

FNS

FRONTIER NURSING SERVICE

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TABLE OF CONTENTS

Introduction to FNS - <i>Deanna Severance</i>	1
Beyond the Mountains - <i>Deanna Severance</i>	3
FNS Donates Land - Parking Structure - <i>Barb Gibson</i>	14
Kate Ireland Healthcare Center - Manchester - <i>Barb Gibson</i>	15
Wendover News - <i>Christine Collins</i>	16
FSMFN News - <i>Susan Ulrich</i>	21
Website Information	14
Courier Program News - <i>Barb Gibson</i>	23
Mary Breckinridge Healthcare News - <i>Malle Noble</i>	24
Dr. Anne Wasson Memorial Service	26
Miscellaneous Tidbits	28
In Memoriam	29
Cover: Mary Breckinridge gathering eggs	

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Frontier Nursing Service

If you have never been introduced to the Frontier Nursing Service we would like to take this opportunity to brief you on the history and the on-going work of the Service. Please share this information with a friend.

Born in 1881 into a prominent American family, Mary Breckinridge spent her early years in many parts of the world - Russia, France, Switzerland and the British Isles. After the death of her two children, she abandoned the homebound life expected of women of her class to devote herself to the service of others, particularly children.

Mrs. Breckinridge established the Frontier Nursing Service (FNS) in Leslie County, Kentucky in 1925, then one of the poorest and most inaccessible areas in the United States. Mrs. Breckinridge introduced the first nurse-midwives in this country. Riding their horses up mountains and across streams in blizzard, fog or flood, the FNS nurses brought modern healthcare to families throughout an area of 700 square miles.

Until her death in 1965, Mary Breckinridge was the driving force behind the work of the Service whose influence today extends far beyond eastern Kentucky. Through the Frontier School of Midwifery and Family Nursing, hundreds of nurses have been trained and this important concept of family healthcare has been carried throughout the world.

Today, the FNS is organized as a parent holding company for Mary Breckinridge Healthcare, Inc., (home health agency, two out-post clinics, one primary care clinic in the hospital, Kate Ireland Women's Healthcare Clinic) and for the Frontier School of Midwifery and Family Nursing - the largest midwifery program in the United States.

Remarkably, the purpose and philosophy of the FNS has remained constant since 1925.



Mary Breckinridge - Founder of FNS



The Big House - Home of Mary Breckinridge

Beyond the Mountains

by *Deanna Severance, CEO*

“The other thing that impresses me now is the flexibility of the early plans we made. Research is a continuing thing. As one acts, one gets an insight of what is best for the next action.” Mary Breckinridge writing in Wide Neighborhoods.

Focus Groups Update

In the last *Quarterly Bulletin* I presented to you the population and demographic data gathered for the Board of Governors during this strategic planning phase of our work. From that data we learned many things including that the six counties of Bell, Clay, Leslie, Jackson, Owsley and Laurel are all designated as medically underserved, have high unemployment and health problems greater than those of other more prosperous communities.



The second task we set before us was to find out what the people who live in these counties had to say about their healthcare. Therefore, we commissioned the firm Global Business Solutions, Inc. to hold focus-group surveys in the six counties. 67 adults, over 18 years old, and living in the counties participated. Focus group surveys are qualitative research findings to help FNS gain feedback and individual perceptions/ideas that will assist us in understanding trends or needs in the community. The information collected reflects the ideas and beliefs of the participants. The participants were not random. We invited Medicaid and Medicare recipients, community leaders, church leaders and other interested persons.

From this point forward the information presented is from the report prepared by Global Business Solutions and presented to the Board of Governors. The moderator focused on five general questions/issues regarding eastern Kentucky residents' perceptions

about health care. These questions involved:

- * Participants' perceptions of general health care issues facing the community.
- * Participants' perceptions of the quality of existing healthcare providers in the community.
- Participants' perceptions of clinical healthcare providers.
- * Participants' perceptions of alternative to traditional providers and treatments.
- * Sources of information available to participants regarding healthcare services/treatments in the community.

Perceptions of general healthcare issues facing the community

Common diseases/disorders affecting the community. Diabetes, heart disease, high blood pressure, cancer, children's health particularly childhood obesity and drug addiction were mentioned as common diseases and disorders prevalent in the region. Almost all agreed when asked that depression was a serious health problem. Arthritis emerged as a problem for each of the counties.

"You see a lot of childhood obesity. If you look, and you did a survey of the children, it would be phenomenal. Their diets leave a lot to be desired ... lots of junk food... It's a lack of activity too. I think a lot of emphasis is put on teams....The kids that are not on the teams don't get that kind of workout."

Ability to afford healthcare. The working poor and the elderly were identified as having particular difficulty paying for services. The working poor with no children make a little too much to qualify for medical cards and the elderly collect a little too much in social security to qualify for complete medical coverage.

"It's when you don't have children and you're not disabled that you pay \$500 a month (for insurance). That's the kind of people that don't get insurance."

"My daughter...had a gallbladder attack. I tried to get her help and I was asked 'Does she have children?' 'No,' and 'Is she pregnant?' 'No.' 'Well, then I'm sorry. We can't help you.' And that encourages our young people to get pregnant. That's the way I see it."

Access to healthcare facilities. A lack of transportation was identified as a barrier to using healthcare services. Several transportation services for poor and elderly community members were identified but participants pointed out that these services would not travel to some of the more remote areas or that some services required a fee that was unaffordable to those who need the service.

Attitudes toward prenatal care. Uniformly the participants agreed that early and consistent prenatal care was crucial for the health of the child and the mother. However, they perceived that women, especially teens, were not getting the prenatal care they needed. The reasons given for lack of care were 1) the women are not educated about the importance of early prenatal care; 2) the women don't have transportation to clinics, and 3) the women can't afford to pay for regular prenatal care.

"I think we have a problem with people not having funds, money to go...(seek prenatal care). I know people myself that don't go because they don't have the money."

"Many times, they don't even know they are pregnant."

Perceptions of the quality of existing healthcare providers in the community

While there were participants who were happy with the quality of

care they received, the complaints were abundant. The preponderance of the complaints clustered around three issues:

1. Limited availability. Several of the participants said there were not enough clinics available to them and many shared their frustration of traveling to Lexington or other distant area for routine checkups and prescription refills. Many pointed out that when they are sick on weekends or at night, they have no options other than emergency rooms or distant clinics due to the limited hours of operation. When asked if they thought their community was underserved medically, the unanimous answer was "yes."

2. Waiting time. Participants explained that clinics are crowded and they perceived that providers are overworked.

"I'd just as soon get me a doctor in Lexington because of that (the waiting time). Because you can drive to Lexington and back while you're sitting. For my doctor, three hours is a short time to sit to see him."

"When you are really sick, you don't feel like sitting there two or three hours."

"There's several times you can't sit in there. There are so many people in there."

3. Quality of treatment. The limited availability and overcrowding are perceived by some to result in lower quality care.

"Most of the time they are in too big of a rush to take much time to make you feel like they are really concerned. Like they said they are booked double every 15 minutes. And they rush in and rush you out and you don't get to ask a lot of questions or spend a lot of time."

"Convenience is a big thing....I hate to say this, but a lot of people who are there are not there for the same reasons as you are there."

For instance, when I went, I was sick. A lot of the people in the area are going for drugs. And you're sitting there thinking 'O.K. they're going to think I'm here for a pain shot.'

While some of the participants expressed that they had thoughtful, caring healthcare providers at the clinics, the majority said that they felt as though the doctors did not treat them with the respect and dignity they deserve.

"A lot of times they talk down to you. They are very condescending."

Besides feeling disrespected, there is a perception that doctors are not generally concerned with their patients' welfare.

"I had a spell with my heart in physical therapy and I was trying to tell my doctor and I told him I need my medication that I'm taking for my thyroid glands...and he told me to 'shut up,' that he couldn't concentrate on what he was writing.."

"I went to the doctor a while back with my mother and I wasn't even sick. He up and said, 'You're sick, you need a shot.' He up and gave me a shot and I still don't even know what for."

"They (patients) find out quick who's on duty, which doctor. They'll say 'the drug lord is on duty tonight.' They know."

Participants identified doctors' high turnover rate in their community as a cause for poor quality healthcare.

Perceptions of clinical healthcare providers

General attitudes toward clinics were favorable when compared to traditional providers such as hospitals and doctor's office visits. The waiting time, expense, and trust in the clinical healthcare providers were all compared favorably to more traditional outlets. However, concerns were expressed about drug seeking patients in

the doctors' offices and the clinics.

"When you go to the (emergency room) you might sit there, sometimes six hours. If we had more clinics in the area, I think the healthcare clinics would be the choice between the two, because of that."

"I'd rather go to the clinic. I don't mind waiting a half hour if they are busy or if they get an emergency....If they'll talk to you like you're a human being and don't talk down to you and if they're concerned for your welfare."

"They (clinics) are faster and they pay more attention than a hospital."

"I think if they were accessible, people would use them rather than a lot of the family doctors. Especially if the quality of care was good. That would be the answer for a lot of people."

"The doctor's offices are so clogged down with drug seekers that you can't get the people that actually need care."

"Clinics are being abused. Like they abused emergency rooms in the past. Healthcare clinics are being abused now."

Participants gave the following reasons for visiting clinics: general check-ups, common illnesses such as cold and flu, injuries such as broken bones and lacerations, treatment of chronic ailments such as back problems, diabetes, etc. and renewal of prescriptions.

Participants avoid visiting clinics due to waiting time, inconvenient location, inconvenient hours, lack of transportation, lack of money to pay for visits and concern about being associated with those seeking narcotics.

Perceptions of alternative to traditional providers and treatments

Nurse practitioners. Overall participants had very favorable perceptions of nurse practitioners, midwives and alternative/complementary therapies. They identified several issues that they felt made nurse practitioners (NPs) desirable including:

- * The perception that NPs care.
- * The perception that NPs will spend more time with patients.
- * The perception that NPs are more careful in their treatment of patients.
- * The perception that NPs are well qualified for treating simple medical problems.
- * The perception that NPs treat patients with respect and dignity.

"I think the nurse practitioners, when I have seen them, you feel more at ease with them and they can take more time with you. You feel like they care more about you than when you saw a regular doctor."

"At least they treat you like a human being,"

"I go to a nurse practitioner. And I think she is more knowledgeable than the doctors I've been too."

"When I do up there I like to see (her) because she has a better bedside manner. I'm glad to know that Dr. is there because I know if she runs into something she needs help with, she goes and consults the doctor. But I'd rather see the nurse practitioner."

Midwifery. Those participants who were familiar with midwifery services had generally favorable opinions. Some of the women

used a midwife. As with nurse practitioners, participants perceived midwives to be more caring and concerned than doctors. Most participants also seemed favorable to the idea of giving birth in a facility run by a midwife, rather than in a hospital, as long as a doctor was close and the facilities well equipped for emergencies.

"I had a midwife with my third child. My doctor turned me over to a midwife and I had to learn all these breathing techniques, but I didn't get to use them because he was born right on a stretcher. The only thing I remember was the breathing technique that she taught me to do, that the doctor didn't have time to do."

"Actually with my youngest child, one of the nurses in the office was a nurse-practitioner and also a midwife. And she saw me a lot on my follow up visits and so forth. She would talk to me, and I felt very comfortable with her. If she could have done the surgery (caesarean), that would have been fine with me. She knew my case. I felt like she would understand my concerns"

"People would have to understand. Like you said it was done years ago. And they were comfortable with it then, but they've gotten away from it. They have to be re-educated about what they are capable of doing."

"And I think the midwife would be accepted. I think a lot of the girls would appreciate having a lady take care of them. Nothing against men. Women have had babies, and they know what you are going through."

The participants did share several concerns about using a midwife including the perception that midwives do not allow drugs for pain during childbirth, the concern that complications to a pregnancy will not be handled well by a midwife and a lack of knowledge about the training and qualifications of a midwife.

"Well, I have to say that my daughter just had a baby and she had

complications at the very end. So I don't know, with a midwife, what the consequences would have been. They could have lost. The baby stopped breathing. They had to take her in for a c-section."

Gender preference for provider. Almost all participants agreed that qualifications mattered more than the sex of the provider. A small number of women did agree that they would prefer a female provider for treatment of health problems associated with the female reproductive system, childbirth, and the like.

Perceptions of alternative/complimentary therapies. Participants were about evenly split among those who had little or no knowledge of alternative therapy, those who had negative perceptions and those who had positive experiences or perceptions. In general those who had positive perceptions of alternative therapies already had experience with them or had positive perceptions with traditional folk remedies.

"Now my mother-in-law is from the old school, I mean she goes into the mountains and digs these thing, roots and so forth, and makes tea on them. And she still does that. That's what she grew up on and it doesn't hurt her a bit."

"Old people in the mountains, they know. They can identify the herbs growing in the ground wild and know what to use them for ... A person I worked with said once, 'You can't argue with success' and it's true."

The most common concerns expressed were a concern that herbal remedies are untested by the FDA, the perception that people self-medicate without enough knowledge about these therapies, the perception that herbal therapies will interact with prescribed medication with negative results, and a concern that alternative therapies will not work at all, wasting time and perhaps allowing the condition to worsen.

Most of the participants expressed interest in learning more about such therapies. Further, most said they would be interested in a healthcare provider education in both traditional and alternative/complimentary therapies.

Therapeutic massage was uniformly desired.

"If there was one close, and I could afford it, I would be there frequently."

"I know someone with Fibromyositis, and she says it is the best thing for that ever. Better than any medicine."

"So many pressure points in your body that I don't know and none of us may not know. You come out feeling like a new person. It's like when you go to a chiropractor or a physical therapist."

Sources of information available to participants regarding healthcare services/treatments in the community

Word of mouth has a strong influence on healthcare decisions. Many of the participants also identified family members as their primary source of information regarding healthcare.

"I go to my doctor."

"My baby is a year old, but when he was a newborn, I could call the health department. Just with questions about a new born. I would call the health department. They were good."

"A nurse, I ask her." "I felt very comfortable calling (midwives) and asking anything." "I still call (nurse practitioner), she was a nurse practitioner for years and years. She got my family through a lot of stuff. I wouldn't have felt as free to call the doctor; you wouldn't have gotten through anyway." "Sometimes with women you just...it's a woman-to-woman thing you need to talk about

and Joe-Blow may think it's foolish but it's necessary." "Jane (local midwife)" "She's a former nurse. I ask her." "Someone knows someone who's a nurse or someone who works in a clinic".

"I go to my daughter. She's an RN."

"My mom's a nurse." "Mommy"

"It just helps to talk to a woman."

In the winter *Quarterly Bulletin* the implications for the work of the Frontier Nursing Service will be presented. We have learned much, and the Board will be finalizing our strategic plan.

I end this article by quoting from the Director's (Mary Breckinridge) report to the Board of Governors June 21, 1929. "The Director reminded the trustees of the future plans for the work. We really were midway in our program for the initial demonstration. In four more years we should have our one thousand square miles covered in Kentucky, with the 30,000 population unit which Dr. Louis Dublin said would be essential for statistical purposes for the Metropolitan Life Insurance Company's tabulation, and the 1000 square miles under way in the Ozarks in Southern Missouri and Northern Arkansas. That would mean that four years from now we would be in three states, a number of counties and on several rivers, and in two mountain ranges, and would have the data sufficient to put over an endowment drive for not less than \$3,000,000.00. The sixth year could be given to consolidation, thus closing the ten-year program, with which we are moving so far on schedule time. "

FNS Donates Land for Hyden Parking Structure

A special groundbreaking ceremony took place in Hyden on May 13. Following years of planning, a parking structure in Hyden came one step closer to becoming reality. The new parking structure will be built on a small plot of land donated by FNS to the City of Hyden. The land is located in front of the Mary Breckinridge Hospital, next to the river.

Many dignitaries, government agents and citizens met in the Leslie County Community Development and Training Center on Maple Street in Hyden for the groundbreaking ceremony. Congressman Hal Rogers was thanked for his work in helping bring the parking structure to Leslie County.



Left to right: City Commissioners Marvin Brannon and Jeff Campbell, Deanna Severance, Mayor Eugene Stewart and Commissioner Joe Lewis.

Kate Ireland Healthcare Center - Manchester

In the last *Quarterly Bulletin (QB)* we printed a "needs" list for the new clinic in Manchester. We received several responses already. Thank you!

For those of you who missed reading this in the last *QB*, during July 2001, we were informed by a high ranking official in State Government that the Kate Ireland Women's Clinic and the Hyden Clinic could not reside in the same facility. Currently, both clinics are located within the Mary Breckinridge Hospital. Therefore, we would have to move or close the Kate Ireland Women's Clinic. A decision was made to open a new Kate Ireland Healthcare Center in Manchester, Kentucky. Renovations are well underway and we expect to open by August 1, 2002.

If you wish to contribute for equipment needs please specify on your gift that it is restricted for Kate Ireland Healthcare Center in Manchester. Thank you for your support!



Kate Ireland Healthcare Center in Manchester, Kentucky

Wendover News
by Christine Collins

This spring at Wendover has been busy with visits from old and new friends and we have been actively working on the grounds. Walking trails have been built on the lower grounds and nice benches and tables will provide a sitting area for viewing the Middle Fork of the Kentucky River which is located in front of Wendover.



New walking/sitting area at Wendover with view of the river

May 3, a memorial service was held for Dr. Anne Wasson. Many friends gathered at the Dr. Anne Classroom in Aunt Hattie's Barn to say last good-byes. We still miss her.

Don't put off visiting us! Call 606-672-2317 for a reservation at our growing Bed & Breakfast Inn!

We entertained/hosted the following guests and functions since the last report:

- March 12 Gail Draut, Middletown, Ohio. Ms. Draut stayed at Wendover while interviewing for an FNP position at FNS.
- March 14 Angela Mitchell, Cleveland, Ohio. Ms. Mitchell stayed at Wendover while interviewing for an FNP position at FNS.
- Margaret Demopolis, Versailles, Kentucky.
- Frank Morgan, Hyden, Kentucky.
- Mr & Mrs. Tom Hall, Frankfort, Kentucky.
- March 26/27 TDS Telecom Mid-Central Division. Group of 43 guests.
- March 27 John & Anna Hoover, Richmond, Kentucky; James & Thelma Hoover and Debra Hoover, Lexington, Kentucky.
- March 28 Judy Marksbury, Louisville, Kentucky.
- March 30 David & Melissa Richwine, Knoxville, Tennessee.
- April 4 Jamie Johnson 4H group of 12, East Bernstadt, Kentucky.
- April 5 Frontier Bound. Group of 36.
- Georgia & Peter Narsavage, Shaker Heights, Ohio. FSMFN Faculty.

- April 11 Keela Thomas, Rock Island, Tennessee. FNP interview.
- April 12 FNS Team Management meeting. Group of 14.
- April 19/20 FNS Board of Governors meeting - Jane Leigh Powell, Bill Hall, John Foley, Nancy Hines, Mike Rust, Ken Tuggle, Deanna & Carl Severance and Jennifer Mercer.
- April 27 Noel Fernandez, Pomona, New York.
- April 29 McKendree College, Louisville, Kentucky.
- April 30 Geri Devary & Joyce Williams, Hodgenville, Kentucky.
- Julie Vaughn, Clarksville, Indiana.
- Vicky Crum, Brooks, Kentucky.
- April 30 Jennifer Yocum, Lebanon, Kentucky.
- Darla Forshee, Louisville, Kentucky.
- Janice Johnson, Louisville, Kentucky.
- May 6 CNEP & CFNP Level III. 12 students/faculty.
- May 7 - 10 Barbara (Hunt) Bane, Norma Smith, Nancy Vanette and Connie Dilger, Womens Guild of Fairport, New York, visited. Ms. Bane worked as the Social Services Secretary at Wendover during 1954-1956. Ms. Fernandez was Social Service Secretary after Ms. Bane left. This group celebrated a happy reunion at Wendover (see photo on next page).



Noel Fernandez and Barbara (Hunt) Bane

- May 8 Rhonda Brashear, Hyden, Kentucky, and The
 Kentucky Bankers. Group of 10.
- May 9 Dionna Akemon, Department of Employment
 Services, Hazard, Kentucky. Group of 15.
- May 10 FNS clinics and APEX meeting. Group of 30.
- May 14 Janice Wiegman, Rebecca Aitken, Beverly
 Curry, Cheryl Fuller, Beth Horton, Amberiea
 Hull, Jaime Koerkenmeier, Bethany McGuire,
 Julie Moran, Judy Jean Schroeder, James
 Wright, McKendree College, Lebanon, Illinois.
- May 16 University of Cincinnati Nurse Midwifery
 students. Group of 10.
- May 17 FNS Team Management meeting. Group of 16.

- April 30/May 1 McKendree College, Louisville, Kentucky. 18 students/faculty.
- May 10 University of Kentucky Nurse Program Staff, Lexington, Kentucky. 8 staff.
- May 13 WB Muncy Elementary School, Cutshin, Kentucky. 40 students/faculty.
- May 14 McKendree College, Lebanon, Illinois. Group of 11.

Tours

- March 13 Morehead University, Prestonsburg, Kentucky. 5 faculty.
- March 21/28 Somerset Tech, Somerset, Kentucky. 48 students/faculty.
- March 25 Joyce Zuckerwerdth, Milton, Kentucky. 13 guests.
- April 2 Somerset Tech. Somerset, Kentucky. 19 students/faculty.
- April 4 Jamie Johnson, Clay County Extension Office, Manchester, Kentucky. 5 staff.
- April 11 Central Kentucky Tech., Danville, Kentucky. 14 students/faculty.
- April 22 Country Day School, Louisville, Kentucky. 70 students/faculty.
- April 26 Prestonsburg Tech. College, Prestonsburg, Kentucky. 27 students/faculty.

Frontier School of Midwifery and Family Nursing News*Susan Ulrich, CNM, DrPH**Chairperson of CNEP*

Greetings from the Frontier! I am pleased to be writing my first column for the FNS *Quarterly Bulletin*. I became the acting Chair of the Department of Midwifery and Women's Health on January 7, 2002. Prior to that, I was Course Coordinator for the birth center courses. I came



to Frontier School of Midwifery and Family Nursing after being the Director of the North Shore Birth Center in Beverly, Massachusetts, for almost 10 years. I often mentored Frontier students at the North Shore Birth Center.

My midwifery education was completed at Georgetown University in 1983. I have taught nursing students at the undergraduate and graduate levels. I completed a Doctor of Public Health Degree at the University of Pittsburgh in 1991. Being part of FSMFN is a dream come true for me.

The faculty of the FSMFN has been hard at work refining the new curriculum. Since implementing our newly revised curriculum in 2000, we have been evaluating areas that needed to be refined. Course Coordinators had a retreat in Hyden the first week in March to review courses, eliminate overlap, make assignments more clinically meaningful and reduce some of the duplicate readings. These changes were based largely on student input. The Course Coordinators had a conference call with two student representatives to help us evaluate the new curriculum. Their thoughts as well as course evaluations were used to improve our program.

I was quite excited with some of the innovations developed at this meeting. For instance, Robin Jordan, CNM, MSN is planning to do a synchronous class for the Antepartum Course. The students will begin as a group and move through the course together. Robin will use the Banyan Tree chat room to introduce the student cohort to the course and case study assignments will be done on the forum within a designated time frame.

This synchronous approach will provide more structure for students who need help in pacing themselves through the course. We will be evaluating this synchronous approach and may also adapt it to other courses.

Having faculty "teach" was a recurrent theme in student evaluations of our curriculum. To improve this, Amy Marowitz, CNM, MS, will be using case studies in the Intrapartum Course with a pass-fail grading system instead of a letter grade. This approach will promote faculty/student interaction. Students will be working through case studies with the faculty input, making improvements until the case study meets standards. This removes the pressure of a letter grade and facilitates faculty student interchange of ideas, allowing faculty to "teach."

Debi Karsnitz, CNM, MSN, is also doing more "teaching" by having the students present their postpartum depression client case study on the Postpartum/Newborn Course web forum. Previously, students wrote a scholarly paper about their clients. The instructor graded these papers. By sharing these cases with other students and generating input in the class forum, the goal is that this assignment becomes more relevant and helpful to all students.

The Core courses in primary care were carefully evaluated for redundancy and plans to streamline these courses have begun. New modes of teaching, such as CD ROM lectures and streaming web video, are also in the works with the help of Heather East and the Multimedia Team. I am thrilled to be working with such a dedicated and innovative faculty.

Three students in the CFNP program have graduated with their certificates from FSMFN and their MSN from the Frances Payne Bolton School of Nursing at Case Western Reserve University. A huge congratulations to Karen Orberon, Kentucky, CFNP Class 1; Vickie Deleruyelle, West Virginia, CFNP Class 2 and Barbra Kelly, Colorado, CFNP Class 2. We are so very proud of their hard work and success in the program. All three have been exceptional students and will be excellent FNP's.

Courier Program News

-Barb Gibson

The Courier Program has been restructured to provide better services to the communities and to be more rewarding to our Couriers. The future Couriers will be working in out-post clinics assisting with patient follow-up; transporting prescriptions to disadvantaged patients; clerical duties; delivering mail/supplies to different clinics and assisting with health prevention programs. Couriers will experience working in a rural healthcare environment and may be able to shadow advanced nurse-practitioners. We are excited about the new possibilities and are looking forward to the arrival of Kelly Short, Richmond, Virginia. Kelly just graduated from The University of the South in Sewanee, Tennessee.



Former Courier News

Jennifer Swisher ('97), Kansas City, Missouri, wrote that she graduated from the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, on June 2, 2002. Congratulations, Jennifer!

Fred B. Jordan ('91), Martinsville, Virginia, wrote that his wife, Cameron, gave birth to their son, Jack, on April 13. Jack weighed 3 lbs 5 oz and is doing great. Congratulations Fred and Cameron!

Mary Breckinridge Healthcare, Inc. News

by Mallie Noble, Administrator

Activities

On the occasion of National Hospital Week, May 12 - May 17, I wish to extend my sincere thanks to professional staff members, employees, department managers and administrative staff for their support and hard work.

I extend a special "thank you" to the nursing department, the backbone of our organization. Thank you for a job well done and for your loyalty to MBHC. Happy Nursing Week!



Nurse "Good Body" Contest - National Nurses Day

"Happy Doctors Day" to our professional staff: Anita Cornett, MD, Chairperson; Jean Sullivan, MD, Vice-Chairperson; Roy Varghese, MD, Internist; Emmanuel Yumang, MD; Ashutosh Mishra, MD; Deborah Karsnitz, CNM; Pat Caudle, CNM; Heidi Froemke, FNP; Vivian Jutsum, FNP; and Lynn Wilkening, CNM.

Also, a special "thank you" to the Ladies Auxillary members: Jean Campbell, Lois Wells, Lula Begley, Wanda Sizemore, Pearl Lewis and Mae Campbell. We sincerely appreciate their hard work and dedication.

Our employees work very hard during special activities, etc. We are the first ones to recognize that perfection does not exist and that there is always room for improvement. We are aware that much is to be done and that we cannot afford to remain inert. A progressive organization must look to the future more than to the past.

Travels

April 10, 2002, Deanna Severance, Beulah Couch, Vicky Riley and I traveled to Crossville, Tennessee, to meet with the Scott County Appalachian Life Quality Initiative Board and Ms. Terrie Cross regarding early childhood development screening. Thanks for the warm greetings and southern hospitality.

Sympathy

There is little I can say that will comfort you in this hour of your bereavement. Please accept for yourself, and all who mourn with you, our assurance of heartfelt sympathy: Melissa Joseph - son; Drucilla Howard - daughter; Lawrence Bowling - sister; Michelle Wells - father; Louise Thomas - father; and Charlotte Wilson - father.

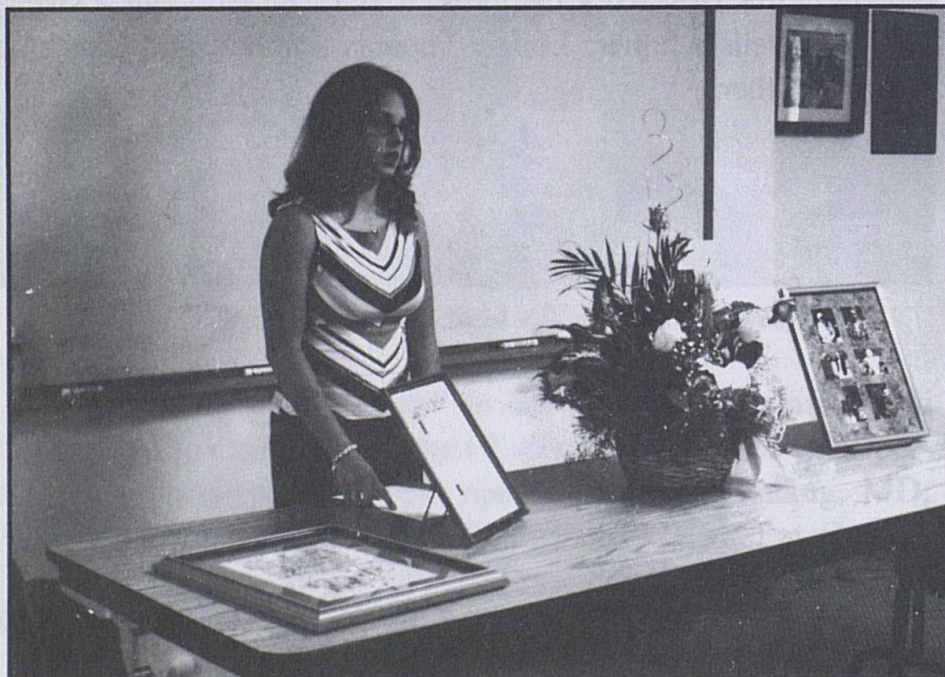
Dr. Anne Wasson Memorial Service

Dr. Anne's memorial service was held Friday, May 10th at the Dr. Anne Classroom in Aunt Hattie's Barn. Many of her friends attended. The following friends spoke of their memories of Dr. Anne: Deanna Severance, CEO of FNS; Dr. Susan Stone, FSMFN Dean and President; Nancy Hines, FNS Board Member; Noel Fernandez, former FNS staff and Leeann Wells, a dear friend of Dr. Anne's who stayed with her during her illness. We have printed Leeann's comments:

Treasured Times

by Brenda Leeann Wells

The times Dr. Anne and I had are special moments that bonded us together. She was 81 years old and my dearest friend. Dr. Anne Amelia Wasson was a caregiver, friend and advisor to all who knew her. Her words were wise and honest. Her heart was made of gold. Her illness put her in the position of being the loving patient instead of the loving doctor. I remember she would often send me to the "workshop" as she called it, to retrieve a flower that needed to be watered, or a ball of yarn that had color I favored. We



would sit in her cozy apartment, her in the yellow chair and me on the floor beside her. She would recall journeys from Egypt to India and show me the wonderful pictures. She put so much depth and feeling into the stories that I felt as if I was almost there.

Being a teenager is not easy but Dr. Anne made life a little easier for me. She inspired me to be the best I can and always make the best of what you have. I can truly say she is the reason for my decision to follow in her footsteps and become the All American Doctor!

I cannot put into words the sorrow I feel but even though we didn't actually journey across the world, and explore the seas, I feel that, in mind and spirit, we already have.

At the 2002 Kentucky Coalition of Nurse-Practitioners and Nurse-Midwives Conference held in Lexington, Kentucky, Dr. Anne Wasson was nominated post hummous for the American Academy of Nurse-Practitioner State Award for Excellence as a nurse-practitioner advocate. Pictured below are friends of Dr. Anne's who attended the Conference.



BR - left to right: Karen Wolfe, Marilyn Osborne, Susan Hull, Pat Caudle, Dr. Susan Stone, Heidi Froemke. FR - left to right: Barbara French, Trudy Morgan, Kathy Wheeler, Deanna Severance, Dr. Julie Marfell, Clara Jefferis and Beverly May.

Miscellaneous Tidbits

An anonymous donor made a donation to FNS in honor of a friend. The donor wrote the following letter to her friend explaining the gift:

My dear . . .

Not only at holiday time but all year long, I think of you and try to find something unusual that you might not have. Of course, if I were to chance upon something, I would then wonder if you have the space or would it be a duplicate. This year I have followed through by doing something I have heard you say – a contribution in your honor to a worthwhile agency or organization. I selected the Frontier Nursing Service which I know has many needs. Perhaps, the gift will provide a blanket for someone whose fuel is low, diapers for a newborn, or even hay for the horses if they still go into the remote areas of the mountains. I didn't think you would want me to drive to Wendover with the back seat of my car filled with these items so I mailed a check to be used at the discretion of Deanna Severance and her staff. This yuletide remembrance for you comes with my love always.

Mr. Clifford Worthing sent a donation to FNS in honor of his wife, Louise Pugh Worthing, who was a Courier at FNS in the 1940's. Mr. Worthing wrote the following:

Sixty years ago, Mrs. Worthing was a Courier with the FNS and she frequently mentions that it was the most rewarding experience of her life and she has done so many things!

IN MEMORIAM

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

Alice M. Young Rainey, Bethel Park, Pennsylvania, age 90, passed away March 17, 2002. Mrs. Rainey was a graduate of the Frontier School of Midwifery and Family Nursing in 1948. After leaving FNS, Mrs. Rainey served in U.S. Health Indian Affairs Service at locations in western states and in Alaska.

Katherine "Kate" Carson Breckinridge Prewitt, Lexington, Kentucky, passed away March 15, 2002. Mrs. Prewitt was a niece of Mary Breckinridge and served as a member of the FNS Board of Governors. In the 1950s, Kate was a flight purser with Pan American Airways and was an avid historian and preservationist.

IN MEMORY OF:

- | | |
|--|------------------------------------|
| Katharine C. Candee | Louise Anderson |
| Katharine C. Hunvald | Mary and John Smith |
| Alice M. Young Rainey | Homer Drew |
| William T. Rainey, MD | Ruth Morgan |
| Annie Douey | W.B. Rogers Beasley |
| Walton and Genevieve Shively | Ruth Morgan |
| Katherine Breckinridge-
Prewitt | Dr. Anne Wasson |
| Colonel & Mrs. James T.
Breckinridge | Ruth Morgan |
| Pamela D. Ellis | Agnes Lewis |
| Harold Wiscombe | Ruth Morgan |
| Marge Smith | Mr & Mrs. Taylor Lowery |
| Margaret Lowry | Harding Lowery |
| Harding Lowry | Philip Vaughan |
| | Betty Vaughan |

IN HONOR OF:**Mrs. Louise P. Worthing**

Mr. Clifford A. Worthing

Mrs. B. Russell Smith

Mrs. Joseph Severance

Miss Kate Ireland

Ruth Morgan

Miss Anne Cundle

Ruth Morgan

Nan Sersig

Carol Etherington

Barbara Post

Mary P. Chatfield

You can purchase Dr. Anne's biography "Tincture of Thyme" for \$15.00 per copy. To order, call or write to Christine Collins, FNS, Inc., 132 FNS Drive, Wendover, Kentucky 41775, or call 606-672-2317.

In Memoriam

If you wish to make a contribution to the Frontier Nursing Service in memory of a friend or loved one, please fill out and return this section to the Development Office at FNS.

In memory of _____

Contributor's name _____

Person (s) to whom you wish acknowledgment sent

Name _____

Address _____

In Honor

If you wish to make a contribution to the Frontier Nursing Service in honor of someone's accomplishments or achievements, please fill out and return this section to the Development Office at FNS.

In honor of _____

Contributor's name _____

Address _____

Person (s) to whom you wish acknowledgment sent

Name _____

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(the parent)

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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 Fund 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 life insurance - you may have life insurance made payable direct 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 the 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. William Hall, Treasurer
Fifth Third Central Kentucky Trust
250 West Main Street, Suite 100
Lexington, KY 40507

Staff Opportunities

Because text for the *Bulletin* must be obtained several days 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.

Staff opportunities: Family Nurse-Practitioners, Registered Nurses, and Physicians. For current information or to apply for a position, contact the Department of Human Resources, Wendover, KY 41775 (606-672-2913).

Courier Program: This Program encourages applications from anyone who is willing to volunteer for a minimum of 8 weeks and would like to be exposed to the work of the Frontier Nursing Service. For current information, write or call Courier Coordinator, FNS, Inc., 132 FNS Drive, Wendover, KY 41775 (606-672-2317). Courier Program e-mail - courierprogram@yahoo.com.

Nursing Volunteer Program: This Program is designed to meet the needs of nurses and nursing students who only have a short length of time in which to come to FNS and gain experience. In this Program, if accepted, there is no required amount of time. For current information, write or call the Director of Nursing, Mary Breckinridge Healthcare, Inc., 130 Kate Ireland Drive, Hyden, KY 41749 (606-672-3162).

URGENT NEEDS

FNS has an urgent need for the items listed below and hopes that its friends will wish to contribute toward their purchase. We sometimes receive more gifts for a particular item than needed. In those instances, your gift will be applied toward another need.

New Clinic in Manchester:

See page 9

Purchasing:

Supply Cart (2)

400.00

WE THANK YOU
FOR YOUR PARTICIPATION



PLACE
FIRST-
CLASS
POSTAGE
HERE

FRONTIER NURSING SERVICE INC
DEPT 1398
WENDOVER
PO BOX 143
LEXINGTON KY 40588-0143



Loose Item

Please send me more information about:

- The FNS Courier and Volunteer programs.
- Visiting and Touring the FNS.
- Books and other literature concerning FNS.
- Change of address.

As an interested friend, my subscription of \$5.00 a year is enclosed.

- New
- Renewal

As a supporter, you will receive the *Frontier Nursing Service Quarterly Bulletin* unless you request otherwise.

Enclosed is my gift of \$ _____



Mary Breckinridge's home at Wendover.
Historic Landmark - Restored in 1981.

Name

Address

City

State

Phone ()

Zip

Your Gift is
Tax Deductible

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.”

Isaiah 40:11

Its object:

To safeguard the lives and health of mothers and children by providing and preparing trained nurse-midwives and nurse-practitioners for rural areas 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 educational programs for nurse-midwives and nurse-practitioners; to carry out preventive public health measures; 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 promote the general welfare of the elderly and handicapped; 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, 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.

From the Articles of Incorporations
of the Frontier Nursing Service.
Article III as amended June 8, 1984