hospital one of the more responsible members of the Gately Council, and was viewed, by Council officials, as one of the progressive members. Such events, of course, provided the access to the Council when additional funds were required.

F. Summary

Four of the five selected projects experienced difficulty due to successive upward alterations of construction costs. A variety of alternative courses of action were taken to counter this difficulty, namely,

application for state monies, reducing earlier specifications in architectural design, and returning to the community for additional contributions. The important summary statement, however, is that participating decision-makers did not generally return to the community with the identical fund-raising device. In the two instances where this did occur, hospital construction was underway; hence, the tactic was one of appealing for completion of a task already initiated. In those instances where construction was not initiated, securing additional funds was accomplished through the access possessed by decision-makers to extra-community agencies.

Unanticipated increases in construction costs brought into relief the manner in which extra-community access may be employed in decision-making. The concern with such agencies was focused in the inter-play between construction details and resolving rising building costs. At this juncture of the decision-making process negotiations tended to be taken by a restricted number of decision-makers, in some cases but one, who possessed operational access into extra-community agencies and enjoyed the proficiency of legal knowledge and skill.

Chapter Summary

Forms of decisions. Four major forms of decisions have been made in the task of acquiring hospitals. The first was that of decisions to initiate the project; the second, the selection of the fund-raising method; the third, composition of sponsoring and operating groups; and fourth, resolving unanticipated construction costs in an inflationary period.

This chapter has indicated that the four major decisions usually occurred in a sequential pattern. When the initiating decision occurred within an inter-play of authority agencies, the decisions of sponsoring structure were, in effect, made simultaneously. When the interplay was between authority and influence agencies, an initial concern with sponsorship did not necessarily result. For instance, the Southeast case reflected an initial interplay between authority agencies, with a weighted and initial attention to the necessary involvements for sponsorship. The initiatory negotiations were direct and explicit, and early decision-makers were not involved through indirect and informal negotiations. This initiatory profile would suggest that in Southeast (and to some extent in Farwest and Norwest) decision-making was confronted with rigid structural limitations, which mandated the first consideration as that of sponsorship.

Conversely, in Noreast the decision sequence was altered. The fund-raising method was decided prior to sponsorship. Although sponsorship was immediately construed within the context of a specific authority agency, the hospital board, the negotiations to affect the operational group resulted from indirect and informal negotiations outside the context of the board. Hence, in Noreast initiatory interplay was not between authority agencies, but within limited networks of relationships controlled by influentials. In this way, no direct and immediate concern with the structure of sponsorship preceded the decision as to fund-raising method. One explanation here is that in Noreast the initiating relationship set controlled the resources and proficiencies necessary

to enter the decision-making arena; whereas, in Southeast a portion of these capacities were controlled by the large landowners, but one of whom was in the initiating set. These uncontrolled capacities had to be gained or neutralized, with a resulting initial attention to sponsorship.

Technical hospital planning was altered in much the same way. In Southeast and Farwest technical planning occurred simultaneously with the selection of fund-raising method and the collection of local funds. In Norwest and Noreast, technical planning followed the selection and execution of the fund-raising method. Again, decision-making within the context of authority tends not to permit alterations from an expected decision sequence; whereas, the process functioning more largely on the basis of influence and influence agencies does permit such alterations.

Strategies and tactics. Initial strategies and tactics tended to move the decision-making process in the direction of the legitimate order, namely, the appropriate county governing body. This movement was advertent in Southeast, Farwest, and Norwest; inadvertent, from the vantage point of the initiating decision-maker, in Mid-State. The initial strategies in Noreast tended, not to move toward the legitimate order, but to expand the involvements of influential persons in the community. Summarily, in four of the five projects, strategy moved the process initially always in the direction of the legitimate order; only in Noreast was the movement away from the only visible vestige of the legitimate order, the hospital board.

For three of the five projects (Southeast, Mid-State, and Farwest) the movement of the decision-making process resulted, as it were, in its being lodged with the respective county governing bodies. By this is meant that incumbents of such bodies played participating roles in decision-making from that point. In Southeast County, the probate judge continued to be an actively participating decision-maker. For Mid-State County, the interplay between the appropriations committee of the county governing body and the hospital committee proved to be the crucial structural arrangement. The resulting co-sponsoring function of the Farwest instance between the county supervisors and the hospital district board is also indicative of the manner in which decision-making may lodge with the legitimate order. In Norwest County the process moved to and through the county governing body. Subsequent decisions of fund-raising and legality did not find incumbents of formal political office in participating roles. One must therefore assume that passage through the legitimate order was to legitimize decisions of initiation and sponsorship, but not to introduce political officials as active participants. Finally, in Noreast no movement or passage relevant to the legitimate order occurred. As previously stated, the Noreast board was a constant sounding board of approval and served to voice a vote of confidence to its two major officials who almost entirely negotiated outside the context of the board. Accordingly, the conclusion is tentatively rendered that the decision-making process initiated in the midst of a rigidly structured interplay of authority agencies will be more likely to lodge with the legitimate order than when the interplay involves influentials and influence agencies.

The strategies of the five projects reveal periodic attempts to channelize public support and consensus, especially preceding public voting. For this purpose the device of the petition was widely employed. For Southeast the petition served to mobilize consensus prior to a bond issue vote; in Mid-State to make mandatory a bond issue vote and to later mobilize opposition to the project. In Farwest the petition again mobilized public support prior to the vote for a hospital district. The petition in Norwest enabled a documentation of public support in shifting the locus of decision-making temporarily to the county governing body. No petition was employed in Noreast at any point. Mobilizing public consensus was achieved by a short-run campaign structure.

For the decisions of sponsorship, initiation, and selection of the fund-raising method, strategies, tactics, and related negotiations were, for the most part, confined to the relevant jurisdictions for the projects. Intra-community access was a needed resource. However, the unexpected decision of resolving rising building costs brought the need for extra-community access. It was at this point that a shift frequently occurred in the operations of the decision-makers, resulting in intensive negotiations by but one with this resource. Hence, in Southeast the probate judge (SE_1) possessed the needed resource; in Mid-State, the druggist (MS_4) with state connections; in Farwest, the legal consultant (FW_1); in Norwest, the oil company executive (NW_2); and in Noreast, the financier-wealthy gentleman farmer (NE_2).

Consequences. The fourth major form of decisions was, from the vantage point of the initiating decision-makers, actually an unintended

consequence, namely, constantly rising construction costs. Although each project commenced with the assumption that initiation, sponsorship, and fund-raising constituted the integral decisions, the national economic setting forced another. This circumstance demonstrates why community organization projects may never be defined as distinctly local or autonomous. Yet, in at least two of the cases (Mid-State and Noreast) the delay which economic forces engendered also had the latent function of casting the projects into favorable opportunities for federal assistance. Hence, in Mid-State, where the greatest delay occurred, the least concern was had with the consequence of rising costs. Not to be over-looked is the selection of decision-makers between three alternatives: returning to the community for additional funds, deciding to await a more favorable construction period, and negotiating with extra-community agencies for financial support. In Southeast, for example, the selected alternative was to follow defined channels to state agencies; while in Noreast, with decision-making initially functioning apart from structural arrangements with state agencies, a construction delay seemed most feasible.

This chapter has revealed the manner in which two projects, Mid-State and Noreast, failed to initially make the decisions to form the structure of sponsorship. The consequence for Mid-State was two competing centers of influence with loci in two autonomous subgroupings of the County, and both attempting to control the legitimate order, the county governing body. The consequence for Noreast was the impersonal structuring of the resources and proficiencies in the community by a bureaucratized

campaign organization. This, in effect, expanded the responsibilities of sponsorship to operationally include the entire resources and proficiencies of the community. Thus, one may obtain a final glimpse of the flexibility which accrues to the decision-making process functioning on the basis of influence, rather than amidst the rigidities of constituted and jurisdictional authority.

CHAPTER NINE

CHAPTER NINE

A THEORETICAL AND METHODOLOGICAL NOTE

The problem re-stated. The foregoing presentation is primarily a comparative treatment. Its premise, postulated in the initial chapter, is that research in community studies has been characterized by an insufficient concern with comparative materials, and a subsequent failure to explicitly relate community processes to larger sociocultural systems. This study has attempted, in a theoretical and methodological sense, to build on these needed research areas. Accordingly, a research design was formulated in order that both quantitative and qualitative materials might be scrutinized, and that the traditionally employed time-sequential patterns of community organizational studies might be combined with a non-sequential analysis of community organizational process.

The theoretical problem was one of introducing into a community organizational context the perspective of the political process, specifically defined and developed herein as the decision-making process. The analysis has attempted an attention to the major problem: that "within one general class of communities in which community organization and action toward an identical and concrete action goal have occurred, varied community situations subsumed under the integrating concept of region will exhibit differences in the decision-making function." With

greater precision the hypothesis was that "some decision-making processes function on the basis of authority, and that others function on the basis of influence, and that community situation together with an understanding of higher levels of integration such as the region will be among the determinant factors." This dissertation, therefore, has viewed the applicability of two major concepts, authority and influence, to an understanding of comparative differences in the decision-making process.

Summary conclusions.[1] The most recurrent conclusion is the relevancy of the legitimate order to four of the five selected case studies, and the collated indications of relevancy in regional groupings of hospital projects. For hospital construction projects the legitimate order must be construed as the respective county governing bodies. Although hospitals are normally constructed on physical sites within the jurisdictions of municipal governing bodies, the major jurisdictional unit is, for the most part, the county. Since analyses of community organizational settings (Chapters Two, Four) conclusively demonstrate variations in the incidence and function of county governing bodies in regions of the United States, and their almost total exclusion in the Noreast, one must

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[1]The comparative interests of this study, and the determined attention to the meticulous handling of qualitative evidence, have both encouraged extensive summaries of each chapter, organized to deal with a basic aspect of decision-making. For this reason, little, except redundancy, would be added to attempt here an extensive summary of the summaries. Instead, certain central tendencies will be noted in order to aid the reader in recalling more detailed sets of conclusions.

conclude that the capacity of authority in decision-making for hospital construction does indeed vary.

Both the quantitative and qualitative evidence provides the conclusion that the relationship of county governing bodies will frequently explain the manner in which the capacities for decision-making are structured, the forms and content of negotiations in initiation, sponsorship, administration, and organization, and the way in which decision-making may move toward, lodge with, or pass through the legitimate order.

Once, however, the county governing body has been delimited, it is the internal structure of this authority agency which determines the movement of the decision-making process in relation to it, and determines the extent to which local political officials may assume active roles in decision-making. Thus, to find a community situation, as evidenced in the Southeast, which exhibits superordinate and subordinate roles of authority <u>within</u> the county governing body, incumbents in the superordinate roles will tend to make an active entry into, and continue in, decision-making initiated <u>outside</u> the context of the legitimate order. Conversely, where county governing bodies have no inner hierarchical arrangements, the decision-making process may move in the direction of the legitimate order in order to legitimize decisions of initiation and the forming of sponsorship, but fails to lodge there, in the sense of an active entry of particular officials into the decision-making process (as in Farwest and Noreast).[2]

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[2]Several students of local government in relatively rural counties have pointed out the inadequacies of many forms of county government in

When incumbents of superordinate offices within the legitimate order enter decision-making and continue in actively participating roles (as in Southeast and Mid-State), evidence of this study suggests that certain consequences follow: decision-making becomes more decisive as measured by operational efficacy of first attempts; the role of the inner-circle of decision-making is restricted, with less gradation between the highly active decision-makers and others who may share in the decision-making function, and hence a reduced number of participants in the process; legal instrumentalities to solve problems which, in other situations, would encourage extensive organizational apparatus to gain consensus (i. e., fund raising); and less attention to communicating, and employing communication media, to the publics to which the decisions apply. As the present study indicates, this type of setting (decision-making lodging with the legitimate order) may be confronted with the need to devise strategies and tactics to secure the involvement and commitment of influential persons who may control major and required resources and proficiencies, especially wealth, access, and respect.

Although the process may move in the direction of the legitimate order, it may move through and back to the sharing of the function by

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[2](Cont.) effectively dealing with legislative and administrative duties. The reason frequently cited is the lack of central positions or offices of authority in these groups. These findings suggest that the tendency for members of county governing groups to directly participate in community decision-making apart from the usual judicial duties is also reduced by the lack of such offices. For example, see D. G. Bishop and E. E. Starratt, The Structure of Local Government, The National Council for the Social Studies, Bulletin 19, 1945, pp. 66 ff.; A. E. Bromage and T. H. Reed, "Organization and Cost of County and Township Government," Government Series, Detroit; and C. P. Loomis and J. A. Beegle, op. cit., p. 576, who state: "One of the greatest weaknesses of rural government today is its failure to provide an effective channel of communication from the people to the governing body through joint planning."

non-governmental decision-makers, i. e., those of influence. The present evidence links this distinction with the Farwest and Norwest cases. It is to be explained by the community imagery of the county governing body which holds it as a total agency of authority, and is supported by the lack of superordinate-subordinate offices within the agency. Thus, influentials initiate, legitimize decisions of initiation and sponsorship with the authority agency, and continue without token reference to the agency. The major consequence is that members of the community-at-large become more amenable to incorporation into the decision-making process, extensive community organizational designs tend to elaborate, with a resulting gradation between the inner-circles of decision-making and those whom the decisions affect. This, as the previous treatment indicates, was the circumstance in Norwest, to a lesser extent in Farwest.

Although four of the five cases, and the supporting analysis of regional groupings of projects, demonstrate the important vantage point of the legitimate order, it remains for the Noreast instance to demonstrate the reciprocals of the former conclusions. Within the Northeast grouping of hospital projects, together with the case of Noreast, not a single county or municipal governing body appeared as the centrally important sponsoring agent. Instead, one finds specialized agencies to deal with hospitals, agencies staffed with influentials. It was from such organizational platforms that the decision-making process was initiated, without concern for political agencies of either county or municipal jurisdictions. As the Noreast analysis provides, the problem was not one of articulating authority and influence, but that of organizing, by

involvement and commitment, a diffused capacity of influence. Hence, wealth, access, respect, time, and reciprocal obligations are resources which the strategies of the process must weld to the common purpose. Thus, interpersonal networks of relationships, within and without the community, must be activated, involved, committed, and deployed. To accomplish this requisite, the consequence has been that of calling forth decision-makers who, themselves, control a significant quantity of resources and proficiencies; resort to extra-community proficiencies (the professional fund-raiser); elaborate extensive community organizational designs that take on the characteristics of a short-run bureaucracy; institute a temporary set of impersonal norms in order that informal networks of relationships may be directed to the problem-solving task. Therefore, one may derive the conclusion that such a decision-making process will not be explained by a singular attention to the legitimate order, but, rather, to the manner in which influence is articulated. This would seem to mandate that the special interest associations of the community, and informal relationships expressed through status, occupation, and obligation be brought to full attention. But a second major consequence of the Noreast instance, and to some extent of Farwest and Norwest, is the internal structure of the inner-circle of decision-making. Here decision-makers do not function through a constellation of positions and offices held in other contexts, but present a historical pattern developed on the basis of mutual and reciprocal obligations. Thus, we would conclude that the presence of "symbolic behavioral sets" would more nearly be a circumstance of a Noreast than it would be of a Southeast.

Finally, it must be concluded that the hypothesis is most clearly affirmed by the distinctions between the Southeast and Northeast groupings of projects, and the authority and influence content of the Southeast and Noreast cases. To the extent which the present evidence accurately reflects the character of large-scale financial projects in these two regions, then the investigator would be directed to the structural components of authority in the Southeast, and to the social psychological components of influence in the Northeast. For the remaining three regions and respective cases, the distinctions are less distinct. Nevertheless, one may conclude that the Far West and the Middle States Regions are not as distinguishable, and that the Northwest approaches the Northeast in community organizational settings and the authority-influence differential.

A theoretical note. The purpose of the following abbreviated comments is to set forth certain theoretical ideas that have occurred while employing a speculative model in an analysis of empirical materials. First of all, since community organization may be viewed as an on-going flow of action with a goal orientation, a paramount difficulty is encountered in conceptually slowing or stopping the flow of action and isolating the variables that relate to a system of relationships devoted to the decision-making function. The present treatment may appear to so minutely dismantle the sequential pattern, that the entire and integrated process may be obscured. In some ways, such analytical difficulties prove an earlier contention, that one may view community organization on two dimensions, namely, the horizontal or sequential plane,

and the vertical plane, a characterization of the decision-making process by a set of variables. Based on the present experience, fruitful researches in community organization might focus on identical events within the total flow of action consummating in the objective, with an attending detail of investigation. The problem of the present study was a theoretical focus on the action related to a goal (the hospital). Therefore, one was confronted with a sequential pattern and also with the choice of determinant events to conceptually stop the pattern of action.

Within the theoretical scheme the concept of resources was most difficult to employ. Perhaps due to the fact that resources are not, nor were intended to be, taxonomic rubrics, their lack of being mutually exclusive increased the burden of validity. Yet, the present author believes that "resources" is the key analytical concept for an understanding of influence, and that they represent clusters of values and, in turn, yield "rightfulness" to decision-making. Continued research might encourage a classification of resources as relevant clusters of values in the "rightful" making of decisions. Thus, mutual exclusiveness should more greatly result as well as the opportunities to construct investigatory instruments for the collection of data. The present data were the images cast for decision-makers by a relatively selected number of informants who were related to the decision-making process. Consequently, no opportunity existed to obtain the images cast by those occupying status, occupationsl, and organizational positions distinctly different from those of the inner-circles. If, by definition, influentials are limited to those networks of relationships which share the

value-clusters labeled as resources, an attention to those networks which do not share them should aid in distinct delineation. Hence, wealth may be resource in activating those networks of relationships deemed essential for the hospital, but building a meeting hall for a union may necessitate the activation of networks within which wealth would fail as a resource.[3]

Undoubtedly continued attention to resources as an ingredient of influence should produce more exact measurement. This could be simply done in regard to wealth, and perhaps, through participation indexes, access could be more accurately determined. In the present instance, the resources of success, respect, morality, obligation, and time were all delimited through "open-ended" questions designed to secure the imagery of the decision-makers. However, the present analysis suggests to the author that more standardized batteries of carefully tested questions might permit a more quantitative and sharply defined view of these resources.

Another theoretical problem is the extent to which the inner-circles of decision-making are identical for a wide range of community enterprises.

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[3]Cf. C. P. Loomis and J. A. Beegle, Rural Social Systems, Prentice-Hall, 1950, p. 34: "Stratification, roles, and authority are all dependent for their effective operation upon a common basis of evaluating human action. Hence, we may say that social structure has its basis in the value orientation, or the attitudes and sentiments concerning right and wrong, justice and injustice, good and evil." See also W. I. Thomas and F. Znaniecki, The Polish Peasant in Europe and America, University of Chicago Press, Chicago, 1918, Vol. I, pp. 21-22, who state: "(A value is) any datum having an empirical content accessible to the members of some social group and a meaning with regard to which it is or may be an object of activity. Thus, a foodstuff, an instrument, a coin, a piece of poetry, a university, a myth, a scientific theory, are social values . . . The meaning of these values becomes explicit when we take them in connection with human actions."

Stated another way, do different orders of community problems call forth decision-makers from differing structural contexts within the community, and does the internal structure of the inner-circles of decision-making vary in authority and influence content by these shifts in goal? Although not conclusive, the present evidence indicates that differing orders of problems structure the decision-making nexus differently. In those instances of a considerable authority content, such as Southeast, one might predict that jurisdictional problems would find the probate judge, and other such officials, continuing as a member of the inner-circles, but with alterations in the participating influentials, i. e., the large landowners. Conversely, in an instance such as Noreast one might expect that a municipal-wide problem would activate approximately the same inner-circle of influentials. Here, of course, the "symbolic behavioral set" is most applicable.

An important theoretical problem is the theoretical relationship of the concept of position to the model herein employed. As viewed in this study, position makes for roles of authority in decision-making, in that certain positions and offices are assessed certain rights. Influence bases itself on property, or resources, proficiencies, and personality features. The problem is that position is also associated with the resources of influence. Hence, the resource of wealth is linked to particular positions; and access, as brought out in the present study, was related to a variety of positions, especially occupational, in which the incumbents historically performed extra-community pursuits. These illustrations demonstrate that position is not exclusively a concept for

an understanding of authority, but, likewise, an explanation of influence components. The present evidence would suggest that office should become somewhat more defined in relation to authority contexts, and that position should be viewed in a way to abstract the positional components of authority and, as well, the positional components of influence. The concept of office, however, may be employed independently, distinct from the concept of position.

A weakness of the present study, as related to the foregoing comment, was the inability to rank associational offices in the authority context. Thus, if a function of the male service club is to articulate influence within the community, and informants agree to the "rightfulness" of such groups to initiate the decision-making process, then their constituted offices might be construed as having the rights of authority. The foregoing analysis was singularly devoted to an exploration of offices with formal and political jurisdiction. This was due, in part, to their relevancy to the hospital-getting process. However, the present study suggests that associational offices should be more greatly explored as to their rights of authority in the decision-making function in the small community situation.

One further theoretical deficiency, and a subsequent direction to additional research, is the lack of evidence as to the internal structure of the inner-circles of decision-making. In Chapter Seven it was possible to demonstrate the differences in reciprocal obligations between the four high ranked decision-makers, especially in Southeast and Noreast. The suggestion here is that more attention should be paid to the internal

relationships. For instance, how are the capacities structured within the inner-circle? Do hierarchical relationships exist and how do they form? Given a certain ownership of resources and proficiencies among the members of the inner-circle, which take precedence in the making of decisions? This analysis should likewise lend in identifying the value-clusters that constitute resources and enable the sharpening of investigatory methods.[4]

A methodological note. In the author's viewpoint, the most rewarding aspect of the present study is the attempt to incorporate both quantitative and qualitative materials within the same explanatory scheme. That this was not entirely satisfactory is due, in part, to the scope of the parent research project, and its design for the collection of data that were not clearly focused on the problem herewith submitted. Hence, the questionnaires that constituted one of two requisite methods were not modeled expressly for the illumination of the decision-making process. If this had been the case, undoubtedly the case materials and the questionnaire data could have been brought into a more effective interplay.

A second rewarding aspect has been the suggested possibilities of employing "event reconstruction" as a method in community organizational research. It is true that this device is fraught with all the difficulties of viewing the historical past. However, by controlling the time span in which the event occurred, the recall of informants, and the cross-check of field investigatory methods valid reconstruction appears to be

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[4]For an example of a detailed study of the inner-circles of decision-making, see S. T. Kimball, "A Case Study in Township Zoning," Michigan Agricultural Experiment Station Quarterly Bulletin, Vol. 28, May 1946.

possible. Assuming the development of this device, it will make possible the study of community action toward an identical goal, and thus permissive of comparative study. Moreover, "event reconstruction" lends to preliminary selection of communities or units for study, rather than a precipitation into a current ongoing action process by fortuitous and expecient circumstances. Yet, certain difficulties have appeared. For instance, to reconstruct an event within the community organizational context tends to encourage, at first glance, what appears as an immediate solution.[5] This occurs, as it were, because the observer may be enclosed completely by what appears as accurately relevant circumstances to the process; and continues to circuitously follow the channel of apparent relevancy. Thus he may never ascertain fully the decision-making process, because his "reconstruction" has not led into enough avenues of observation merely by their believed "irrelevancy" or invisibility. Accordingly, to understand the consequences to decisions made demands more than the interpretations of the decision-makers; one must view the consequence of the decisions from the vantage point of those to whom they apply.

Although the limits of the parent study did not permit, it is indeed unfortunate that the present problem was not enhanced by hospital projects within each regional grouping that, although initiated, were unsuccessful in completion. The present study is limited to setting

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[5]Hence, in the present case studies a preliminary exposure provided what seemed as the necessary and determinant information. However, several more days of field work beyond this point demonstrated that a "first illumination" was not to be equated with an understanding of decision-making.

forth certain varied styles of the process of decision-making; not the delineation of the crucial variables that generally interact to make it functional in the small community setting. Thus, the question remains as to the dysfunctional aspects of decision-making; with only the Mid-State instance reflecting in this direction. However, this experimental deficiency does not necessarily deter an attempted incorporation and testing of a theoretical model within the community organization context.

Undoubtedly the concept of region, and implied regionalism as a basis for health organization and administration, is applicable to the development of health facilities. Already certain instrumentalities are characteristic of regions (i. e., cooperative medicine in the Southwest and Northwest; hospital districts in the Farwest, etc.). However, the use of the concept in comparative research still remains an issue of debate which, perhaps, this study does not materially lessen.[6] It is, indeed, not enough to divide a nation into geographical parts and explain comparative variability. Certainly the present variance within the Middle States in community organizational process, as well as the Far West, indicates the difficulty in employing the region as an

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[6]See L. Wirth, "Limitations of Regionalism," in M. Jensen, Regionalism in America, The University of Wisconsin Press, Madison, 1951, p. 392: "The failure to discriminate the many distinct factors that underlie the emergence and persistence of regions is a serious fault of present-day scholarship and research. It has led to the failure to distinguish between genuine and spurious regions. Areas of homogeneity have been mistakenly represented as areas of integration. It has been mistakenly assumed that physical regions also inevitably constitute economic, cultural, and political regions. . . . As a tool for the discernment of interrelations between habitat and culture the regional concept has great value, provided we do not assume what needs to be proved, namely, that these correlations actually exist, and proceed to analyze the processes that account for these correlations."

intervening variable. Contrariwise, the present conclusions about the Southeast and the Northeast suggest that regional orientation for an understanding of community process cannot be entirely overlooked.

The present evidence confirms the conclusion, namely, that the region offers a way of viewing sub-cultures in American society. Hence, the complex of historical, cultural, and technological factors articulate in ways significantly variable as to be expressed through patterns of community problem-solving.[7] In this way, the present study adds to a growing body of empirical research devoted to the concept of community, in relating one kind of American sub-culture to the distinctive characteristic of community problem-solving. Yet, the scientific problem only begins at this point, namely, to isolate these factors of structure and process that are distinctively regional in nature. As was pointed out in Chapter Two, extensive work has been done on the socioeconomic characterizations of respective regions. This study would suggest the isolation of factors that directly relate to community process, i. e., form and internal structure of government in varied administrative units; the relationships of municipalities as jurisdictions to that of the county; the nature of diffuse and particularistic authority; and the functions of special interest groups oriented to varying administrative units.

In some ways the present study suggests a most provocative question, that dealing with the extent to which the urbanization and

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[7]See, for example, how family patterns have been related to the regional concept by a number of authors in The American Journal of Sociology, Vol. 53, May, 1948.

industrialization of small communities are related to both regional sub-cultures and to community problem-solving. For instance, is the distinctiveness of the Northeast, and Noreast, actually an advanced point along the continuum of urbanization of small communities? Methodologically, however, the notion of urbanization would be no more fruitful than that of region unless certain indices of urbanization could be determined and an array of communities selected accordingly. The uniformity of the present class of communities offered no opportunity for ordering the cases according to this continuum. Further studies might be concerned with altering the composition as, for instance, rural-urban population balance and total population in the service areas. If the urbanization assumption is a valid one, then one might derive the hypothesis that influence (especially proficiencies) in community organization will supplant local governing authority as communities are progressively placed along an urbanization continuum, with a corresponding indecisiveness in the decision-making process.

Recommended research problems. Although the foregoing remarks indirectly suggest areas of further research development in community organization, the following problems more explicitly set forth recommendations that result from the present study:

1. The employment of the "event reconstruction" method in community organizational research should permit the selection of cases on the basis of various factor continua, i. e., urbanization, in order to determine and isolate those factors which make for regional variability. The present study demonstrates that the extent of rurality and the economic

base of hospital service areas both affect community organization in consistently congruous ways with region. The recommendation is simply that more factors of this kind be ascertained in the selection of cases. Thus, if enough cases were available, the integration effect of region might be determined as compared with constellations of factors found in all regions. The exploratory analysis of Chapter Four is suggestive.

2. Utilizing decision-making as a theoretical focus, and again employing "event reconstruction," the opportunity would prevail to select cases to be controlled on a number of socioeconomic factors, but altering the goal for experimental groups of cases. In this manner further community organizational research might explore the relevancy of the problem, itself, to the decision-making process. For instance, the parent study, of which this work is a part, indicates that even variation in type of health goal calls forth differing occupational groups as participants in decision-making, the age and sex structure of inner-circles alters, and special interest associations differ.

To reconstruct the decision-making process in comparable communities, with the goal varied, should also more greatly illuminate and define those clusters of values that lend "rightfulness" to the making of decisions. Earlier it was suggested that the hospital is construed within the institution of business; public health within that of welfare. Other community problems, lying outside the area of health, may evoke responses from groups and decision-makers of a different order than found in the present study. Such research should examine the hypothesis, however, that there are distinctive social domains of decision-making

within the community organization context. The order of problem or goal to which decision-making is directed may be a determinant factor in specifying which domains are activated.

3. An examination of the literature in community organization studies, together with the present evidence, suggests that investigation is needed of the structure and functions (in decision-making) of local units of government. Important here would be the manner in which municipal jurisdictions, perhaps autonomous for most community problem-solving, resolve recurrent encounters with county governing bodies. In the circumstance of Mid-State, two autonomous municipalities (in terms of influence) competed in an attempt to "capture" the legitimate order, the county governing group. This is suggestive of continued intensive studies of the manner in which increasing autonomy of sub-groupings within constituted jurisdictions such as the county becomes articulated in the problem-solving aspects of community life. Since both this study and the literature provides the conclusion that channels of communication to county governing groups are often minimal, then further study focusing on strategies and tactics of local people to initiate to and negotiate with such constituted groups should be most fruitful.

4. The present study leads to the conclusion that the male service clubs of small communities should warrant investigation. Derived from the foregoing evidence is certainly the hypothesis that these associations provide the chief vehicle for the pyramiding and articulation of influence within the community. Likewise it appears that the male service club is frequently the element of tangency to secure the coordination

of rural and urban components of the community, and of articulating influence with authority. The readily available number of male service associations should provide multiple opportunities for research. Not to be overlooked is the circumstance of Southeast and the relevance of county-oriented associations, and Noreast with municipal-centered associations. Such differences, viewed through the study of associations, should lend to the understanding of social change in the small town and the relatively rural community.

5. Finally, the suggestion must be made that the present exploratory treatment of the resources and proficiencies of influence might constitute, even a particular resource and proficiency, the focus for further study. This would enable the development of instruments and other refinements in observation to identify and describe more extensively the sociological bases of influence. For example, access could be emphasized with a consequent exploration of the relationship of community organization processes on the local level to higher levels of organization and administration. An important question here would be, what positions within the small community manifest extra-community access in public affairs? How is this access evaluated and employed in the resolving of public issues?

Applications to social action.[6] The concluding comments of the present study regard the applications of both evidence and presentation to the world of public affairs, especially as they concern the field of

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[6]The author, of course, brings to these applications the perspective of participation in the community aspects of health. In this sense, the applications do not alone follow from the study.

health planning and education. There is no intent to point out the "usefulness" of this study, but to set down certain observations which may judiciously add to effective planning and education in the community organizational aspects of health care in the United States.

1. Training and the application of knowledge in the area of community organization, together with much of the more popular and "useful" literature, impresses the author with their attempt to strive for standardized formulae of community organizational processes. This has resulted, as has been earlier implied, from a preoccupation with sequential patterns in community organization, and with a subsequent failure to dismantle the process in terms of its sociological bases. The present study does not, by any means, suggest that community organization and specific processes such as decision-making vary community by community; for, indeed, even the present explanatory scheme reveals as many commonalities as it does dissimilarities. However, the author views certain limitations to standardizing, for purposes of application, community organizational process, i. e., the manner in which authority and influence become articulated. With the comparative interest in mind, what is suggested is a variety of decision-making styles, each, in turn, oriented to sub-cultural expressions within a loosely articulated American culture. Both the variability within and between regions indicate that in American society the alternative courses available to solve identical community problems are, indeed, multiple.

The inherent flexibilities and the attending variability in decision-making styles not only makes for profitable comparative studies

in community organization, but posit cautions to the policy planner and the educator who deals with the community aspects of health in the national scene. It is hardly conceivable, on the basis of the present evidence, that a community worker in the Southeast could apply community organization patterns of the Northeast; but, at the same time, the contrasts in both should, as do cross-cultural comparisons, illuminate the setting in which he plys his tasks.

2. The present study leads the author to stress the inter-relationships of local governmental units in gaining consensus in community affairs. Most approaches to assisting community organization assume the complexity of the special interest associations of the community and strive to articulate the complexity. For major projects of the hospital type, the author would stress an understanding of the legitimate order, taking into consideration both municipal and county jurisdictions. Although a variety of students have agreed on the archaic and outmoded structure of local government in rural and small town settings, the students and applicators of community organization knowledge would appear to have given it insufficient consideration. A token consequence of this is the complaint of lay and professional workers over the failure to secure cooperation of local governing groups. Especially has this been true in health planning and organization.

3. From the foregoing observations, it would appear that something would be gained by a more extensive involvement of members of county governing groups in the planning process, and, if possible, the inclusion of these representatives in programs of adult education. This suggestion

adds to the continuing concern with adult training of lay representatives of a broad array of special interest groups, to greater efforts in expanding the proficiencies (especially subject matter) of local political officials.

It was the Farwest case that demonstrated the involvement of a county governing group by means of a bi-lateral arrangement of co-sponsorship. Experiments in community activities whereby such authority agencies may be structurally related to the mobilization of other citizens may reduce the encounters which occur when the agency is viewed only as a source of legitimacy for decisions made in other contexts. In the experience of the author community devices such as the health council do not usually work toward the involvement of local political officials as members. Providing for early communication with county governing bodies may, according to the present evidence, make less tenuous the channel to them when certain decisions must move to and through the legitimate order.

4. Although not directly within the scope of this study, the foregoing treatment shows how the mobilization of community consensus calls forth participants in the decision-making process and places them in a new relationship with added community facilities. Hence, the expansion of hospital facilities in the period, 1944-1952, has brought to the administration of community facilities several thousands of board members. These, for the most part, are the active decision-makers who participated in the development of the projects. The wise use of the new facilities will depend, in part, on the administrations of these boards. Therefore,

the contribution of in-service training and the consultations of extra-community specialists should be expanded to include this new group.

5. Finally, this study has been confined to but one segment of the present movement in the United States to facilitate more adequate medical care, namely, the manner in which community resources have been mobilized to obtain hospitals. The hospital-getting efforts of the recent period has been, for small-town America, a circumstance of unprecedented magnitude. Yet, the provision of the facilities is but one chapter of the story. The other chapters will be told in the adjustments of small communities to the new facility, the interplay of institution and community, the efficacy of public relations and human relations in adjusting a service to meet the needs of the community. The way in which the remainder of the story will result offers a future opportunity for research in community organization; for, indeed, to this point the literature does not yield an analysis of the reverberations that course through communities across the breadth of the nation when they initiate, secure, and utilize a major medical facility.

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APPENDICES

APPENDIX A

EXPLANATORY LETTERS FOR QUESTIONNAIRE

First Letter

MICHIGAN STATE COLLEGE
EAST LANSING

SOCIAL RESEARCH SERVICE

November 10, 1949

Mr. William Keeshan
President, Board of Trustees
Boone County Community Hospital
Albion, Nebraska

Dear Mr. Keeshan:

The Social Research Service at Michigan State College, in cooperation with the Farm Foundation in Chicago, is making a study of how communities go about the problem of securing citizen action in the field of health.

Your community has come to our attention because we have learned from the U. S. Public Health Service that you have worked toward a health goal of a new or enlarged hospital in your area. We would like to learn as much as we can about how you have gone about attacking the problem.

We would very much appreciate having you fill out the enclosed questionnaire so that we can get a more complete story of your efforts than we were able to get from the U. S. Public Health Service. Information from your questionnaire and those of other communities like yours will make it possible to set up guideposts for others to follow, and point out pitfalls to avoid. In addition, the questionnaires will provide a basis for picking out several communities to visit personally. Our personal visit will make it possible to get an on-the-spot story of the way communities organize to meet health problems. We can profit from a study of failures as well as successes, from knowing about "hindrances" as well as "helps".

Filling this questionnaire should not take long because many of the questions can be answered simply by making a check mark. Wherever a check mark should fail to tell the whole story we invite your comments. We have enclosed a stamped, self-addressed envelope for your convenience.

Sincerely yours,

Charles P. Loomis, Director
Social Research Service

CPL bh

P.S. Your name was obtained from the records of the U. S. Public Health Service as the person in the best position to fill out this questionnaire. If you feel, however, that there is someone else in the community who knows the whole story more fully, would you please turn the questionnaire and this letter over to him.

C.P.L.

Third Letter

MICHIGAN STATE COLLEGE
EAST LANSING

501

Did not mail because questionnaire received before letters were sent

SOCIAL RESEARCH SERVICE

March 31, 1950

Mr. Azor Smith, Secretary
Achenbach Memorial Hospital Assn.
Hardtner, Kansas

Dear Mr. Smith:

We have had an excellent response from the majority of the hospitals to which we mailed the questionnaire, "What Is the Story Behind Your Community Hospital Project?".

Complete understanding of the efforts of selected communities in the United States toward getting a hospital will not be possible without a report from the Achenbach Memorial Hospital Assn.

For these reasons we have decided to drop you another line to see if there is still a chance that you may help us obtain the complete information.

We hope you will feel free to pass the questionnaire along to another person to complete if it is impossible for you to do so. We hesitated to impose on your time, but the great need for a completed questionnaire about your hospital has encouraged us to try again.

Respectfully yours,

Charles P. Loomis
Director

CPL:bh

P.S. If you have misplaced the questionnaire, please return the enclosed post card and we will be happy to send you another.

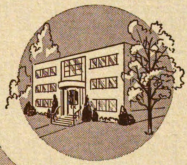
C.P.L.

APPENDIX B

QUESTIONNAIRE

What is the Story

BEHIND YOUR COMMUNITY HOSPITAL PROJECT



MICHIGAN STATE COLLEGE
Department of Sociology and Anthropology
Social Research Service
EAST LANSING

We want to know how your community went about working toward the health goal of a new or enlarged community hospital. The questions which follow cover the main points that occurred to us as being most important for our purposes. If you feel that part of the story of your community project has been left out, however, please feel free to comment in the margins.

• • Community hospitals are built or enlarged through the cooperation of individuals and groups.

• • The story behind every community hospital is different in some ways from other communities.

• • We need to know the story behind your community hospital, along with others, so that a full picture of citizen action may be had.

• • Many communities in the United States are working on health. They need to know the experiences of citizen action in your community.

MICHIGAN STATE COLLEGE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
SOCIAL RESEARCH SERVICE
EAST LANSING, MICHIGAN

Sometimes a community talks of the need for improving their hospital situation for a long, long time without doing anything about it. Other times a community "gets the idea and starts to work."

1. Was the goal of your **present** hospital project that of a **new** hospital or an **addition** to your hospital?

   1-[ ] A new hospital

   2-[ ] An addition to a hospital

2. Before your **present** hospital project ever got started—and looking over the past several years—had the people in your community ever talked about the need for improving your hospital situation?

   1-[ ] Yes

   2-[ ] No

2a. (If Yes) About what time was this? (Give year)_____

2b. As you look back, do any of the following reasons explain why you did **not** take action at that time? (Check those that apply)

   1-[ ] Not enough money available locally

   2-[ ] No funds available from outside the community

   3-[ ] Not enough general interest

   4-[ ] Too much feeling against it

   5-[ ] Not enough good leadership

   6-[ ] No federal financial support at that time

   7-[ ] Another project—at that time—was considered more important

   8-[ ] Other reasons that stopped it (Specify):

   _____

   Comment_____

   _____

   _____

   _____

   _____

   _____

The development of a community need for a hospital project may be accomplished in a short time, as when there is an upsurge in population, or when an epidemic strikes the community. On the other hand, a need for a hospital may grow with the gradual development of a town and the country around it.

3. As you look back over the early development of **your project,** which of the following statements **best** describes the way in which the need for your community hospital or addition developed? (Check one)
   1-[ ] Short period of natural growth
   2-[ ] Short emergency period
   3-[ ] Long, gradual period of development
   Describe this briefly.....

A community hospital doesn't "just happen." At some time or other, the first "vague stirrings" appear that something is needed. In some communities the need for a hospital is first felt and expressed by one person. In another it may be the "adding up" of the feelings of many individuals that leads to an expression of the need. In still other communities the understanding and expression may come from some organized group.

4. **Who** was the **first**—in your community—to start talking about the need for going to work on the present hospital project? (Check one)
   1-[ ] One person (Occupation.....)
   2-[ ] Several persons pretty much together
   3-[ ] An organized group (Name of group.....)
   4-[ ] All the people about the same time
   5-[ ] A business or industry (Name.....)
5. **When** did this take place? (Give approximate year).....

But one person, several persons, or an organization is not enough. Before a community can move along toward a health goal, these early ideas must be spread to others in the community. This can happen "almost overnight" or it may take some time.

6. In your community, **how** was the idea of the hospital project spread to the rest of the community?
   a. Discussion about it in: (Check as many as apply)
      1-[ ] Newspapers
      2-[ ] Schools
      3-[ ] Churches
      4-[ ] Clubs and fraternal organizations
      5-[ ] Farm organizations (Co-ops, etc.)
      6-[ ] Social welfare agencies
      7-[ ] Local business firms
      8-[ ] Informal conversations of people
      9-[ ] Other (Specify)_____
      x-[ ] No discussion at all
   b. Community meetings held in: (Check only one)
      1-[ ] Town
      2-[ ] The country
      3-[ ] Both places
      4-[ ] No meetings held
7. In general, **who** took the major responsibility for spreading the idea of the hospital project?
      1-[ ] Those who had the first interest
      2-[ ] New persons or groups
      3-[ ] Both
      Describe briefly_____
      _____

While some people in the community actively talk IN FAVOR of the idea of a hospital project, usually there are others who may talk AGAINST it.

8. What kind of people talked **against** the hospital project in your community? (Check as many as apply)
      1-[ ] People who thought the problem might be solved in another way
      2-[ ] People who feared higher taxes
      3-[ ] Professional persons who felt their interests would not be served
      What professions?_____
      4-[ ] Other (Specify)_____
      5-[ ] There was no opposition

8a. What did they do besides talk against it? (Check only one)

1-[ ] There was no opposition

2-[ ] They did nothing but talk against it as individuals

3-[ ] They went beyond talking against it as individuals by: _____

_____

_____

There are usually some stumbling blocks in spreading the idea of a hospital project to the community.

9. Could you list any other special problems which you ran into during this period of spreading the idea to the community?

_____

_____

_____

_____

_____

_____

When many people in a community have recognized the need for a hospital, they want action. Someone must do a good job of seeing what must be done and getting everyone to work together. Most community projects have a central group of persons taking most of the responsibility for getting the job done. Such a central group is usually the one that people in the community look upon as the sponsor.

10. In your community, what would you say was your most important central group responsible for planning, promoting, and sponsoring the project? (Check one)

1-[ ] County political body

2-[ ] Town political body

3-[ ] Local health council

4-[ ] Community chest

5-[ ] Hospital board

6-[ ] Council of social agencies

7-[ ] Hospital association

8-[ ] Community-wide citizens council

9-[ ] Some **other** community or county group

Give name _____

Sometimes a central citizens action group works on many different kinds of problems while others are organized to work on a single problem.

11. Did your central sponsoring group ever work on other problems, or was the group specifically organized for your present health project?
    1-[ ] Has worked on other problems
    2-[ ] Just the present health project
    Comment_____

The central group may consist of an already existing official body; or community organizations may appoint or elect members to serve on the central action group. Sometimes the most interested persons form such a group without any official appointment or election.

12. How were the members of your central group selected? (Check one)
    1-[ ] Appointed from community organizations
    2-[ ] Appointed by local officials (which officials?_____)
    3-[ ] Elected at a community meeting
    4-[ ] Formal election (printed ballots, etc.)
    5-[ ] Just happened to get together
    6-[ ] Other methods of selection (Specify)_____
    Comments_____

A central group in a community project is sometimes organized with a constitution, a set of officers, and official activities; while another group may not feel it necessary to organize this way.

13. In your community project, did your central sponsoring group have: (Check as many as apply)
    1-[ ] A constitution
    2-[ ] Officers
    3-[ ] Sub-committees for special problems
    4-[ ] A budget
    5-[ ] Membership fees
    6-[ ] Membership dues
    7-[ ] Have none of these

14. In your central group who made the decisions? (Check one)
    1-[ ] Entire membership of the central group
    2-[ ] Executive board of the central group
    3-[ ] Officers
    4-[ ] Mixture of all
    Comment.....

15. If you had it to do over, would you work through the same kind of sponsoring group, or would you work through a different one?
    1-[ ] Would do it the same way
    2-[ ] Would use same group, but organized differently
    3-[ ] Would use a different kind of group
    (If different) What would you do differently?
    .....

16. What was the official title of this group that assumed sponsorship?
    .....
    .....

17. When did this central group take over the sponsorship of the project? Approximate month and year.....

Some people believe that a sponsoring group responsible for a community project needs some paid workers who can help carry out the business of the project.

18. Did your community group sponsoring the project have any of the following paid workers?
    1-[ ] No paid workers
    2-[ ] Stenographer to type correspondence, etc.
    3-[ ] Executive secretary to carry out program

18a. Please comment on the length of time for which this person (or persons) was hired.....
    .....
    .....

18b. If you had it to do over, would you make the same decision about whether to use paid workers, or not?
    1-[ ] Would do it the same
    2-[ ] Would do it differently
    (If differently), what would you do?.....
    .....

Even after the membership and purpose of a planning and action group have been determined, a variety of problems are frequently met. These may be limited to what goes on within the group, or they may be found in the relationships of the planning group to other groups or individuals in the community.

19. Did your central group meet with any of the following problems **within** its own organization? (Check any that apply)

    1-[ ] Jealousy among members
    2-[ ] Conflict between professional and other members
    3-[ ] Some members who wanted to run everything
    4-[ ] Some members who wanted to grab credit for themselves or the groups they represent
    5-[ ] Couldn't get anything done at meetings
    6-[ ] Disagreement between members on major policies to be followed
    7-[ ] Other problems (Specify)_____
    8-[ ] No problems arose within the group

    Comment_____

20. Did your group meet with any of the following problems in its relationships **with other groups or individuals** in the community? (Check any that apply)

    1-[ ] Direct opposition of influential citizens
    2-[ ] Lack of support of influential citizens
    3-[ ] Direct opposition of other community groups
    4-[ ] Lack of support of other community groups
    5-[ ] Other (specify)_____
    6-[ ] No opposition from individuals and groups

20a. Please explain **why** such opposition occurred and what form it took:_____

21. Did your group meet with any of the following problems in the general community situation? (Check any that apply)

1-[ ] Not enough good leadership
2-[ ] Not enough persons with experience in this kind of work
3-[ ] Conflict between town and country
4-[ ] Conflict between your town and neighboring towns
5-[ ] Conflict with towns in the neighboring county
6-[ ] Resistance from outlying areas because they felt some other hospital would serve them better
7-[ ] Some say this hospital is unnecessary
8-[ ] Other (Specify)_____
9-[ ] No problems involving the general community

Comment_____

22. In planning for your hospital which of the following areas did you have in mind as potential users of it? (Check only one)

1-[ ] A village, town, or city only
2-[ ] A village, town or city and surrounding area
3-[ ] Several villages and their surrounding areas
4-[ ] An entire county
5-[ ] More than one county as a unit

23. From what area did you seek support for your health project? (Check only one)

1-[ ] The entire area of potential users
2-[ ] Selected parts of the area of potential users
3-[ ] A larger area

Comment_____

24. Would you say that your sponsoring group was representative of the entire area of potential users?

1-[ ] Yes
2-[ ] No

Comment_____

Community projects usually require that the people of the community work shoulder to shoulder. Some communities do this by getting all the clubs and organizations together to get the job done, others find success by working through individuals.

25. How would you say that your sponsoring group tried to work? (Check one)
    1-[ ] Through organizations
    2-[ ] Through individuals
    3-[ ] Through both organizations and individuals
    Comment_____

25a. If you had it to do over, would you do it the same way?
    1-[ ] Yes
    2-[ ] No
    (If no) What change would you make?_____

Raising funds through community action is usually necessary. Various methods have been used to raise the money. Examples are a voluntary gift campaign under local leaders, a drive directed by professional fund raisers, voting a bond issue, and selling memberships in a cooperative hospital.

26. What methods did your community use to raise funds? (Check as many as apply)
    1-[ ] Voluntary gift campaign under local leadership
    2-[ ] Drive led by professional fund raisers
    3-[ ] Voting a bond issue (Town or County?_____)
    4-[ ] Selling memberships in a cooperative hospital
    5-[ ] Other (Specify)_____

26a. Why did your community decide to use these kinds of methods to raise funds?_____

26b. If you had it to do over, would you do it the same way?
    1-[ ] Yes
    2-[ ] No
    (If no) What would you do differently?_____

(If you have had more than one campaign, whether for a bond issue, gifts, or sale of memberships, in connection with your present hospital project, answer these questions in terms of your MOST RECENT campaign.)

27. How many persons altogether took part in helping out, by actual work, on your most recent campaign?

    Approximate number.....

27a. If you had it to do over, how many persons would you try to get to work on the campaign?

    1-[ ] About the same number

    2-[ ] Would try to get more people to work

    3-[ ] Would use fewer people

How much money is needed and the way it is to be raised usually depends on the financial situation at the beginning. Getting a community hospital project through to completion often makes it necessary to "take stock" of the financial resources that are already available.

28. Which of the following were considered as assets **before** deciding how much was needed to be raised by your most recent campaign?

    1-[ ] Securities and cash on hand
    About how much $.....

    2-[ ] Promise of large gifts
    About how much $.....

    3-[ ] Grants received or promised by various Foundations interested in your project
    About how much $.....

    4-[ ] Public funds obtainable
    About how much:
    From federal $.....
    From county $.....
    From state $.....

Sometimes a community will go over its goal in raising funds; or it may fall short.

29. After you had totaled the funds above, how much more did you have to raise by your last campaign?
    Give approximate amount $_____

29a. How much did you actually raise?
    Give approximate amount $_____
    Comment_____

Some communities use a short, intensive campaign while others use a longer and more gradual campaign.

30. About how long did your campaign run?_____

30a. On the basis of your experience, what length of campaign would you advise others as the best?

    Comment_____

Getting people interested enough in the project to support it financially usually means that the campaign must be made appealing. There are many ways of appealing to people in the community.

31. Which of the following ways were used in your community to appeal to the people during the campaign? (Check those which apply)
    1-[ ] Newspaper articles
    2-[ ] Posters
    3-[ ] Hand bills
    4-[ ] Speeches to organized groups
    5-[ ] Using a speakers' bureau
    6-[ ] Radio talks
    7-[ ] Movies
    8-[ ] Face-to-face discussion and persuasion
    9-[ ] Other (Specify)_____

31a. Please go back to question 31 and **double-check** the methods of appealing to your community you found to be most effective.
    Comment_____

Most people will actively support something if they have a convincing reason for thinking that the project is a good one. Sometimes a community campaign will try to appeal to people on the basis of these personal reasons and feelings.

32. Which of the following kinds of appeals were used in your campaign publicity? (Check those which apply)

1-[ ] Desire for a memorial to a relative or friend
2-[ ] Fear of personal or family poor health
3-[ ] Fear of a community disaster
4-[ ] Desire for the prestige that making a contribution may bring
5-[ ] Desire for getting credit for one's organization
6-[ ] "Others support it, why not you?"
7-[ ] Health is a community responsibility
8-[ ] Making the community a better place to live in

Name any other special appeals you used in your campaign.....

.....

9-[ ] No particular idea was emphasized

32a. Please go back to question 32 and **double-check** the appeals which you feel were most effective in the campaign.

The people in a community often react quite differently to the various methods and appeals used in a campaign. Some feel quite happy about it, while others are hurt or disappointed by some part of it.

33. **In general,** how did the people of your community feel about the methods and appeals **after the campaign was over?** (Check one)

1-[ ] The campaign is not yet over
2-[ ] In general, people were satisfied
3-[ ] In general, people were **not** satisfied

34. Among those who were **dissatisfied** with the methods and appeals of the campaign, what were their **major** criticisms?

.....

.....

.....

35. When was this campaign completed?
Approximate month and year.....

Sometimes it takes more than one campaign to reach a community goal. Other times just one campaign seems to be enough.

36 How many different campaigns were actually held in connection with your present hospital project?

1-[ ] Just the one discussed above

2-[ ] More than one campaign

How many different campaigns?_____

36a. If you have had more than one campaign in connection with your present hospital project, please answer the following questions. If you had only the one campaign, omit them and continue with Question 37.

	Months and year held?	Kind of campaign (bond issue, public subscription, professional fund raisers, etc.)	Was this campaign successful? Yes	No
1st campaign	_____	_____	_____	_____
2nd campaign	_____	_____	_____	_____
3rd campaign	_____	_____	_____	_____

Some communities find it helpful to make community surveys, seek advice from outside experts, and visit other communities to learn about how they have done the job. Sometimes, this doesn't seem necessary or possible under the circumstances.

37. Looking back over the activities on your project, were any of the following done? (Check as many as apply)

1-[ ] Studied the experiences in other communities

Made a community survey to:

2-[ ] Find out about health needs

3-[ ] Find out how much money could be raised

4-[ ] Find out other things (Specify)_____

_____

Consulted with outside specialists in:

5-[ ] Colleges

6-[ ] Foundations

7-[ ] State offices, hospital associations, etc.

8-[ ] Other (specify)_____

_____

_____

37a. If you had it to do over, would you handle these matters of surveys and consulting with others in the same way or would you handle them differently?

1-[ ] Would do them the same

2-[ ] Would do them differently

(If differently) What would you do?.....

.....

A community project like the building of a hospital concerns many persons and groups in the community. Some people would say, however, that a FEW VERY ACTIVE persons and groups make the difference between success and failure.

38. Would you give the following information about the FOUR MOST ACTIVE persons in organizing and carrying out your hospital project?

	What kind of work does this person do (professional, sales, executive, retired, etc)?	What kind of employer does this person have (self, business or industry, state, etc.)?	Give the names of the organizations this person is most active in (fraternal, service, women's, etc.).	Was this person ever a member of the central group of your hospital project? Yes	No
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....

39. Please list the **names** and **kinds** of organizations (such as service club, fraternal, women's, voluntary health, farm etc.) which were most active in support of your hospital project.

	Name of Organization	Kind of Organization
1.	.....	.....
2.	.....	.....
3.	.....	.....

Sometimes the presence of large business companies in a community provides significant help towards the achievement of a hospital goal; sometimes they play no part at all.

40. Would you provide the following information about all industries or business companies in your area that regularly employ over fifty persons:

	Name of business or industry	Product or service	Does this company employ over 200 persons? Yes	No	Did this company play an important part in promoting your hospital? Yes	No
1.						
2.						
3.						
4.						

Everyone agrees that a community hospital project takes a lot of "doing." However, many times there will be some events, ideas, or methods which stand out above all others in hindering or helping the whole project.

Looking backward can you name one or two things which best explain your present situation?

_____

_____

_____

_____

_____

41. Is your hospital project now completed, or is there more that needs to be done?

1-[ ] Completed (Finished in what year?_____)

2-[ ] Not completed (What remains to be done?)

_____

_____

_____

Your Name_____

Your Occupation_____

Address_____

_____

Additional Comments

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