



League of Women Voters of Kent County

The VOTER

The Price of Liberty Is Still Eternal Vigilance

League of Women Voters of Kent County, September 2009

President: Christine Stillson, 697-8600, clstillson@verizon.net

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Website: <http://www.lwvkc-de.org>

Calendar

September

- 16 Unit meeting, Reform of America's Health Care System**
6 p.m., the new "green" Annex,
Camden Friends Meeting, Camden-
Wyoming Ave., Camden
- 17 Constitution/Citizenship Day**
- 22 Board meeting**
12:15 p.m., St. Paul's Episcopal Church,
Old North Rd. at West St., Camden
- 24 Great Decisions, Egypt: Key US Ally in
the Middle East**
10 a.m., venue to be determined
- 25 Autumn Fundraiser at Spence's Bazaar**
7 a.m. - 2 p.m, Table 236. Contact Ruth
Johnson, 335-4330

October

- 15 Great Decisions, Global Food Supply**
10 a.m., venue to be determined
- 21 Unit meeting, "Delaware's Threat-
ened Freshwater Wetlands"**
11:45 a.m. sign in; 12 noon, lunch;
12:30 program. the new "green"
Annex, Camden Friends Meeting,
Camden- Wyoming Ave., Camden
- 27 Board meeting**
6:30 p.m. St. Paul's Episcopal Church, Old
North Rd. at West St., Camden
- 30 - Nov. 1 LWVDE Retreat.** Details to be
announced.

Calendar (continued)

November

- 12 Great Decisions**
Details TBA
- 18 Unit meeting**
Details TBA
- 24 Board meeting**
12:15 p.m., St. Paul's Episcopal Ch.,
Old North Rd. at West St., Camden

Other Meetings of Interest

September

- 23 Health Care Forum**
4 p.m., Wesley College. Jo Ann Fields, M.D., will
be a member of the forum
- 30 Tea Party meeting**
6:30 p.m., Laurel Fire Hall. Jo Ann Fields, M.D.,
will be present

October 12, 19, 26 & November 2

7 p.m., the Annex, Camden Friends Meeting
Pacem in Terris is presenting a series of films
and discussions "**Making Peace with the
Planet.**"

LWVSC will hold seven public forums in 2009- 2010 concerning land use:

- Sep. 16** Elements of Land Use, 10 a.m. - noon,
Beebe Medical Arts Bldg.
- Oct 15** Open Space and Farmland Preservation,
7:00 - 9:00 pm., Council Chambers, Georgetown
- Nov. 11** Economics of Land Use - Density, Revenue
and Property Rights; 1:00 - 3:00 p.m., Beebe Medical
Arts Building
- Jan. 13** Land Use and Natural Resources: Water and
Sewers, 10:00 - Noon, Location TBA in Georgetown
- Feb. 10** Land Use: Transportation and Housing,
10:00 - Noon, Beebe Medical Arts Building
- Mar. 10** Land Use and the Environment, 7:00 - 9:00
p.m. : Location TBA in Georgetown

SEPTEMBER EVENTS

Unit Meeting: Reform of America's Health Care System The Annual Potluck Supper

**6 p.m. - 8:30 p.m., Wednesday, September 16, 2009
The New "Green" Annex, the Camden Friends Meeting
Camden-Wyoming Avenue, Camden**

The universal health insurance plans adopted by Massachusetts, Oregon, Minnesota, Tennessee, Vermont, Washington and Maine have all had common themes: public spending initiatives, new regulations and mandates, and private insurance. The major drawback of all these plans has been the absence of effective cost control that Gov. Patrick of Massachusetts warned could "threaten to crush families and businesses and doom the Massachusetts experiment with universal insurance." Many physicians feel that implementing such a state plan sends a false wave of hope for those who suffer without health care. Do such plans offer a prototype for Delaware?

Dr. JoAnn Fields, Kent County primary care physician and LWVNC Health Care Chair, has stated that the conclusion she draws from the efforts of several states to initiate health care/insurance reform is that reform will probably not be successful at the state level and even more so now in the bad economy. She suggests that reform will have to come at the national level. Reform needs national leadership, federal law to bypass antiquated state insurance laws, and federal funding.

The upcoming LWVNC program on health care reform will feature JoAnn Fields, M.D. and another speaker, who will provide critical updates on current health reform legislation and how these options will affect the insurability, coverage, and finances of Delaware families. We invite all League members, guests, and the public to attend.

We ask that you bring a place setting and your favorite covered dish in any category from soup to dessert to nuts for all to enjoy. Beverages will be provided. For more information, please contact Ellen Wasfi at 734-1545 or Gale White, Hospitality Chair, at 698-0220.

As a bonus, our venue is *the* new **GREEN** annex to the Friends meeting in Camden, which has been featured in the News-Journal, among other regional publications. From its inception, the annex was planned to leave as little footprint upon the earth as possible. It features two geothermal systems with 12 wells at 250 feet and was constructed using recycled materials wherever possible.

Great Decisions - "Egypt: Key US Ally in the Middle East"

10 a.m., Thursday, September 24, 2009. Venue to be determined. For further information, please contact Ellen Wasfi at 734-1545.

Spence's Bazaar Autumn Fundraiser 7 a.m. - 2 p.m., Friday, September 25, 2009 Spence's Bazaar, Table # 236, S. Queen Street, Dover

*Onward into those closets and basements and attics and cluttered drawers, ladies and gentlemen! This is your opportunity to clean out any clutter (not that you'd have any, of course) and **donate saleable items** to a worthy cause - the League's table at Spence's. And to participate in a local tradition of sorts - the flea market at Spence's, known to locals as simply "The Sale." Please call Ruth Johnson, 335-4330, and tell her which hours you can **help staff table # 236!!** This is a "laid back" way to raise funds - Spence's is a spot for chatting and people watching. Plus, we do **make** some much-needed **money!** Please bring your contributions to Spence's as early as possible on the 25th. If you require storage space in the interim, call Jean Bauer at 698-1601. Contact: Ruth Johnson, 335-4330*

***Help Our League to Grow! Watch For Special Notice of a Dessert Party for Prospective Members and Their Sponsors!
Venue and Date TBA Soon!***

OCTOBER EVENTS

Great Decisions

10 a.m., Thursday, October 15, 2009. The global food supply will be the focus of the discussion. Venue to be determined. For further information, please contact Ellen Wasfi at 734-1545.

Unit Meeting: Delaware's Threatened Freshwater Wetlands

***11:45 a.m. - 1:30 p.m., Wednesday, October 21
The New "Green" Annex, the Camden Friends Meeting
Camden-Wyoming Avenue, Camden***

Speakers: Amy Jacobs and Rebecca Rothweiler are both employed by the Wetland Monitoring and Assessment Program for the Division of Water Resources of DNREC.

Amy Jacobs is an Environmental Scientist with DNREC and has been leading the Wetland Monitoring and Assessment Program for 9 years. She has developed assessment methods for tidal and nontidal wetlands and implemented probabilistic surveys in watersheds covering over half the state of Delaware. Recently, she has been working to integrate this information into existing programs and to improve decisions made at the local level. She led an effort to develop a restoration strategy for the Nanticoke Watershed and is looking to expand this work to other watersheds in Delaware.

Rebecca Rothweiler has a degree in wildlife conservation, and has been with DNREC for 8 years. Initially, she served as an Environmental Scientist with Mosquito Control performing control, public education, and field work for the Northern Delaware Wetland Rehabilitation Program. Currently, she is a Wetland Outreach Specialist for the Wetland Monitoring and Assessment Program in the Division of Water Resources. Ms. Rothweiler works to encourage public stewardship of Delaware's wetlands by communicating the value, status, and health of our wetland resources. She also works to enhance communication and teamwork amongst wetland professionals and their conservation partners.

Program: Ms. Jacobs and Ms. Rothweiler will address the following topics:

- Delaware wetland habitat types
- Wetland values
- Status and trends – how wetland acreages have changed
- Wetland health of the St. Jones Watershed
- Current and future wetland stressors, especially - saltwater incursion, climate change
- Opportunities for public participation – what you can do to protect wetlands

This will be a brown-bag lunch. Members: Please bring a guest and/or prospective new member and something tasty we all can share, like a green salad or fruit salad or a dessert. Beverages will be provided.

Sign-in will begin at 11:45, lunch at noon, and the program at 12:30.

For further information, please contact Carol Reid-Grandfield at 284-4565.

NATIONAL CONVENTION 2010

YES, IT'S ALREADY TIME TO START THINKING ABOUT THE NATIONAL CONVENTION! THE 2010 NATIONAL CONVENTION WILL BE HELD IN ATLANTA ON JUNE 11-15. YOU CAN FIND MORE INFORMATION ON CONVENTION EVENTS, AS WELL AS TIMELY UPDATES, ON THE LWVUS CONVENTION PAGE.

MEMBERSHIP REPORT



SPOTLIGHT on NEW MEMBERS

Chuck Hughes

After retiring from his first career as a Strategic Communications Analyst with the U.S. Army, Chuck mostly did studies for the Department of Defense. After a second retirement, in 1985, he moved to Delaware. His hobbies are music and church work. He oversees a church cemetery, does a website and a monthly bulletin, sings in the choir and is choir librarian. He also has served a couple of times on vestry. Also, he has done several other websites.

Chuck joined the League in May of this year. He is the husband of member Jeanine Kleimo. Chuck, we're delighted you've joined the League, which again proves it's "Not for Women Only." We know you've attended some Great Decisions meetings (which are on international relations), even hosted some in your home. If you haven't yet attended any of the League's monthly unit meetings, we think you will enjoy them. We have some excellent speakers on very timely topics such as health care, education and immigration. We hope to see you again soon.

79 Vining Run, Camden 19934
697-2323
chughes@verizon.net

Hilary Welliver, MLS

In June Hilary Welliver joined the League. She recently was appointed Director of the Kent County Library, and Hilary also serves as Assistant Director of Community Services, Library Division. It's not surprising that her interests include education: "No Child Left Behind" and

standards for diplomas, and accountability, among others. Her interests also include race relations, civil rights (think Patriot Act) and, naturally, library issues. Hilary, we think that you, too, will enjoy our monthly meetings, which are educational and friendly. Do join us, and welcome to the League!

543 S. State Street, Dover 19901
hilary.welliver@co.kent.de.us
674-2884

Changes in Your Contact Information?

Dear member, has any of your contact information in the **2008 – 2009 Member Guide & Membership List** changed? Be sure to call or e-mail any changes to **Les Stillson** at 697-8600 or lstillson@verizon.net or to **Mary Merritt** at 734-8517 or mmerritt@hotmail.com. The new **2009 - 2010 Guide** will soon be printed.

Thanks for Being a League Member. We Need You.

Thanks for being a member of the League of Women Voters. If you joined the League prior to April 1, 2009, and haven't recently paid your dues, it's that time. Dues remain \$45 individual membership and \$67.50 for two members in a household. **It's probably the best deal in town!** Please mail your check to Beverly Jackson, Treasurer, 130 Hitching Post Drive, The Hamlet, Dover, DE 19904.

The Membership Team

LWV's 90TH ANNIVERSARY: SHARE YOUR STORY! LET THE CELEBRATIONS BEGIN! WE TURNING 90 YEARS YOUNG IN 2010! FEBRUARY 14TH WILL MARK THE LEAGUE OF WOMEN VOTERS 90TH BIRTHDAY. AS WE DRAW YOUR ATTENTION TO THIS MILESTONE, WE WOULD ALSO LIKE TO ASK FOR YOUR ASSISTANCE, AS WE WILL BE FEATURING BOTH PERSONAL AND LEAGUE STORIES AS AN INTEGRAL

PART OF THE 90TH. PLEASE SUBMIT YOUR STORY VIA THE LWVUS WEBSITE, LWV.ORG, OR EMAIL IT TO STORYBANK@LWV.ORG.

ON REFORMING THE HEALTH CARE SYSTEM

On August 19, 2009, the LWVUS issued the following press release concerning the League's position on the public option in the current health reform debate.

PUBLIC OPTION IS ESSENTIAL TO HEALTH REFORM -

League Urges Congress and President to Continue Support for Public Option

Washington, DC – "The public option in health care reform may not be essential to bureaucrats or insurance companies but it absolutely is essential to the almost 47 million uninsured Americans who live day to day without health care coverage," said League of Women Voters National President Mary G. Wilson. Calling on Congress and the President not to succumb to the bullying tactics being used by special interest groups, Wilson urged Congress and the President not to waver in their support of the public option included in H.R. 3200, America's Affordable Health Choices Act of 2009, recently passed by three House committees.

America is facing a health care crisis caused by a combination of skyrocketing costs and an insurance system that leaves millions of Americans without any coverage. "The current health care system is endangering our economy, our health, and our national security," Wilson said. "Last fall, voters elected a Congress and President that promised to reform our health care system. Voters made it clear that they want a change in our health care system, a change that puts the brakes on the excesses created by a system dominated by large insurance companies," she continued.

"It is universal coverage that will determine the humanity of our system and a public option will make that possible for Americans who cannot obtain coverage through the traditional employer-sponsored plans," noted Wilson. "We believe that health care reform legislation must guarantee access to comprehensive and essential benefits to all U.S. residents."

"But the possibility of universal coverage is not the only advantage of the public option," warned Wilson. "We must control costs and the public option is the best chance to bring costs into line with reality. As a nation, we are spending \$1 out of every \$6 we earn on health care. Over the last

three decades, increases in the amount we spend on

health care have consistently risen faster than wages and inflation. Health care reform must provide effective cost controls, equitable distribution of services and allow for efficient and economical delivery of care. Offering everyone the choice of a government administered health insurance plan like Medicare that would compete with private health insurance plans is key to lowering costs."

"The public option is critical to health care reform," Wilson concluded. "Now is not the time for politicians to get cold feet just because a handful of special-interest-backed protesters spread lies and make noise at public forums. Congress and the President need to demonstrate real leadership and move forward with true health care reform."

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### **Excerpted from the LWVUS Health Care Education Task Force's report -**

#### **"PRIMARY CARE: KEY TO QUALITY AND COST CONTROL?"**

***By Doris Isolini Nelson***

#### **History**

Unlike many other countries that have primary care as the cornerstone of their health systems, the United States has supported the increasing specialization of its physician workforce. The GI Bill provided funds for further training of physicians returning from World War II.

Concerned with the increase in specialists and the decrease of family physicians, standards for credentialing were developed for the new "specialty" of family practice. In the United States, this covered general internal medicine as well as general pediatrics. In the 1960s and 1970s, longer postgraduate training became a part of the preparation for general physician practice.

#### **Definition of Primary Care**

Two reports from the Institute of Medicine (1978 and 1996) define primary care as: "the provision of integrated, accessible health care services by clini-

cians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community."

This definition has been used to measure the four main features of primary care services:

- 1) first-contact access for each new need;
- 2) long-term person (not disease) focused care;
- 3) comprehensive care for most health needs;
- 4) coordinated care when it must be sought elsewhere.

Primary care is assessed as 'good' according to how well these four features are fulfilled."

### **Primary Care and Quality of Health Outcomes**

The 2005 study, "Contribution of Primary Care to Health Systems and Health," ... consistently show a relationship between more or better primary care and most of the health outcomes studied. Primary care was associated with improved health outcomes, regardless of the year (1980-1995),...level of analysis (state, county, or local areas), or type of outcome as measured by all-cause mortality, heart disease mortality, stroke mortality, infant mortality, low birth weight, life expectancy, and self-rated health."

### **Impact of Primary Care on the Reduction in Social and Economic Inequality in Health Outcomes**

"Higher ratios of primary care physicians to population are associated with relatively greater effects on various aspects of health in more socially deprived areas (as measured by high levels of income inequality). ...The adverse impact of income inequality on all the causes of mortality was diminished where the number of primary care physicians was high.

### **Does the Type of Place Where Care Is Received Matter?**

"U.S. populations served by community health centers, which are required to emphasize primary care as a condition for federal funding, are healthier than populations with comparable levels of social deprivation receiving care in other types of physicians' offices or clinics. ...A comparison of rural patients receiving care in these community health centers with patients receiving care in other types of facilities showed that despite being sicker, they are significantly more likely to have received a Pap smear in the previous three years and to have been vaccinated against pneumococcal infection and less likely to have low-birth-weight babies."

### **Public Policy Implications**

Three international studies demonstrate that public policy is important to establishing strong primary care practice. Such policies would call for:

- 1) distribution of health services resources equitably (according to the extent of health needs in different areas of the country);
- 2) universal or near-universal financial coverage guaranteed by a publicly accountable body (government or government-regulated insurance carriers);
- 3) low or no co-payments for health services; and
- 4) higher percentage of primary care physicians relative to specialists

The characteristics of primary care practice in countries with high primary care scores and absent in countries with low scores were:

- 1) the degree of comprehensiveness of primary care (i.e., the extent to which primary care practitioners provided a broader range of services, rather than making referrals to specialists for those services);
- 2) person-focused care over time; and
- 3) coordinated care.

### **Cost of Care**

A variety of studies have demonstrated that in addition to better health outcomes, the supply of primary care physicians is associated with lower total costs of health services. This was the case for the total U.S. adult population (1998) as well as among U.S. elderly living in metropolitan areas (1996, 1993). An analysis in 2004 "showed a linear decrease in Medicare spending along with an increase in the supply of primary care physicians, as well as better quality of care (as measured by 24 indicators concerning the treatment of six common medical conditions). In contrast, the supply of specialists was associated with more spending and poorer care."

### **Possible Reasons for the Benefits of Primary Care**

- 1) Primary care increases access to health services for relatively deprived population groups... .
- 2) The impact of primary care on prevention and the early management of health problems. In the United States, rates of hospitalization for conditions that should be preventable by good primary care are "strongly associated with socioeconomic deprivation..." .
- 3) Characteristics of primary care contributing most to quality. ... Care focused on the person's overall health rather than a specific disease.
- 4) Continuity of care. Very short-term relationships with physicians are associated with poor outcomes.
- 5) The role of primary care in reducing unnecessary or inappropriate specialty care. Nearly all studies of specialist services concluded that there is either no effect or an adverse effect on major health outcomes from increasing the supply of specialists in the United States which already has a much

greater supply of such physicians than do other industrialized countries.

### Major Challenges to Primary Care Practice

- 1) Primary care must be recognized as a distinct aspect of a health care system. A focus on "access" to services rather than on the type of health services detracts from the need to ensure that services are provided in the most appropriate places.
- 2) Managing co-morbidity (the simultaneous presence of apparently unrelated conditions).
- 3) Improvement in clinical quality and performance with respect to: (a) person-focused care rather than disease-focused care; (b) comprehensiveness; and (c) coordination of care.
- 4) Changes in reimbursement for primary care: (a) better reimbursement rates for services and important primary care delivery characteristics; (b) establishing a more rational basis for referrals and improving coordination between primary care and specialist physicians; (c) providing financial incentives for practicing in underserved areas; (d) loan forgiveness; and (e) reducing the amount of paperwork needed to file claims.

### Implications for Reform

Our current health care system cannot support making long-term and sustained investments in health promotion. Individual purchasers and providers have no incentive to take the long-term view – from prenatal to late adulthood – and make the necessary connections and investments. As noted by Dr. Neil Halfon in "The Primacy of Prevention," "...upgrading and improving primary health care, and giving due priority to prevention and health promotion strategies at the population level depends on having a universal-coverage financing system responsive to long-term performance and not just individual episodes of care."

~ ~ ~

### FIELDS' NOTES

LWVKC member Dr. Jo Ann Fields has been an active participant in health care reform meetings around the area, serving as an informed panel member, speaker, and audience member.

### Goals

She presents the following as goals for those who find themselves in public meetings:

1. Answer questions from citizens on how the proposed changes will affect them individually. There are three groups -
  - a) those who are employed and have group insurance,

b) those who are employed and do not get workplace health insurance, and  
c) the unemployed.

2. State how reform will benefit small businesses and the self-employed. They will get better group rates under a nationwide insurance exchange where they are part of a nationwide risk pool. Small businesses with fewer than 50 employees will be exempt from paying into the exchange if their employees use it.

3. Cost control is a key consideration, so show how we can bend the cost curve downward.

a) The public plan option would have the advantage of the considerably lower administrative costs of government insurance programs as well as substantial market power to restrain the prices of the medical care it finances. Although savings would also depend on the political willingness to reduce payments to medical providers, the combination of market regulation and competition from the less expensive public plan could also prompt private insurers to innovate in ways that lowered costs. Because of its broad national reach, the stability of its enrollment, and the unparalleled opportunity for data collection and use, the new public plan is the player in the system that would have the largest incentives to make investments in new methods of delivering health care such as integrated health delivery systems like Kaiser Permanente.

b) Establish an independent Medicare Advisory Council, with authority to set policy and reimbursement independent of politicians and lobbyists in Congress.

c) End tax subsidies on employer-provided health insurance premiums.

d) Enact tort reform.

These are tough decisions, all. It is time to move the debate forward and present the details of how an insurance exchange and a public plan option would work. Many Americans are ready to move beyond generalities and look at a specific plan. True, there is no single plan out of Congress yet, but there is enough information that we can diagram a fairly detailed picture of how an exchange with a public plan option would work.

### Lewes Meeting

On 7 p.m. on August 13, 2009 the forum "Health Reform" was presented by the Delaware Small Business Health Care Coalition of Lewes at Lewes Presbyterian Church.

The panel was comprised of Jeffrey M. Fried, CEO, Beebe Medical Center; Steven A. Rose, R.N., M.N., CEO Nanticoke Hospital; Paul Gorrin, M.D., Physicians for a National Health Plan; Gary Colangelo, D.D.S., Delaware Oral Health Coalition; Jo Ann Fields, M.D.; Rachel Grier-Reynolds, Health Block; Bill O'Connor, Ph.D., formerly with the National Academy of Sciences as a VA healthcare analyst, member of the Delaware Health Resources Board; as well as Rachel Grier-Reynolds and Heather Block, two local ladies with cancer who are being denied care by a private insurer and struggling to keep insurance. BC/BS was invited to send a representative but did not.

Panelists expressed a variety of opinions centering on the financial sustainability of various options, and Ms. Grier-Reynolds related her grave difficulties with attempting to have her treatment covered by her insurance company after she de-

veloped lung cancer. Dr. Fields emphasized that a national insurance exchange including a public plan option was needed, and that no one is immune from the health care crisis.

Among attendees, there seemed to be widespread misunderstanding of health care reform and of what constitutes government health insurance. Some members appeared to have little interest in learning more about the subject. They laughed at the idea of lower administrative costs for public insurance, which is a widely accepted fact. Some questions did not make sense, as if the person asking could not express their real concerns or were trying to bait the panelists somehow.

Those who came with protest signs were not allowed inside the church where the forum was held.

## Points from Senator Carper's News-Journal Interview

### Dr. Field's Highlights From the Interview

1. Create an exchange, but one with "probably all private options." This will yield a large purchasing pool with low administrative costs.
2. Have a public plan "on the shelf" to "fall back" on.
3. Favors co-ops such as Kaiser Permanente, Inter-Mountain, Geisinger Health System, Group Health Cooperative, and the Mayo Clinic

4. Local examples - credit unions, Delaware Electric Cooperative.
  5. Get away from fee-for-service. Use employed physicians.
  6. Tort reform - grants to states to experiment with ways to reduce litigation, e.g., provide "safe harbor" to protect from lawsuits if following best medical practices.
  7. Have an individual mandate with a penalty if you don't sign up. This probably wouldn't be an employer mandate, but would "incentivize" the employer to provide workplace insurance.
  8. In the exchange you get tax credit toward the premium. For people below 300 percent of federal poverty level, which is \$60 thousand for a family of four.
  10. Benefits to senior citizens - the pharmaceutical industry as pledged to "fill the donut hole" in Medicare Part D with \$80 billion.
  11. Apply new medical knowledge, like the map of the human genome, to better target therapies.
- Reprinted, with changes, from *The News-Journal*, August 17, 2009

### LEAGUE OF WOMEN VOTERS OF KENT COUNTY

#### Officers

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### MEMBERSHIP RENEWAL & GIFT FORM, LEAGUE OF WOMEN VOTERS OF KENT COUNTY

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 Beverly Jackson, Treasurer, LWVKC, 130 Hitching Post Drive, Dover, DE 19904

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