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Participants can pick up official rule packets at the Warrenton, Astoria and Seaside public libraries. The libraries must have a closing door, or doors, on the front and an overhang to keep out rain and snow. The top three winners for the people's choice awards will be placed and maintained in rural communities as part of Libraries ROCC. The rest will be auctioned off.

Beatrice "Bebe" Michel, a Tillamook resident who is soon moving to Gearhart, is a fan of the Little Free Library movement.

She followed the movement for several years, then tried her



Need some vacation reading? McMenamins in Gearhart offers visitors an option with this Little Free Library.

hand at the project. As a mosaic artist in her spare time, Michel wanted to “tackle a new substantial project,” so she put

together a mosaic Little Free Library, and placed it in the lobby of McMenamins' Gearhart Hotel.

The project was successful from the start — all the books were gone in one week. The hotel gets a lot of foot

"It's amazing how many people are excited to participate because they're looking for places to donate their books," she said.

Michel checks her Little Free Library weekly and restocks it with books from a stash she cultivates with donations from family, friends, staff and patients.

The need for outreach

In addition to making

more books accessible to people throughout the county, the project will raise funds for Libraries ROCC, which started in 2010 under the leadership of Tucker and former Seaside Library Director Reita Fackerell. The program's network continually is growing.

"We started with imagination and the will to see every child have access to literacy," Tucker said.

Approximately a third of Clatsop County's 37,474 residents live in 35 unincorporated communities without tax-supported public libraries. Of particular concern is nearly 3,000 youth, who live in unincorporated, rural areas, according to an annual report for Libraries ROC.

Since the start of the program, the three libraries have issued 2,091 cards. Program attendance increased over the years, from 2,740 in 2010-11 to 8,670 in 2014-15.

"It will be interesting to see what happens with more publicity," Moberg said.

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As of March 15, about 170 of the 2014 participants, ranging age from 21 to 101, had died. At least 126 of those patients actually took the medication. In all, 109 Washington physicians and 57 pharmacists helped patients end their lives during the year.

A spokesman for the health department would not say how many Pacific County residents have participated in the program, saying that the number of participants in rural counties is so small that providing even anonymous data could reveal patients' identities.

The program appears to work well for those who win

approval to take the medication. In 2014, the approval process generally took somewhere between two weeks and six months. The majority of patients were able to take the medication at home. Most died within two hours of taking the medication. About 96 percent of patients did not experience any complications, and none called for intervention after taking the medication.

The people who participate seem to have many things in common: 73 percent of the 170 who died had some form of cancer, and 13 percent had neurodegenerative conditions such as Lou Gehrig's disease. Most patients cited the same reasons for requesting aid-in-dying: concerns about losing their independence, losing their

dignity and losing the ability to participate in the activities that make life enjoyable.

The similarities go even further. According to the report, 92 percent of the participants were white, 93 percent had some form of insurance, and 76 percent had at least some college education. More than half were married, and 95 percent lived west of the Cascades.

Experts don't have enough information to determine whether the lack of diversity among participants is due to cultural or religious factors, financial concerns, difficulty accessing services or some combination of factors.

“There would be really no way for us to know that

information," Department of Health epidemiologist Phyllis Reed. She explained that researchers don't start collecting patient information until the prescription has been written. In other words, the state only finds out when the approval process goes right.

"We don't have definite answers on that. I know for Eastern Washington, it can be more of an access issue," said John Eric Rolfstad, executive director of End of Life Washington (formerly Compassion and Choices). His nonprofit group offers counseling and assistance to terminally ill patients who are exploring end-of-life options.

According to Rolfstad, one common challenge is that people who don't live in major cities may have

to travel out of their area to have the two required consultations and pick up the medication. That can be a serious hardship for people who are low-income, don't have transportation, or are too sick to travel.

It can be hard for rural patients to get accurate, helpful information about aid-in-dying.

That is especially true in places like Pacific County, where hospitals have adopted policies that ban practitioners from assisting patients who seek life-ending services.

“Some of the health care systems prohibit even their doctors and staff from giving information about Death

With Dignity. Not only can they not participate, they can't even give referrals. That becomes a real barrier for people," Rolfstad said.

Rolfstad says he's "quite sure" End of Life has served people from this region, but he can't provide more specific information for confidentiality reasons.

"We do work with those folks to find someone who will work with them," Rolfstad said, adding that although a few participating doctors do make house calls, people here would probably have to travel at least as far as Chehalis or Olympia for their consultations.

“When your health is poor, that may be quite an effort, just to take a trip for an hour or two to see a doctor,” Rolfstad said.

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