

# FNS

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## CONTENTS

95th Class Enters Frontier School	2
FNS and the Hospice Movement — Part Two	4
Caring When Curing Fails	4
“Hospice Without Walls” — A Practical Approach	12
Photo Pages	18 and 28
Beyond the Mountains	19
<i>by Ron Hallman</i>	
FNS Employees Receive Service Awards	20
Memorial Gifts	22
In Memoriam	23
In Brief	24
News of Former Staff	25
Courier News	26
Out of Many, One	29
<i>by William Terrell Cornett</i>	
Alumni News	30
Urgent Needs	33
Field Notes	34
Notes from the School	37

*Note: We had originally planned to print in this issue a story on the FNS district clinic at Pine Mountain. The story of the clinic, however, ties in so intimately with the history of the community, and in particular, with the history of the Pine Mountain Settlement School, that we felt we could not do it justice by cutting it to fit this issue. It is an interesting history, and it needs to be told. We promise to run it in the next issue.*

Cover photo and photos on pages 2, 5, 9, 12, 18, 28 (bottom), and 36 by Gabrielle Beasley.

Comments and questions regarding the editorial content of the *FNS Quarterly Bulletin* may be addressed to its Managing Editor, Robert Beeman, at the Frontier Nursing Service, Hyden, Kentucky 41749.



**The New Students and Their Instructors:**

*Back row, left to right:* Stephanie Stauber, Coleen Wold, Sandra Founds, Julie Oulman, Sharon Leamon, FSMFN Family Nurse Instructor Nancy Fishwick (behind), and Sharon Machan.

*Middle row, left to right:* Geré Perona, Mary Dent, Mary Mays, and Ivy Kotovsky.

*Front row, left to right:* Carla Stange, FSMFN Family Nurse Education Coordinator Sr. Kathryn O'Meara, and Nancy Ritenour.

### 95th CLASS ENTERS FRONTIER SCHOOL

As it does every year, January brought to Hyden a new group of highly qualified nurses to enter the Frontier School of Midwifery and Family Nursing. This year's new class is the school's 95th. Its members are all registered nurses whose working experience averages more than four years. Some of the students have worked in such distant places as Alaska, the Dominican Republic, Malaysia, and the United Arab Emirates, and one has had previous midwifery training in England. They were chosen from an impressive group of more than 40 experienced nurses who applied for admission last year and followed through by making the trip to Hyden, or to a designated West Coast location, for interviews.

All but one of the twelve new students plans to continue through the entire 16-month program, which awards a diploma and prepares graduates for certification as nurse-midwives. The twelfth, upon completion of the first three four-month trimesters, a program which also awards a diploma, will be prepared for certification as a family nurse practitioner.

The new students, who are presented here in the same sequence in which they appear in the photograph on the facing page, are:

**Stephanie Stauber**, RN, Bozeman, Montana, BSN, Montana State University (1979). **Coleen Wold**, RN, Minneapolis, Minnesota; BSN, University of Minnesota School of Nursing (1979); MPH, University of Minnesota School of Public Health Nursing (1982). **Sandra Founds**, RN, Somerville, Massachusetts; BA (Psychology), State University of New York at Genesco (1976); BSN, Cornell University, New York Hospital School of Nursing (1979). **Julie Oulman**, RN, Chicago, Illinois; training in midwifery, Doncaster, South Yorkshire, England (1980); ADN, North Iowa Area Community College, (1980). **Sharon Leaman**, RN, Lancaster, Pennsylvania; Diploma in Nursing, St. Joseph's School of Nursing (1977). **Sharon Machan**, RN, Detroit, Michigan; BSN, Wayne State University College of Nursing (1971).

**Geré Perona**, RN, Taos, New Mexico; ADN, College of Santa Fe (1980). **Mary Dent**, RN, Luxemburg, Wisconsin; BSN, University of Michigan School of Nursing (1979). **Mary Mays**, RN, Verdugo City, California; BA (Geography) and BA (Anthropology), University of Utah (1976); Diploma in Nursing, Los Angeles County, University of Southern California Medical Center School of Nursing (1981). **Ivy Kotovsky**, RN, Jerome, Arizona; AAN, Yavapai Community College (1977); Licensed Midwife, Arizona School of Midwifery (1980).

**Carla Stange**, RN, Berkeley, California; ADN, Merritt College (1981). **Nancy Ritenour**, RN, Pittsburgh, Pennsylvania; BSN, University of Pittsburgh (1976).

## FNS AND THE HOSPICE MOVEMENT — PART TWO

The two articles that follow conclude a two-part study of "hospice-type" care at the Frontier Nursing Service. The first part, which appeared in the last issue of the *Quarterly Bulletin*, examined the hospice concept, which attempts to deal more humanely with the problems of terminal illness by accepting the fact of incurability, once that point has been reached, and then devoting itself to keeping the patient comfortable and helping him to live his last months with dignity and with a sense of being useful and productive.

The final portion of this study, which begins below, describes the kind of care that FNS gives — and has traditionally given — to patients suffering from incurable disease, and also how FNS helps families to cope with the problems of terminal illness. The articles then discuss the findings of a study that FNS undertook last year to determine whether FNS should organize its "hospice-type" services in a more formal manner, and, specifically, whether it should apply for a license to operate "formally" as a hospice. In this discussion, the terms "formal hospice" and "hospice" are approximately synonymous with "licensed hospice" and generally refer to organizations that think of themselves primarily as hospices and are organized and licensed to function as one. FNS is not a hospice in that sense, although it provides a very similar kind of care.

### CARING WHEN CURING FAILS

The hospice movement has brought hope to many who have a terminal illness and to many others who want assurance that they would be well cared for if a terminal illness should strike them. Its great promise is relief of severe pain. Nevertheless, a hospice remains "a place to die," and it might have little appeal if it were not that a disease such as cancer can be so dreadful when hospice-type care is not available.

At the Frontier Nursing Service, hospice-like care blends into other kinds of care in such a way that no obvious line is visible between the care of the dying and the care of others whose illness, though serious, is not considered terminal. In part, this is because FNS has no formal hospice organization, which normally requires patients to acknowledge that they have a terminal illness and are within six months of death. But in larger, and perhaps more significant, part, the FNS tradition of care has always encom-

Home Health nurses care for patients in their homes. Here Laurel Erzinger crosses a swinging bridge in Leslie County near a patient's residence.



passed many of the ways of caring that are now being offered by formal hospices.

FNS has long been devoted to "joint practice" — a continuum of care provided by medical personnel of various specialties, who move into and out of the caring process as their respective kinds of expertise are required. Beyond that, FNS has also had a tradition of caring for people in their homes when appropriate, and in so doing, it has established close, supportive, contacts with the families of those being treated. In practice, "hospice-type" care has been offered in many situations that would not be handled by a formal hospice.

The value of this approach can be seen by comparing the case of a person who has a cancer that is clearly fatal and the case of a person suffering from "COPD" — chronic obstructive pulmonary disease. COPD is a general term that includes, among other ailments, black lung disease and emphysema. Such diseases *may*

be terminal, but do not have to be. But a COPD patient could not be admitted to a formal hospice unless a physician certified that he was expected to die within six months, and many COPD cases are not that clear cut. In fact, most COPD patients at the Frontier Nursing Service remain under care for periods of close to two years. For most of that time, they would not be eligible for treatment at a hospice.

At FNS, however, a COPD patient could expect to receive hospice-type care once his illness reached a certain point. The fact of terminality may be more evident in a cancer case, but even so, it remains very difficult in the Appalachian culture for either a patient or his family to acknowledge that an illness is terminal. A patient who is unaware of his condition, or refuses to acknowledge it, cannot, as a rule, be treated at a formal hospice.

The "team approach" to chronic care is so traditional at FNS that a terminal patient can move into a program of hospice-like care without any appearance that there is something special about it. Usually, a terminal patient is referred to the FNS Home Health Agency directly from the hospital, after the patient has had tests or treatment. The Home Health Agency, directed by Diane Wilson, RN, has a staff that at this writing consists of four registered nurses, who make regular visits to chronically ill patients in their homes. When a patient is referred to Home Health on a doctor's orders, one of these nurses will be assigned to take care of him.

The team is further built up by calling in Pat Campbell, RN, the Oncology Nurse, who describes herself as a "resource person" (though she is more than that) and helps bring together other persons who can be of help. Ruth Ann Dome, BSW, the Social Work Coordinator, is one of these "resources" on whom the team may call. Eventually, the "team" may be expanded by asking for the help of the patient's minister, neighbors, and others. The entire effort is coordinated by the patient's physician.

The first step is to determine whether the patient can in fact be cared for at home. (Most of them can be.) The basic requirement is that there be a key person who can take responsibility for the patient's home care and is willing to do so. Not every family can cope with terminal illness at home, but sometimes a relative, friend, or neighbor can take on the assignment. If home care is



not feasible, the patient will be provided for in some way, usually by returning him to the hospital.

The strength of family ties in Appalachia is well known. Most patients want to be at home if that is at all possible, and most families want to have them there. This natural urge for "togetherness" is reinforced by widespread feeling that a nursing home is "a place to die," so that no one ever considers that option. In fact, there are no nursing homes in Leslie County, probably because they could not expect much patronage.

Eager as a family may be to care for a loved one at home, they may be overwhelmed by doubt and anxiety. What kind of care—in specific terms—will they be asked to give? Will they know what to do and how to do it? Do unmanageable problems lie ahead? Does the family have the emotional and physical stamina to contend with a prolonged period of constant care? Can they manage financially? Can they cope if an emergency occurs in the middle of the night?

The team works with them on these issues. The family is told what it needs to know about the expected course of the illness—what symptoms there may be, how the patient is to be treated, and how he may react to treatment. Arrangements are made to provide equipment for use in the home, starting as a rule with a hospital bed. Other equipment, such as that used for IV's, injections, drainage, etc., or items like bedside commodes, can be rented to the family when needed. Instruction and equipment may come from Home Health, the Medical/Surgical Department, or the oncology nurse, as appropriate.

To a far greater degree than anyone expected, families have learned to give many kinds of care for which patients have in the past had to go to a hospital. For example, family members can take care of nasogastric tubes (leading through the nose to the stomach and used for feeding or draining), colostomy drainage equipment, gastrostomy tubes (for feeding patients who cannot eat normally), and so on. They learn to give injections and to attend to IV's. Recently a patient was fitted with a Hickman catheter, which may be thought of, basically, as a tube that is threaded through a vein to the heart, with the outer end passing through the chest and closed externally by a removable cap. The catheter can be used for feeding, or for administering medication,

especially that used in chemotherapy, and it can also be used to draw blood. (Chemotherapy treatments are routinely given at the hospital by Pat Campbell; they are not handled by the family.) The catheter is installed in a relatively easy minor operation (in this case, at a Lexington hospital), and then can be used by the patient at home. This particular patient was pleased with the one given her. She found it comfortable and said that fitting it had not been a problem.

Meanwhile, the team also begins to look into non-medical needs. If the cost of care will be a problem, as it generally is, financial advice is given, usually by the social work coordinator. If the family will need help with shopping, cooking, housekeeping, or the like, a team member may try to get the assistance of one or more relatives or neighbors. The patient's minister will usually be called in to provide spiritual care. The team will confer periodically to be sure that all needs are being met.

One of the most important considerations is morale — the patient's and the family's. To the extent that it can be provided, psychological assistance will be given to the patient and family — and also to team members, who may need both technical guidance and help in dealing with their own emotions. (Caring for a terminally ill patient can be emotionally draining, even for the expert.)

It is stressed constantly that the "unit of care" in hospice treatment is the *combination* of patient *and* family, not just the patient. The patient's needs, of course, go beyond physical comfort. He will also need emotional support. He is likely to be anxious and fearful, and perhaps depressed. This in turn can affect family morale as family members pick up the patient's fears and worry with him. Meanwhile, family members have their own fears and doubts about how well they will be able to stand up to the ordeal ahead. This can upset the patient. He will wonder "how they are taking it." Typically, the patient "doesn't want to be a burden." All of these concerns must be dealt with constructively.

If both patient and family can face the fact that an illness is terminal, it is usually much easier to deal with morale. If they do not, added emotional stresses can be created. Everyone becomes involved in "fencing" — parrying questions, trying to control emotions that might better be vented honestly, struggling to

weave and preserve a fabric of "white lies" in the hope (usually vain) that it will make the situation easier.

Diane Wilson, of Home Health, stresses the importance of working through "the five stages of dying" with a terminal patient and his family. (She is speaking here of the well-known thesis of Dr. Elisabeth Kubler-Ross, who contends that a dying patient typically passes through periods of denial, anger, bargaining, depression, and acceptance.) Team members try to help patients and families by "talking their way through" these stages (which each member is likely to pass through in his own way, at his own time), ultimately reaching a stage where fear and distress are replaced by peace of mind. Diane points out that if a person refuses to accept the fact of terminality, there is simply no way to work past the denial stage.

The family must also begin to deal with bereavement, even while the patient is still alive and active. Despite a traditional Anglo-Saxon persuasion that a show of emotion is a show of weakness, the experience of many counselors has been that it is



Oncology Nurse Pat Campbell administers chemotherapy to Lillian Murr through a Hickman catheter. Although patients must come to the Mary Breckinridge Hospital for such treatments, their families are trained to use catheters like this one at home for such purposes as feeding patients who have trouble eating. Mrs. Murr became one of FNS' best loved patients. Her husband cared for her at home and she came to the hospital only in the very last days of her illness.

much better to deal honestly with feelings. It has been observed that family members who participate actively in caring for a patient are less likely to suffer guilt afterwards. Also, it has been found that there is something about going through a period of open, unashamed grief, including the funeral, that somehow helps the family adjust to loss.

Making the patient comfortable has several aspects. Relief of physical pain may be an obvious example, but it is not the only one. Pat Campbell describes how many "little" touches can make a patient more comfortable, adding that these can be discovered and applied by working with a patient over a period of time—FNS' traditional continuity of care. The nurse (very often Pat herself) may learn that a patient is most comfortable (or uncomfortable) in a particular position, or has preferences in foods that matter a great deal to him. Pat spoke of a patient who could not easily swallow a certain pill but would take it gladly if it were ground up and mixed into applesauce. Often these little things make a critical difference in morale and comfort.

A recent study of FNS' terminal care testifies to this. Here is part of the report:

The level of patient satisfaction was high. [Interviews with patients suggest] that the oncology nurse provides: (1) continuity of care; (2) patient counseling; and (3) coordination of care, especially when the patient is referred to other facilities for treatment/diagnosis. Such comments as, "Pat (the oncology nurse) meant more to me than anything; she told me to call any time — and just knowing she was there meant a lot." Other patients reported that the oncology nurse was there during or immediately after being informed of their condition — "she was there and totally supportive." "She was helpful and told me what to expect." One patient reported "breaking down" after being informed that she needed a radical mastectomy. "Pat took me in her office and talked — she provided immediate emotional support. Later she provided information about actual surgery and what to expect. She assisted me in being admitted — went upstairs with me. She told me she would be there after surgery, and she was."

Understandably, families can become very anxious at the prospect of handling emergencies at home. The team therefore makes sure they understand what, specifically, to expect — whether a particular situation may lead to hemorrhage, coma, nausea, or some other difficult situation. They learn what to do in

such cases. Above all, the family is reassured that help is available 24 hours a day. This is provided in each case through a plan worked out by the physician, Home Health nurses, and the oncology nurse. The emergency room at FNS' Mary Breckinridge Hospital provides additional backup.

Although some patients do die at home, a time comes for most when they must be moved to the hospital. Here the patient finds that care continues to be surprisingly — and most reassuringly — “home-like.” As always in “hospice” cases, the primary concern is the patient's comfort. To this end, the hospital tries to make the patient's room as much “like home” as possible. First, it will be a *private* room if one is available. The family may bring in a few pieces of furniture from home. Familiar pictures may be placed within the patient's view. Visiting regulations will be relaxed. Family members may be allowed to stay overnight. Children are welcome. A favorite dog or cat may be permitted to visit.

A patient may be convinced that no water tastes as good as the water from his own well; the family may bring in a supply of it, and the hospital will keep it for him in the refrigerator. Often someone will cook and bring in a dish that the patient particularly enjoys.

Sometimes the hospital room is filled with members of the patient's church, who have come in for a period of prayer, or for a “laying on of hands.” At times, the outpouring of feeling can be very vocal. There has even been a baptism in a patient's room.

Since it is the patient *and* his family that make up the “unit of care,” care will continue beyond the patient's death. After the death, the team refocuses its efforts on the family in its bereavement. If the death has occurred at home, as it does in some cases, the Home Health nurse may have spent the last night with the family. In any case, she will now be on hand to offer what comfort she can, and she will attend the funeral. Afterwards, she will help them as they adapt to life without the deceased. The team will keep in touch until it is no longer needed. Typically, the nurse will visit the family regularly for about six weeks. After that time, nurse and family communicate more by telephone and less by personal visit. As a rule, need for “active” contact fades away gradually over a period of about six months, but very often the nurse will find that she has become “a part of the family.” The relationship may last a lifetime.

The wide-ranging care described here is natural to FNS, and it also happens to be very much the same kind of care provided by a formal hospice. Each has reached this level by a different route. Recently, the question has been raised whether FNS should try to establish itself formally as a licensed hospice. As noted earlier, a study has been done on this subject and a report issued. The study came to some interesting conclusions, and these are discussed in the next, and final, article in this series.



Diane Wilson, at left, is the director of the FNS Home Health Agency. Here she confers with Pat Campbell, the FNS Oncology Nurse.

### **“HOSPICE WITHOUT WALLS” — A PRACTICAL APPROACH**

When anything becomes popular, it is likely to become regulated. Pioneers can improvise, establishments cannot. So must it be (or so it seems) with hospices. As the public awakens to the promise of hospices, so governments awaken to a new need to exercise control.

There are reasons for this. No public wishes to be victimized by unsafe medical practice, and so it looks to government to be sure

that none is allowed. At the same time, the exercise of control can so complicate the administration of a new program of care, and so increase its costs, that the program loses much of its expected promise.

But first, some history. The hospice concept evolved initially out of a desire to care more humanely for the terminally ill. Few realized that it could have an additional reward — lower costs. Aware of the growing interest in the hospice movement, the Frontier Nursing Service became involved, starting in 1978, in studies to determine the feasibility of a hospice program in Kentucky. The first effort took the form of a Hospice Conference sponsored jointly by FNS and The Ephraim McDowell Cancer Network. The following year, FNS participated in a grant from the National Cancer Institute. This in turn led to the development of a concept called "hospice without walls," which loosely defined a program of hospice-like care under less formal auspices. In 1980, FNS began a three-year program, under an NCI Oncology Rural Demonstration Grant, to develop this concept formally for Leslie County.

A history of the hospice movement in the United States would be in part an account of efforts to develop standards for hospices, and in part a record of efforts to bring hospice care under Medicare. Both are closely related. The details of history need not be described in this article. What matters here is the form now taken by the Medicare standards and the prospects for hospice care and costs under that program. The standards have gradually evolved into a set of regulations which indicate rather clearly the course to be expected of Medicare.

In the first place, a "formal" hospice will have to be licensed as such. That immediately imposes certain administrative and legal obligations, beginning with legal responsibility for the operation of the hospice. This is expectable and reasonable, but it would also impose (or so it appears) legal responsibility for care provided by subcontractors.

Although many hospices would be based on an existing hospital (as would be the case at FNS), the hospice function would have to be organized and administered as a separate entity. Its record keeping, plans of care, personnel policies and procedures, and so on would need to be maintained separately from those of

the parent hospital. The hospice would require its own administrative manager and its own medical director, who must be a licensed physician. In a large hospital, this distribution of functions would be sensible. In smaller hospitals, where related functions may need to be combined for efficiency, insistence on a separate organization could require expensive duplications.

Regulations concerning care follow the principles that FNS itself has followed for years in giving "hospice-type" care, as discussed in the first two articles of this series. For example, the "unit of care" is to be patient *and* family. Care of terminal patients is to be given by an "interdisciplinary" team that includes the patient's family, as well as a physician, a nurse, a social worker, a clergyman, and volunteers. Care is to focus on the patient's comfort. There will be counseling of the patient, and bereavement counseling for the family, and the latter must continue (unreimbursed, incidentally) for a year after the patient's death.

Under these regulations, a patient may be admitted to a hospice only on a physician's referral, accompanied by the request of the patient and family. The patient cannot be accepted unless (1) his illness is defined as terminal, (2) he *acknowledges* (if he is able to) that it is terminal, (3) his life expectancy is six months or less, and (4) he is willing to waive all Medicare reimbursement for medical services intended to cure, rather than palliate, his condition.

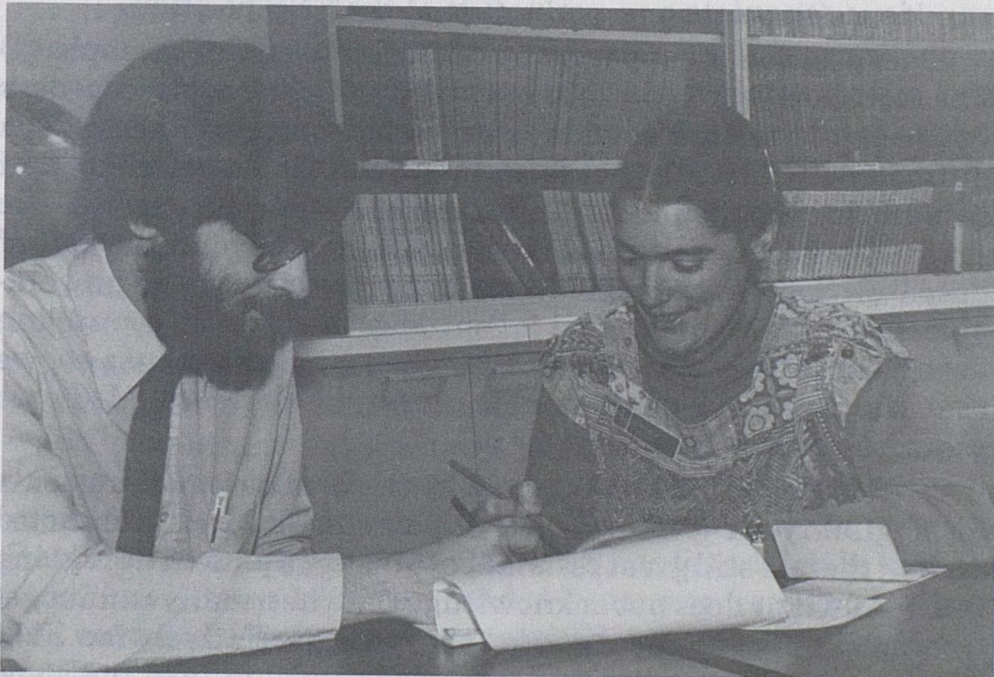
Medicare has placed a limit on reimbursement in a hospice case (referred to popularly as a "cap"). This figure has recently been set at \$6,500. This is substantially less than actual costs have been in the past, and the hospice would have to curtail its services accordingly or absorb any expense over the limit. Moreover, once the patient has been accepted, the hospice must continue the same level of care, as long as it is required, regardless of the expiration of Medicare benefits.

Because of this limitation, some observers feel that the success of the Medicare program will have to depend on extensive use of unpaid volunteers. Medicare in fact *requires* that volunteers provide care at least equal to five percent of total patient care hours. There is a plausible rationale for this. Organizations of volunteers already exist in many large communities. However, in



smaller communities, especially those in rural areas, such organizations generally are hard to find. FNS' experience in Leslie County has been that family, relatives, and friends of a patient are traditionally very generous in their assistance, but that their help tends to be available to particular individuals, rather than to the community as a whole. The view has been expressed at FNS that a formal volunteer corps such as Medicare presupposes could be difficult to establish in Leslie County.

The FNS study indicated that, other things being equal, the costs of hospice care can be substantially less than care of a terminal illness at a hospital. The FNS report quoted a study made in 1982 by Blue Cross/Blue Shield in Michigan, Indiana, and Georgia. This study showed that the average cost was \$15,836 for the last six months of life. Seventy-eight percent of this (\$12,291) was chargeable to in-patient treatment at a hospital, where the average patient in the study spent 37.7 days. Researchers at FNS estimated that these patients, if treated in a hospice such as FNS could establish under Medicare and given the same kind of treatment for the same period of time, would have saved approximately \$2,300.



Dr. James Santacroce and Home Health Nurse Carolyn White discuss the care of one of their patients.

However, the typical "hospice-type" patient at FNS, unlike those in the Blue Cross/Blue Shield study, spends much less time in the hospital. His figure is only 17.7 days, less than half that reported in the study. This results from the extensive use of home care at FNS. The FNS analysis indicates that FNS patients spend 54% fewer days in the hospital, are admitted fewer times, pay 23% less for acute care, and, in the case of cancer patients, pay 43% less for in-patient services. The evident conclusion is that the present FNS program is already cost effective, so that savings reported elsewhere would probably not be realized here.

Moreover, it is felt that if FNS had to establish the administrative overhead that Medicare requires, costs would have to go up to pay for it. FNS therefore concluded that the Medicare regulations, as they now stand, seem to offer few, if any, benefits not already obtained. Also, the Medicare program is, to a degree, experimental. It is being set up to run for three years, after which it will presumably be evaluated. There is no assurance it will be retained in its present form. It may well be substantially modified or even canceled. FNS feels that it would be wiser to observe the operation of other hospitals under Medicare to see if their experience suggests a re-evaluation of the FNS position.

This position is supported by other findings. For example: (1) The Medicare "cap" of \$6,500 is well below actual costs; expenses in excess of the limit would require other sources of income — a difficulty FNS hardly needs at this time. (2) The likelihood of being held responsible for treatment at a subcontracted service could impose financial liability "above and beyond the call of duty." (3) Some of the regulations appear arbitrary and unworkable, such as the requirement to continue bereavement counseling for a year after a patient's death, when FNS experience shows that six months is a reasonable period; in any case, Medicare provides no reimbursement for it.

FNS is particularly concerned by the Medicare requirements for eligibility for treatment. In Appalachia, as had been noted earlier, there is still great resistance to telling a patient he is going to die. And if he does not acknowledge that, he usually cannot get treatment under Medicare. It is believed that relatively few FNS patients would be willing, or physically able, to take the steps necessary to establish eligibility under Medicare for hospice treatment.

Also, FNS has a number of patients, especially those suffering from COPD, who do not clearly qualify as terminal patients. FNS remains committed to giving care, and it feels that its ability to give this kind of care as a licensed hospice could be curtailed. Patients not "qualifying," of course, could continue to be cared for as at present, but there would be relatively few patients remaining — probably not enough to justify the encumbrance of the administrative overhead needed to meet Medicare licensing provisions.

This is by no means a final judgment. FNS will "watch and wait." In the meantime, it continues to do what it has always devoted itself to doing — caring (in the best sense of the term) for all who need it. Essentially, it is because of this fundamental concern that FNS began to provide "hospice type" care years before the term "hospice" became widely known in this country. In fact, Dr. Cicely Saunders, who founded the celebrated St. Christopher's Hospice in London, visited Hyden in 1978, and after observing the situation in Leslie County and the FNS response to it, wrote: "I would feel that they are probably doing most of the components of hospice care in their present situation . . . . It may be that they need one or two people with particular concern as a reference point, as I do not think there would be enough patients for them to need a whole symptom team. I am saying this from a distance, but I would not myself think that there was a need for a formal hospice program in Hyden. . . ."

Since that time, FNS has taken steps to fill out its program, among them the establishment on a permanent basis of the position of oncology nurse. Recently, it constructed a new chapel in the Mary Breckinridge Hospital — not specifically for hospice-type care, but out of its ongoing concern for *all* patients and their families. When, in 1980, FNS began to study the "hospice without walls" concept, it did not fully appreciate that it was already acting as if it were one, or that the concept would turn out to be especially well suited to both FNS and the communities it serves. But this was really to be expected. FNS has found that in the long run it has always been best guided by its own principles of care and caring. It is sometimes surprised, when a new movement comes along, to discover that it has already been moving in the "new" direction.



Two scenes from Christmastime:  
Above, Santa Claus visits FNS employee children at their annual party.  
Below, members of the Hyden Elementary School Band play Christmas music in Mary Breckinridge Hospital.



## BEYOND THE MOUNTAINS

By Ron Hallman

Our Nursing Education Enrichment Drive (NEED) has certainly given us the opportunity to personally meet with many dedicated Frontier Nursing Service friends and associates to plan and work on the campaign. Kate Ireland was extremely pleased to speak at The Intown Club in Cleveland, Ohio on Halloween. She reported that they had a "sell-out crowd," and that many present felt their interest in the FNS rekindled; she also found many new friends who were not aware of our work done here in the mountains.

My Fall travels began in Mechanicsburg, Pennsylvania, where I had the pleasure of visiting Mrs. Bruce C. Hassinger, a long-time supporter of our work, whose mother, Mrs. Daniel Hunt, was a contributor to the FNS for over 26 years! A few short hours later, I was in West Chester, Pennsylvania, at a lovely dinner party given by Mr. and Mrs. Robert Gawthrop, Jr. for members of the FNS Philadelphia Committee. It was most interesting to meet so many Philadelphia friends. The pleasant company of Mr. and Mrs. E. Townsend Moore, Mr. and Mrs. J. Gibson McIlvain, Mr. and Mrs. Carl Stanke, and Mr. and Mrs. James Cohen made my first night in Philadelphia most memorable.

The next day, Betsy Gawthrop braved the elements of rain, fog, and winter chill to accompany me to a presentation to the Pennsylvania State Society of the Daughters of Colonial Wars. It was a treat for many of the members, including State President Mrs. Florence Dohrmann and past President Mrs. Ellis Stern, to see our new slide show and learn about many of the exciting activities now underway at the FNS. We were pleased to have two special guests in attendance from the Delaware State Society, State President Mrs. James H. Hutcheson, Jr. and past President Mrs. Harlan Foster.

The following day I met with a few officers from our Washington Committee and FNS Honorary National Chairman Mrs. Jefferson Patterson. Committee Chairman Joan McPhee and Vice Chairman Betty Jane Gerber arranged a splendid session at the Chevy Chase Club to discuss NEED plans in Washington. As always, it was a pleasure to spend time with Marvin Patterson, who remains so very active by showing "The Forgotten Frontier," filmed in 1929, to groups who wish to learn more about the roots of the FNS. The next such showing was in Philadelphia on January 12, at the Philadelphia College of Physicians, and then again on

January 24 for the Vassar Club of Washington, D.C.

The enthusiasm generated by friends visiting the mountains was once again displayed when Muriel Haggerty, New York Committee Chairman, arranged a wonderful gathering of FNS friends at the lovely apartment of Helen and Bill Ray. Both Mrs. Haggerty and Mrs. Ray, along with Bonnie Lee Bond and Virginia Eberhart, had visited the FNS in September during an "Open House" tour, and Muriel had even been a judge for the Leslie County Beauty Pageant in conjunction with the Mary Breckinridge Festival! Many former Couriers were present, as well as many staunch Trustees. Kate and I felt invigorated after sharing the FNS with such an enthusiastic group of husbands and wives.

On Friday, December 9, Sharon Hatfield made her debut as an FNS keynote speaker at the invitation of the Appalachia History of Medicine Society. What could be more appropriate for such an audience than a showing of "The Forgotten Frontier"! The presentation was most successful, and we would like to thank Society members Dr. and Mrs. Lee Miller, Dr. and Mrs. Thomas McGee, Nancy Farnham, and Martha Whaley for extending this invitation to Sharon Hatfield and myself.

The following Thursday I was in Medfield, Massachusetts for a work session of the FNS Boston Committee. The meeting, which was held at the historic home of Chairman Whitney Robbins, focused on local plans for the NEED Campaign. The wonderful enthusiasm and support from so many of our city committee members remains so important to our publicity and fund-raising goals.

#### **FNS EMPLOYEES RECEIVE SERVICE AWARDS**

In December, the annual FNS employee recognition ceremonies were held. Employees with 5 years of service received pins and certificates of appreciation. Fifteen FNS employees with ten years or more of service were awarded certificates of appreciation and U.S. Savings Bonds. Covy Feltner and Mable Spell were recognized for 25 and 20 years of service respectively. Certificates for 15 years were given to Ruth Blevins, Mary Combs, Elizabeth Fields, Drucilla Howard, Juanita Lewis, J.G. Morgan, and Prudence Watts. Six others received certificates for 10 years. They were: Mae Campbell, Mary K. Chappell, Grace Davidson, Lucy Lewis, Ruth O. Morgan and Sherman Woods.

## FORM OF BEQUEST

For the convenience of those who wish to remember the Frontier Nursing Service in their wills, this form of bequest is suggested:

"I hereby give, devise and bequeath the sum of ... dollars (or property properly described) to the Frontier Nursing Service, a corporation organized under the laws of the State of Kentucky."

### HOW ENDOWMENT GIFTS MAY BE MADE

The following are some of the ways of making gifts to the Endowment Funds of the Frontier Nursing Service:

1. **By Specific Gift under Your Will.** You may leave outright a sum of money, specified securities, real property, or a fraction or percentage of your estate.
2. **By Gift of Residue under Your Will.** You may leave all or a portion of your residuary estate to the Service.
3. **By Living Trust.** You may put property in trust and have the income paid to you or to any other person or persons for life and then have the income or principal go to the Service.
4. **By Life Insurance Trust.** You may put life insurance in trust and, after your death, have the income paid to your wife or to any other person for life, and then have the income or principal go to the Service.
5. **By Life Insurance.** You may have life insurance made payable direct to the Service.
6. **By Annuity.** The unconsumed portion of a refund annuity may be made payable to the Service.

The principal of the gifts will carry the donor's name unless other instructions are given. The income will be used for the work of the Service in the manner judged best by its Trustees.

**Contributions to Frontier Nursing Service, Inc. are tax deductible under Section 501(c)(3) of the Internal Revenue Code of 1954.**

Gifts of stock should be sent to:  
FRONTIER NURSING SERVICE  
Mr. Homer L. Drew, Treasurer  
First Security National Bank &  
Trust Co.  
One First Security Plaza  
Lexington, Kentucky 40507

Gifts of money should be made payable to:  
FRONTIER NURSING SERVICE  
and sent to:  
Office of the Director  
Frontier Nursing Service  
Wendover, Kentucky 41775

## MEMORIAL GIFTS

We wish to express our deep appreciation to these friends who have shown their love and respect for the individuals named below by making supporting contributions in their memory to the work of the Frontier Nursing Service.

**Mrs. Henry B. Joy**

Mrs. William H. Fuller

**Mrs. Bland B. Button**

Southern Woman's Alliance

**Mrs. Katharine P. Dewey**

Mr. William R. Dewey, Jr.

**Mrs. Evelyn F. Wasson**

Mrs. Marian G. Mugar

**Edith Wisenfluh**

Mrs. James F. Pendleton

**Edna Rockstroh**

Mr. Stephen D. Rockstroh

**Mrs. Craig Culbertson**

Mr. and Mrs. Henry R. Heyburn

**Mrs. John Taylor Selden**

Col. and Mrs. James T.

Breckinridge

Mrs. James C. Breckinridge

**Mr. Finley L. Byrd**

Mr. C.F. Byrd

Mrs. Hazel M. Byrd

Mrs. Castolay Janssens

**Dr. William E. Ray**

Mr. Ronald D. Ray

**Judge and Mrs. L.D. Lewis**

Mrs. Homer A. Biggerstaff

**Walter and Wanda Hoskins**

Mrs. Robert V. Wells

**Mrs. Clinton Owen Crow**

Mr. and Mrs. Edwin S. Middleton

Beth Middleton Bowler

Bright Middleton

Mr. and Mrs. Albert W. Fortwengler

Mrs. J.H. Springsted

**Mr. Charles Horner**

Mr. and Mrs. Henry R. Heyburn

**Ann Rounsavall Shallcross**

Mr. and Mrs. Henry R. Heyburn

**Mr. William Bell**

Mrs. Ethel E. Bell

**Katharine Halley**

Mrs. Lincoln Roden, Jr.

**Harriet L. Kurfees**

Dr. and Mrs. James F. Kurfees

**Miss Dorothy M. Andrews**

Mrs. Marjory R. Schwab

Mrs. James S. Barrie

Mrs. John C. Nevins

Lucille R. Barnes

Mrs. E.B. Tolman

Miss Elizabeth S. Jenkins

**Mrs. James R. Gibbons**

Mrs. J. Russell Twiss

Mr. George A. Whiteside

Mrs. Donald F. Barrow

Miss Rhoda Hellman

Mr. and Mrs. Arthur W. Pope

Mr. and Mrs. Daniel P. Adams

Mr. and Mrs. Eustace B.

Chapman

Mr. and Mrs. William V.A.

Hansen

Mr. and Mrs. Donald M.

Liddell, Jr.

Mr. and Mrs. Thomas C. Carroll

Mrs. Thomas Kirkpatrick

Mrs. Robert G. Olmsted

Mr. and Mrs. John R. Peters

**Mr. Walter C. Begley**

Dr. and Mrs. George A. Parker

**Mr. Kenyon C. Bolton**

Mrs. Hal H. Newell

**Mr. W. Len Parker**

Mr. and Mrs. Elmer Goheen

**Michael A. Fedor**

Anne L. Grogan



**Mrs. Leonard Bughman**

Mrs. Cordelia S. May  
 Mr. Alfred M. Hunt  
 Mr. and Mrs. George B.  
 Berger, Jr.  
 Mrs. George S. Ebbert, Jr.  
 Mr. John H. Follansbee  
 Mrs. William D. George, Jr.  
 Mr. and Mrs. Spencer R. Hackett  
 Mrs. Paul B. Ernst  
 Mr. Blaine F. Fairless

Mrs. Harold E. Gordon  
 Mr. and Mrs. Joseph E. Hughes  
 Mr. George D. Lockhart  
 Mr. and Mrs. Willis McCook  
 Miller  
 Mr. and Mrs. Thomas H.  
 Nimick, Jr.  
 Mr. and Mrs. Gwilym A. Price  
 Mrs. T. Barrett Quinn  
 Mrs. Arthur B. Van Buskirk  
 Mrs. John F. Walton

**IN MEMORIAM**

These friends have departed this life in recent months. We wish to express our gratitude for their interest in our work, and our sympathy to their families.

**MRS. LEONARD BUGHMAN**

Rector, Pennsylvania  
 Courier, '41 (Catherine Louise "Kits" Taylor)  
 Member of Pittsburgh Committee

**MISS NAOMI DEUTSCH**

New Orleans, Louisiana  
 Member of the National Nursing Council  
 of the Frontier Nursing Service

**MRS. JAMES R. GIBBONS**

Greenwich, Connecticut  
 Courier, '37 (Hope Curtis Foote)  
 Active in FNS Greenwich Group

**MR. AND MRS. J. HOWARD KIDD, JR.**

Pittsford, New York  
 Parents of courier ('57) Elizabeth "Beth" Kidd  
 (Mrs. Ranlet Miner, Jr.)

**MRS. ETHEL SMITH**

Whitesburg, Kentucky  
 Mother of FNS Staff Member Lillie Campbell

**MRS. CHARLES F. WILSON**

Woodside, California  
 Former member of Washington Committee  
 Mother of courier Mary Wilson Neel  
 Grandmother of couriers Wendy Neel Ellsworth  
 and Mary Neel West

## IN BRIEF

**Nursing Certification Test Dates Announced.** The American Nurses' Association will administer certification examinations in 17 areas of professional nursing practice and administration on June 22 and September 29 this year. The 17 ANA certification programs for registered nurses are: Community Health Nurse, Adult Nurse Practitioner, Family Nurse Practitioner, School Nurse Practitioner, Gerontological Nurse, Gerontological Nurse Practitioner, Maternal and Child Health Nurse, High-Risk Perinatal Nurse, Child and Adolescent Nurse, Pediatric Nurse Practitioner, Medical-Surgical Nurse, Psychiatric and Mental Health Nurse, Clinical Specialist in Medical-Surgical Nursing, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing, Nursing Administration, and Nursing Administration, Advanced. The first test date, June 22, occurs during ANA's biennial convention in New Orleans. Testing on September 29 will take place in 67 cities in the United States, Guam, and the Virgin Islands. Details can be obtained by calling ANA at 800-821-5834 or by writing Marketing, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 61408

**Postpartum and Maternity Studies Presented.** FNS was represented in an all-afternoon program on "The Postpartum Period: An Anthropological Perspective," which was given last November 20 at the 82nd Annual Meeting of the American Anthropological Association, held in Chicago. This program was organized and chaired by Dr. Laurence Kruckman, who is known to readers of the *FNS Quarterly Bulletin* as the author of the article *The Baby Blues — A Cultural Phenomenon?*, which appeared in the Winter 1983 issue of the *Bulletin*. Among the papers presented at the session was a report entitled "Utilization and Evaluation of Maternity Care by American Indians in Arizona," by Deborah A. Sullivan, of Arizona State University, and Ruth Coates Beeman, who since January 1983 has been Dean and Director of the Frontier School of Midwifery and Family Nursing at FNS. Dean Beeman did major work on the Arizona project during the years she was Maternity Care Nursing Consultant with the Bureau of Maternal and Child Health, Department of Health Services, State of Arizona.

**FNS Booth Planned for ACNM Convention.** The Frontier Nursing Service will once again have a booth at the annual convention of the American College of Nurse-Midwives. This year's convention will be held at the Marriott Hotel, Philadelphia, May 13-18. An FNS reunion is scheduled. It will be held under a new plan: The country's major schools of nurse-midwifery have been asked to join together in holding their

reunions simultaneously in a common area, which will make it possible for ACNM members who have multiple affiliations to visit more easily with former friends and associates.

**Four Distinguished Nurses Named to FNS Nursing Council.** FNS has announced the appointment to its National Nursing Council of four well-known nursing leaders. They are: *Joyce Fitzpatrick*, RN, Ph.D, Dean of the Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland; *Marjorie Ramphal*, RN, Ed.D., Professor of Clinical Nursing, School of Nursing, Columbia University, New York City; *Lillie M. Shortridge*, RN,C, Ed.D, FAAN, Associate Professor and Director, Lienhard School of Nursing, Center for Nursing Research and Clinical Practice, Pace University, White Plains, New York; and *Elsie Maier Wilson*, MSN, CNM, formerly Dean of the Frontier School of Midwifery and Family Nursing at FNS and founder and now Executive Director of the New Life Birthing Center, St. Petersburg, Florida.

**Molly Lee on Leave in England.** Molly Lee, Senior Nurse-Midwife of the Frontier Nursing Service, returned to England in December on a personal leave of absence because of the serious illness of her sister. Molly, who came to FNS in 1954, has been the senior member of the nurse-midwifery staff since Betty Lester retired in 1971. To the many mothers and babies she has cared for, and to the many friends and associates who have known and appreciated her high professional competence and her dedicated, loyal, caring efforts on behalf of others, Molly is the symbol and embodiment of all that is best about nurse-midwifery. FNS expresses its deep concern and sympathy in the circumstances that have made it necessary for her to give up her duties at FNS for the time being, and hopes she will soon be able to return.

#### NEWS OF FORMER STAFF

**Mary Jo Clark** writes from Las Vegas, New Mexico to say, "The invitation to take a job at New Mexico Highlands University came up very suddenly early in the year, and I moved in late February [1983]. I'm working with faculty on academic program review and development, have bought a small house about two blocks from campus, and am enjoying becoming acquainted with a new part of the country — especially the mountains for backpacking in the summer and skiing in the winter."

**Celia Moore (Mrs. Winthrop) Hopson**, writes from Cadiz, Kentucky, "In 1948, the year I graduated from U.K., I spent the summer in Wendover as temporary secretary for Mrs. Breckinridge. I have always remembered the quality of the health care, the concern for the people, and the economic methods used to provide services. I am glad to support FNS in any small way."

**Kathleen Dalton** and her husband, **Dr. Tim Carey**, are working in Raleigh, North Carolina. Kathleen recently wrote, "Best wishes to all of you and here is hoping most of you will make it home for the holiday! Tim and I are doing well, William is enormous and has (only) two teeth but cannot walk yet. He is still pure joy. I have loved staying home for six months (after the initial shock and adjustment of suddenly having time) but as of two weeks from now I'll be starting back to work full time, in charge of the Medicare reimbursement for the big University Hospital here. Since 650-bed teaching facilities have relatively little in common with their 40-bed rural half-sisters, I suppose I'll be learning as I go. Tim is deeply into his epidemiology and statistics and is enjoying school, but he misses practice. Neither of us miss the night calls. We constantly run into people who know of, have visited, used to work at, or all three of the above, FNS."

**Nancy Dammann** sent Christmas greetings from Sun City, Arizona, adding, "I've had fun this year doing some writing, playing golf, and playing with my computer."

**Marian Adams (Mrs. Rodney P.) Frederick** — "I wonder if the snows have reached your area. I can remember the winters I was down there — we did have some beautifully wet snows, the clinging kind, that covered every tree, brush and branch — a white wonderland."

**Maria Sullivan (Mrs. Moses) Mariscal** and her husband, who is a minister, are looking forward, according to their Christmas letter, to a trip next summer to Spain, where they will spend several weeks making a survey of that country for their Mission (UFM International). They hope ultimately to move to Spain to carry on their work there.

**Judi Chase** — "I'm working at a large out-patient clinic with an orthopedic surgeon as an A.N.P. Really like it. Hope to make it to Ky. some day."

#### COURIER NEWS

**Susan Jones, '78, Burlington, Vermont** — "After two years of studying, I received my master's degree in Student Personnel Administration and Counseling from the University of Vermont in 1981. I then spent one year as the Director of Residential Life at St. Lawrence University. Following this year, I moved back to Vermont and began working at Trinity College as the Director of Career Development, which is where I am now. This year I received a faculty appointment and am teaching a course in the Education Department for non-traditional students. I love what I am doing and have found my niche in Burlington!"

**Holly Cheever, '71, Voorheesville, New York** — "We moved to

Albany area in July for Dean's new job as an assistant attorney general for New York State, doing environmental protection litigation. We're living in a nice old house with plenty of land for us and the numerous critters we seem to be collecting. I did part-time vetting up until the birth of daughter Kate on December 1, and am now trying to learn pronto how to mother one newborn and one toddler. Meanwhile, 16-month old Jesse continues to be a treat, very humorous, happy, and loving (not to mention cute)!"

**Sue (McIntosh) Lloyd, '51** — Letter from her father: "She and her husband teach at Phillips Academy in Andover, MA, she in American History, he in art and art appreciation. They have three strapping sons — Ben, who graduated from Stanford and has a responsible job with a computer firm in Palo Alto; Seth, who graduated summa c.l. from Harvard, won a Marshall scholarship, and is now doing graduate studies in physics at Cambridge University; and Tom who, after taking a year at Oberlin and a year of music-making, is in the throes of deciding whether to be a professional musician, being an excellent cellist even now. Sue jogs regularly and keeps in trim physical condition; she also conducts a student group of madrigal singers and plays viola in the faculty string quartet. She has published a book, 'A Singular School,' the history of Abbot Academy, where she taught before it was absorbed by Phillips Academy; but more accurately a history of girls' education in the 19th and 20th centuries. And she's now engaged in writing up the first fifty years of the Putney School in Vermont, which she attended before going to college."

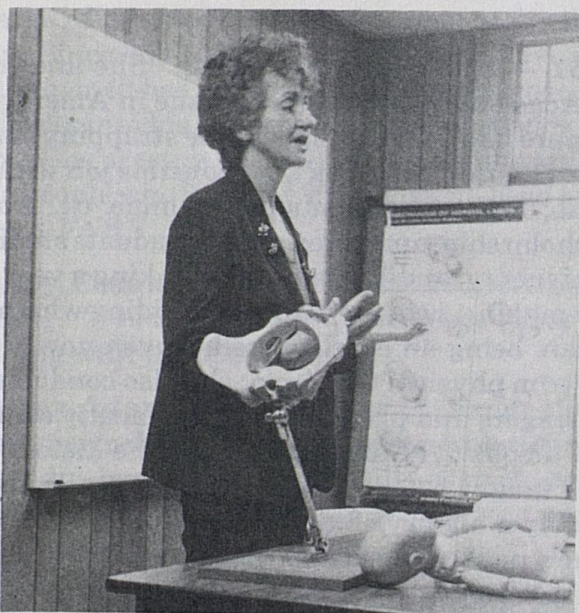
**Melissa (Morris) Charest, '71, York, South Carolina** — "We are enjoying our first Christmas season with two youngsters. Amanda is now 2-3/4 years and Carolyn is one year. I am still working as an RN in labor and delivery and newborn nursery at the new Piedmont Medical Center. Dick is station chemist at the Catawha Nuclear Station. We enjoy a small farm with beef cattle, sheep, and a few goats."

**Cornelia Hamilton, '67, West Hartford, Connecticut** — "In December I began my second year at St. Francis Hospital. With time I am meeting most of the staff and find them pleasant to work with. My colleagues in pathology are certainly congenial and good consultants. The cultural offerings in Hartford are numerous and I am beginning to avail myself more of them, especially concerts."

**Theresa (Nantz) Walton, '59** — Letter from her mother: "Theresa's children are grown now. The girl graduated from college in June, then followed it with a para-legal course, in Atlanta, where she is now living. The boy is a sophomore in a small college in North Carolina and Theresa is now teaching full time in a private school in Frankfort, Ky. She and my

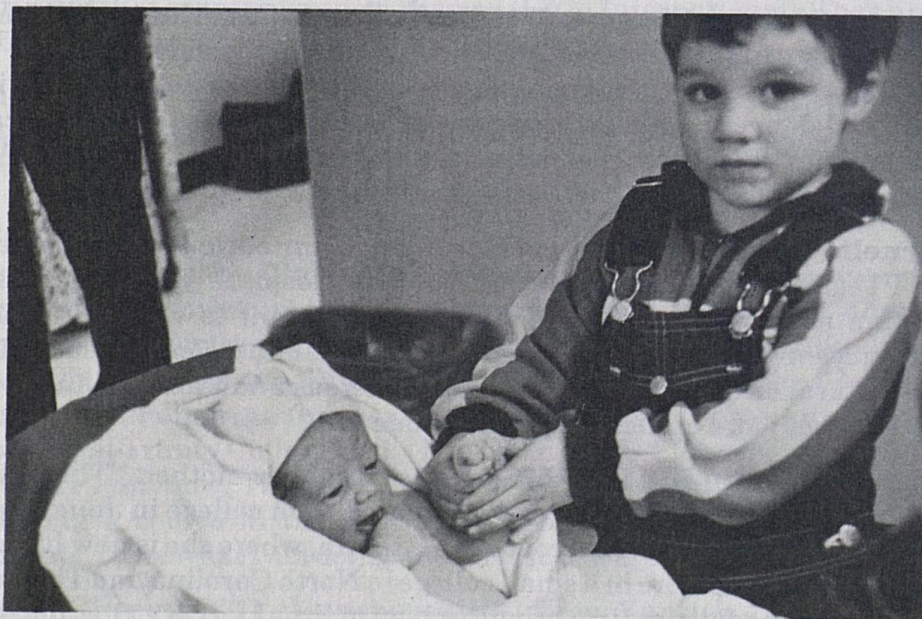
other daughter joined me on a train trip to the Canadian Rockies this summer."

**Susan (Holmes) Taylor, '73, Lachine, Quebec** — I was at FNS during November and December of 1973. An experience I will never forget and one I think of with a lot of smiles often. I would love to know what is happening with everyone there."



*Left:* Dr. Claire M. Andrews, Associate Professor, Frances Payne Bolton School of Nursing, Case Western Reserve University, came to FNS in December to lecture to the students at the Frontier School and to assist in the Continuing Education program. Here she speaks to one of her classes.

*Below:* Just one hour old! Elsa Bledsoe is welcomed by her big brother, Otis, in a birthing room at Mary Breckinridge Hospital. Her mother is Deirdre Poe, a member of the faculty of the Frontier School of Midwifery and Family Nursing, and her father is Marty Bledsoe, FNS Clinics Coordinator.



## OUT OF MANY, ONE

— For Rebekah

So many persons have gone  
into your making  
that the years must let you know  
who you are  
slowly.

How many generations  
have reached out  
to touch you?  
What vanished hands have shaped  
your forehead?  
And earthbound souls live again  
in you  
as you go now to carry  
your mother and me onward,  
forever within, but never to impose  
ourselves  
upon your maturing  
will.

And so you shall learn that you are  
uniquely and wholly one  
and, knowing that, you may also grow  
to acknowledge the untold parents  
who made you  
our daughter.

Today they rejoice in you,  
for you have been long in coming.

May you live and keep the links intact,  
and feel them ever with you  
as you move through this world  
in your own way.

Worry none, for they will not make a chain  
that can shackle you.

Our love, you are like the free wind, the  
sweet stir which, pausing, will caress you,  
and then move on  
as you will  
down through the centuries.

— William Terrell Cornett

The author, now an English instructor at Hazard Community College, Hazard, Kentucky, wrote this tribute to his daughter on August 8, 1980, the day of her birth. The nurse-midwife in charge of the delivery was Nancy W. Crawford, who was trained at FNS.

**ALUMNI NEWS**

**Madonna Burget** — Just saw the beautiful Taj Mahal for the 8th or 9th time and by moonlight again. My favorite hobbies are cooking and baking. I used to crochet but never seem to have time. I guess writing letters could be called a hobby — I do write so many. I also like reading and hiking. We tour Jaipur this afternoon. We'll see the famous Pink Palace. Then we'll freeze in Kashmir.

**Barbara Long, Surinam** — We thought you would like to know how the holiday season was spent here on the Cottica River in Surinam. Quite different from the hustle and bustle of home, although full of activities, fun, laughter, and reflections of the true meaning of Christmas. The season began when Anne made her monthly week long visit to Lantiwee — holding clinics, Bible classes and parties for children in the villages. A week before Christmas Barb began her annual cookie baking. Cookies were enjoyed by all the station families as well as the women and teenagers who regularly attend Bible classes. We figure about 700 cookies and 14 cakes were shared with our Ricanau Moffo friends. Christmas Day the church family had dinner together — main dish was rice topped with various Surinam sauces. New Year's Day is a bigger holiday for the Surinamer — the day that they exchange gifts. Now the holiday season is over. People have gone back to working in their gardens, and routine schedules are back in full swing.

**JoAnn (Jackman) Evers, Columbia, SC** — Some friends in the area found a house for us just two miles from school (Columbia Graduate School of Bible and Missions), so upon our arrival a week and a half before the start of school, we were able to begin making it our home for this year. We all enjoyed being able to unload the car and move in, but Annette especially found joy and security in knowing that, after two weeks of traveling, this is where we would be, and that we would not be taking off tomorrow for someone else's house. Please feel free to stop by if you are in the area, or give us a call (803/754-1463) so that we may fellowship with you. I am enjoying rice without rocks, vegetables already frozen and in the package and that occasional "pop it in-warm it up" type of meal. Also enjoying an evening class in Biblical Principles of Parenting. Nothing like a two year old to provide the needed motivation! Annette is, indeed, a bundle of energy. At two years, she is well into the "me . . mine" stage. She's our little helper — and will mimic anything you do or say after just one exposure. Amy, at 5½ months, continues to be our smiler. Accomplishments within the last few weeks include rocking with pride up on her hands and knees, "breaking ground" on her first two teeth, and surviving her first sniffles. A praise item — Amy has had a



blocked tear duct which opened this month while an ophthalmologist was demonstrating how to massage it. Our howdy to all there.

**Dianne Lytle, Reading, PA** — How pleasant it is to be full of anticipation at this time of year. There are many things to look forward to, like snow, notes and cards from friends and family, getting together with folks we love, and all the activities centered on Christmas. It seems to me that without the joy of anticipation, life would lose a lot of its punch. This year I finally took my dream vacation — a week's cruise in the Bahamas on a windjammer — a 186 foot, four masted tall ship — what a thrill. The cruise was the first week of March, and the real answer to the "winter blahs." I still have the same job and continue to love it. Nurse-midwifery in this country is on the cutting edge of change and that always means hassles, stress and political battles. Our practice is no exception, especially since we are considered a demonstration project in birth center care. Amy, now 10½, is growing into quite a junior miss. She switched schools reluctantly when we moved in May, but now loves it. She is still in the gifted enrichment program which offers her many creative outlets. She continued with her dancing lessons, this year taking a combined jazz/acrobatics class. It's a good thing this old house is well built, with all the thumping it gets as she practices. Reflections, anticipations all a part of creative living. We are thankful for the good things the Lord has made available to us this year, and pray that your New Year will be filled with love, and hope, and wonder.

**Stephanie Schultz, Moline, IL** — The Alumni Newsletter was fabulous. Matt and Ashley both well and back in school (Ashley had chicken pox when she was 2 years old). We had a real nice Christmas in spite of the weather. By 12-24 it was minus 16 (that was the high) with strong winds and a wind chill of minus 80. They canceled mail delivery as bare skin freezes in 30 seconds at that temperature. Christmas Day we had 25 people here for dinner and it was only zero, but the wind had died down so travel was easier. I imagine it was cold in Kentucky too. My project for January is to find a job. I'll be trying to find an M.D. in Iowa. Say hello to everyone.

**Betsy Greulich, La Crescenta, CA** — My wishes are that the New Year be filled with health, happiness and many blessings. We finally moved into our new place — it's not quite as woodsy as our other house, but there's a nice fireplace and view of the mountains, so we're very satisfied. Thanks for the Newsletter — really is nice to read and see what other people are doing. My red bomber died so had to get a new car. I got a Honda Accord and really like it. Hi to all the folks I know.

**Shirley Heisey, Zambia** — Greetings this lovely, hot, dry November

day. Thanks to you who have been in touch with me and the work here over the past year. Your letters and cards were appreciated very much though I am often slow to tell you. Your gifts — money, parcels — show you care that menus be more varied. I enjoy sharing them with others. Our R.N. coverage of the wards has been nearly doubled. Since two registered midwives have come, this is my last year in Maternity Ward. Three new Enrolled Midwives also came this year (an answer to prayer) so we sisters have less chance to do deliveries but also have less frustration at needing to stay in Labour Ward when we are responsible for the whole hospital. Our ward keeps orphans. When David's mother died at Women's Ward and the father had no one to keep this month-old son, our nurses did their best to give him the TLC while doing their other work. A girl was hired for giving him better care but the father seldom came from "the Valley" to see him. Linda chose to take him in August until it was safe for him to live at home with possible food shortage. We enjoyed seeing him develop, get robust and playful but he is with family now. When I got back from time off in September I found two more orphans and in October twins came to fill that corner room. God has been very faithful in providing me wisdom and grace for these challenges.

**Cindal Morrison, Concord, NH** — We finally have some snow here helping (Christmas) spirit along. What good is winter in NH without a few feet of snow? The girls are having a great time sledding and we got Emma a little pair of skis to try. Emma is now 3½ and Zoe is 22 months. The best of friends and enemies! They're both great and very different from one another. Chris and I are both fine — adjusting to living in New England. Hope everyone is well.

**Linda Kilheffer** — I recently returned from Haiti where I visited our mission for a week. It was nice and hot. We have a clinic there which is staffed by American doctors. I also visited the Albert Schweitzer Hospital, which is the largest and best equipped in Haiti. Most of all I enjoyed a trip up the mountains by horseback to visit a little one room mud and thatch school. The countryside is beautiful. On the way we stopped at a cave where voodoo worship is performed. I was glad to get out of there. My plans are to go to India the middle of January to take a one month course in leprosy, and then go on to Bangladesh from there. JK (Hameloth) hopes to go to Bangladesh in February. However, we are both waiting for visas, so we'll see.

**Lynn (Patterson) Smith, High Point, NC** — We have a beautiful new daughter. She was due December 25th, but I had a repeat C-section on the 19th so that I could be home on Christmas. Anna Marie, 8 lbs. 4½ oz. Our oldest, Mandy, is 19 months old and into everything. I'm not working, but thoroughly enjoy being a mom and housewife.

**Michele Bouche, Tacoma, WA** — We have had an eventful year. The biggest event, of course, was the birth of Nason Joseph in July. He is a precious addition. Busy learning to roll over and over, reach for Daddy and anything. He has a most disarming grin. We're all in love. Jesse started kindergarten and is making great strides academically, moving slower in the area of social graces. Jonathan's most recent achievement is "I'm a little teapot." Frank just completed his second quarter on his way to midlife career change. Doing very well. Working hard to keep his goal in view — a Business and Public Administration Degree to do accounting. I'm back to work full-time now and even when I'm not on call to help birth babies I'm on call to feed one. We send our love and best wishes to you all. Please remember this season that Jesus came to bring peace to men of good will.

**Ann Davis-Garvin, Ann Arbor, MI** — Enjoyed the Alumni Newsletter so much! The cold has been bitter here — spent an entire Saturday a couple of weeks ago trying to get the car started. It was 21 BELOW and I was on call. Lucky no one needed me that day. Although I'm getting in some cross country skiing — which I love — winter is dragging on here — can't wait for spring.

**Trudy Isaccs, Bradenton, FL** — Glad I came south — can't say I miss the weather. We have had some cold days, but mostly comfortable. I keep doing my exercises, walks and sitting up 2 to 4 hours a day. In late February I go to Washington, D.C. for my routine annual cardiac check. It will be strenuous, but not too bad as Anne will travel with me. The robins and meadow larks have come back so spring can't be far behind.

#### URGENT NEEDS

**Infant Restraint Seats.** In an effort to protect our babies in automobile accidents, FNS has been making infant restraint seats available to Leslie County parents for more than a year. The seats we provide are suitable for infants from the age of one day to twelve months. We feel this program is saving lives, and will save more if we can continue to make the seats available. In our last issue, we invited friends of FNS to contribute to this program. We had an encouraging response, and, since the need continues, we wish to repeat the invitation.

**Emergency Room Instruments.** Replacements are needed for instruments used in the emergency room at the Mary Breckinridge Hospital, and we invite our friends to assist us in this replacement effort. This year, we will purchase \$500 worth of Emergency Room instruments.

Those who would like to help, either in buying car seats (which cost us about \$30 each) or replacing emergency room instruments, are invited to send their contributions to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775, where they will be received with gratitude.

### FIELD NOTES

Leslie County has not been spared from the bitter cold and large accumulations of snow that the rest of the country has received. Much of Maintenance's time has been spent clearing icy roads and pathways and fixing broken water pipes. The cold weather has been a welcome to those who enjoy ice skating, as the Middle Fork finally froze thick enough so this sport could be enjoyed. Waking up and seeing snow-covered trees and mountains was also a special pleasure for many.

Mrs. Ntsieng Rankethoa, a nurse-midwife from Lesotho, South Africa, visited us in late November. She is the Director of the Nurse Clinician Training Program in Lesotho which trains about 20 students every 15 months. The program is a competency-based training program with much practical work and field sites similar to our service.

Two local groups came for tours of Wendover during November. Pauline Howard and Phyllis Roark brought the eight girls in their Beech Fork Brownie Troop for a tour to earn a badge for a project they were doing on historical buildings in Kentucky. Alex Dykema (Courier), who has spent half of his time helping two of the fourth-grade teachers at the Hyden Elementary School, brought these classes out for a tour. The Leslie County Fire and Rescue Squad was also invited to Wendover for dinner in appreciation of all of the volunteer time they put in for the county.

The annual Thanksgiving hike and dinner was held at Wendover again this year. Cold weather and rain discouraged many from hiking, but the twelve who did brave the elements were greeted at the Big House by about 60 more FNS'ers. Many stayed through the afternoon and enjoyed music and games in the living room.

November 27th was a special day for Deb Buchanan (FSMFN student) and Al Goldstein, as they were married in the Big House living room. About 30 guests witnessed the ceremony and enjoyed a buffet dinner prepared by the Wendover staff.

Any spare time in December was quickly exhausted in the holiday activities. Each of the outpost clinics hosted Christmas gatherings, and the Wendover staff was able to locate enough children so the Christmas Pageant could be presented. A large crowd gathered in the Garden House basement for the performance. All of the FNS employees were treated to a buffet dinner on the Wednesday before Christmas, and their children were given a party that included a performance from the Lexington Children's Theatre. Christmas Eve came with below-zero temperatures, but that didn't hinder the inner warmth felt by those who packed into St. Christopher's Chapel for the 11:30 P.M. carol service.

Danna Larson, Wendover Coordinator, would have never survived November and December without the help of the Couriers. Steve Leuty,

Alex Dykema, Holly Peterson, Nancy Garber, Julie Cristol, Amy McCulloch, and Jeremy Foster continued to "help out as needed." They were joined in mid-November by Carolyn Penharlow, who is a nursing student from Keuka College, Keuka Park, N.Y. The group expressed the true holiday spirit in their continued willingness to give of themselves.

Dr. Tim Carey, now at Chapel Hill, N.C. returned to provide a week of vacation relief for Dr. Jim Santacroce. It was a treat to have him back and especially nice to have Kathleen and their son Willie here for the weekend.

Most of the special activities were canceled in January due to the weather, but a film crew from *NBC Nightly News* was able to make it to film a special segment they are doing on alternative delivery choices for maternity clients. It was expected that the segment would be aired during February.

Five senior nursing students arrived in January to work as Couriers: Jolene Sandbulte, Sioux Center, Iowa; Carla Borchardt, Clear Lake, S.D.; Dawn Van Heuveln, Harrisburg, S.D.; and Cheryl Feuerhelm, Bridgewater, S.D., who attend Augustana College, Sioux Falls, S.D., and Jana Rector, Vinton, Iowa, who attends Marion College, Marion, IN. Of their experiences they wrote:

"On January 1st, not knowing what to expect, we left our midwestern homes in the flatlands of Iowa and South Dakota, and traveled southward to mountainous Kentucky. Excitement and apprehension mounted as we expertly maneuvered around the craters breaking up Wendover road. Upon reaching our final destination, Wendover, we were warmly greeted with open paws and wagging tails by Hector and Smudge. Following close behind was our fearless leader, Danna Larson. It was then that we faced the dilemma, "What is a Courier?"

"Within the month, we were able to learn that the benefits of a Courier not only included providing help for others, but also gaining valuable lessons from the people and the environment in which they live. Each of us was given the opportunity to discover the many aspects of the Frontier Nursing Service. We did this through working in the hospital, clinics, accounting department, delivering mail and supplies to the outpost clinics, outpost and observing in the emergency room, as well as many other things.

"We believe that the most rewarding times for us were when we were able to visit the people in and around the community, enjoying the local craftsman and the weekly teas with Betty Lester and Mrs. Marjorie Cundle most of all.

"As we leave Kentucky, we leave not only with fond memories, but also with a bit of humor. On January 13th, Friday no less, we encountered

a situation that only we could have gotten ourselves into. While driving to Hyden, we discovered how treacherous the icy Kentucky roads can become. As we were rounding a curve, we had the misfortune of sliding into the ditch. Luckily, the coal truck drivers ahead and behind us were kind enough to stop and pull us out. Through this slight misfortune, we have set a world's record of stopping nine coal trucks on the Wendover road."

These women were joined by Andy Erdmann (Courier of '83), Princeton, N.J., who is back to help in the X-ray Department on a routine basis, Nancy Garber (fall Courier), who finished organizing the FSMFN library before going on to do an internship at Pine Mountain Settlement School, and Holly Peterson (fall Courier). Holly has been a great help in orienting new Couriers and filling in when no one else has been around. She will be here until March.

FNS welcomed 17 new employees and bid farewell to six. The new employees are Jane Anderson (nurse-midwife), Bethelene Gibson (nurse assistant), Mildred Minix (nurse-midwife), Kathee Gay (LPN), Mack Saeger (RN), Martha Ann Rhoads (nursing assistant), Kathy Morgan (secretary), Marsena Howard (nurse-midwife), Sister Kathryn O'Meara (family nurse instructor), Connie Asher (front desk clerk), Judith Stanko (RN), Marietta Maggard (posting clerk), Elizabeth Kearney (RN), Peggy Napier (pharmacy technician), Katherine Koehl (RN), Martha Elaine Wilson (nurse's aid at Beech Fork), and Cynthia Boulton (GFNP at CHC). Those leaving were Laura Pilotto, Ellen Hartung, Phyllis Wells, Fern Hall, Teresa Davidson, and Pauline Maggard.



Nancy Fishwick, Family Nursing Instructor at the Frontier School, was recently named a Kentucky Colonel for her work with the Civil Air Patrol. Here she is seen with fellow pilot and FNS Trustee, R.B. Campbell, of Hyden.

### NOTES FROM THE SCHOOL

These last months have seen the School turn into a lively beehive of activity. In December, the twelve students enrolled in the FN III nurse-midwifery portion of the program hurried to finish assignments, tests, and clinical placements so that they could leave to enjoy a relaxed Christmas vacation. Then, the week after the New Year's holidays, we welcomed our returning students, now seniors, and twelve students arrived to begin the family nursing portion of the program. Along with the students, we also welcomed Kathryn O'Meara to our faculty as Family Nursing Education Coordinator. Fortunately, Nancy Fishwick had joined the faculty last fall and has been busy with course outlines, class schedules, and a million details to be ready to orient a new class of bright, eager, and highly motivated students, Deirdre Poe, who has been the Family Nursing Coordinator these last few years, helped Nancy until late December. On December 27, Deirdre and Marty had a beautiful baby girl, Elsa, and Deirdre has decided to enjoy motherhood for a while.

We also welcomed Noreen McGowan as an instructor in nurse-midwifery for the month of January. Noreen was on loan to us from the University of Illinois and was a wonderful asset to our total program. After a month of concentrated class and clinical assignments, seven of our students scattered to nurse-midwifery services in Mt. Vernon, Washington; Midland, Harlingen, and Brownsville (all in Texas); Americus, Georgia; and Cleveland, Ohio. They are integrating their skills as beginning nurse-midwives at these sites under the preceptorship of experienced nurse-midwives.

Along with all this activity, we have just about put the finishing touches on our library, with great thanks and appreciation to Courier Nancy Garber. Nancy finished duplicating the card catalog and updated the numerical codes on all of our books. Our learning lab and physical assessment labs are nearly complete. Two new rocking chairs have joined the one we had, to allow the students to relax comfortably while watching video and slide tape presentations during their independent study periods. New curtains, lamps, and flowers add warmth and brightness throughout.

Time flies quickly, and our seniors are hard at work planning for graduation. I continue to be impressed with the caliber of nursing practitioner we graduate. It is a joy to see the concern for excellence they bring to all they do.

— Ruth Beeman

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## STAFF OPPORTUNITIES

Because text for the *Bulletin* must go to the printer several weeks before publication, it is not possible for any issue to contain an up-to-date list of job opportunities. Instead, we list types of positions that are most likely to be available and invite anyone qualified and interested to write for current information.

**FNS Staff.** Openings may occur from time to time in both the professional and technical staffs, with opportunities for certified nurse-midwives, family nurse practitioners, registered nurses, family practice physicians, laboratory technicians, X-ray technicians, and others. For current information, write Darrell Moore, Director of Personnel, Mary Breckinridge Hospital, Hyden, Kentucky 41749 (phone 606-672-2901).

**Couriers and Volunteers.** This program has an ongoing need for all types of people, with all types of skills. The program is not limited to those interested in a health career. It encourages applications from anyone who is willing to volunteer for a 6- to 8-week minimum period and would like to be exposed to the work of the Frontier Nursing Service. ("You tell us what you can do, and we'll find a job for you.") For current information, write Danna Larson, Coordinator of Wendover and the Courier/Volunteer Program, Wendover, Kentucky 41775 (phone 606-672-2318).

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**Loose Item**



## **FRONTIER NURSING SERVICE, Inc.**

Its motto:

“He shall gather the lambs with his arm  
and carry them in his bosom, and shall  
gently lead those that are with young.”

Its object:

To safeguard the lives and health of mothers and children by providing and preparing trained nurse-midwives for rural areas in Kentucky and elsewhere, where there is inadequate medical service; to give skilled care to women in childbirth; to give nursing care to the sick of both sexes and all ages; to establish, own, maintain and operate hospitals, clinics, nursing centers, and midwifery training schools for graduate nurses; to educate the rural population in the laws of health, and parents in baby hygiene and child care; to provide expert social service, to obtain medical, dental and surgical services for those who need them at a price they can afford to pay; to ameliorate economic conditions inimical to health and growth, and to conduct research toward that end; to do any and all other things in any way incident to, or connected with these objects, and, in pursuit of them, to cooperate with individuals and with organizations, whether private, state or federal; and through the fulfillment of these aims to advance the cause of health, social welfare and economic independence in rural districts with the help of their own leading citizens.

Articles of Incorporation of the  
Frontier Nursing Service, Article III.