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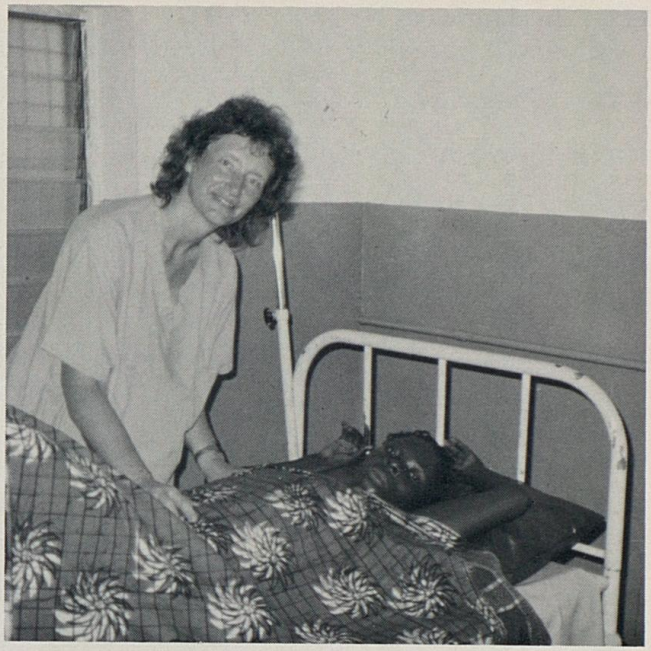
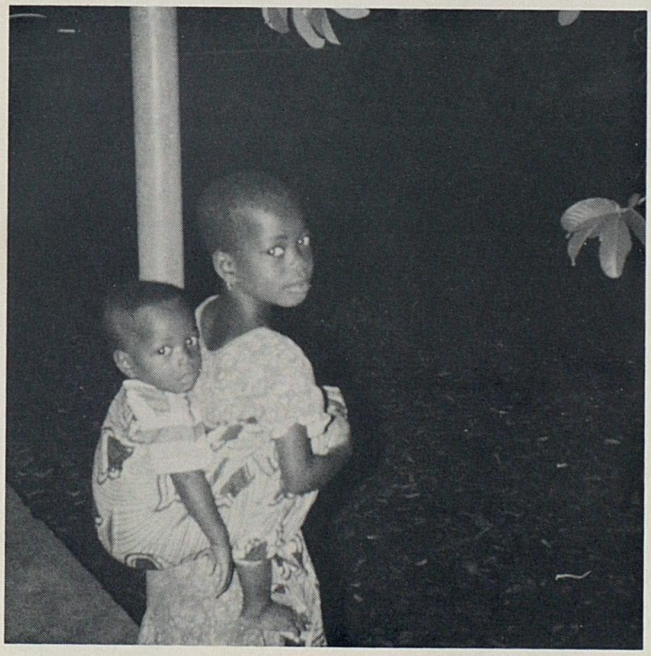
Frontier Nursing Service



A World View



"A tiny plant above the ground was the Frontier Nursing Service. . . . Over the years the plant has grown, throwing out branches, as it has sought to become a banyan of the forest, 'yielding shade and fruit to wide neighborhoods of men.'" — *Mary Breckinridge*

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Photo Upper Right: FNS midwife Dr. Nancy Clark checks on a newly delivered mother.

Photo Lower Left: Two children of the Ebo Tribe seek health care at the Nigerian Christian Hospital.

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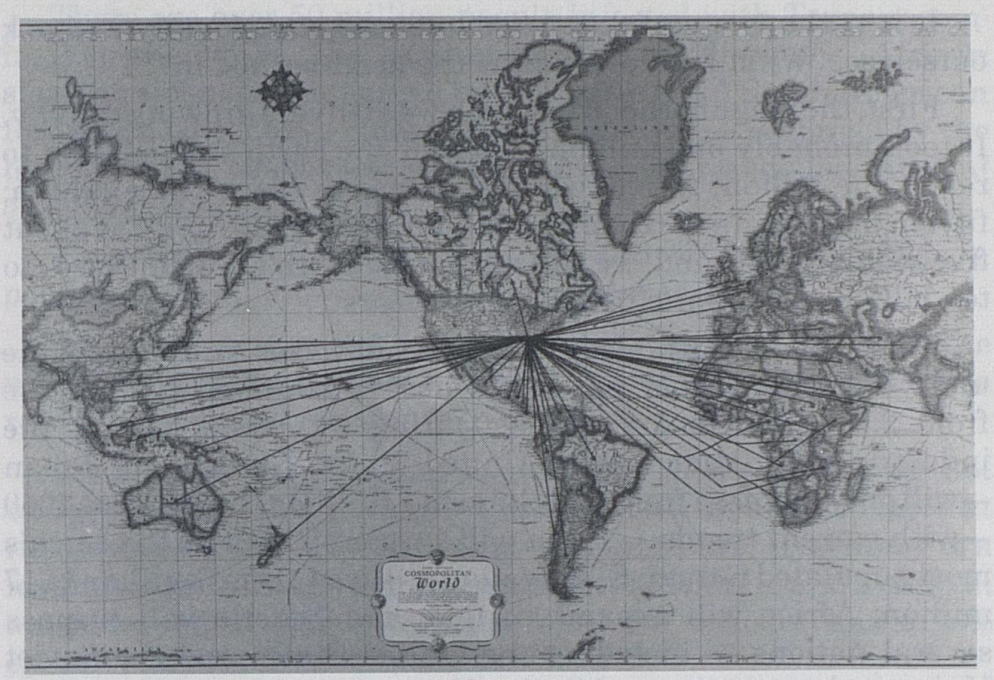
Frontier Nursing Service Has Spread Its Mission To The World



For sixty-two years the Frontier Nursing Service has distinguished itself in the field of rural health care. Over the years, FNS has grown — as founder Mary Breckinridge hoped it would — into a health care model that has been observed, copied and utilized by health care specialists all over the world. Many such health care providers come to Hyden each year to learn our methods and return home to set up systems similar to ours in their countries.

By far the largest group carrying the FNS concept outward are former FNS practitioners, most of whom are graduates of the Frontier School of Midwifery and Family Nursing. At this time of writing, we have FNSer's working in 54 countries and 47 of the 50 states. As Steve Hardman reminds us in his editorial, Mary Breckinridge had a broad world view and today her vision — through those trained here in the Kentucky mountains — has been expanded to include a very large neighborhood indeed.

This issue of the *Quarterly Bulletin* is dedicated with respect and gratitude, to all those who have — with spirit and courage — chosen to share their skills with the wider community.

Mary Breckinridges' Neighborhood

Mary Breckinridge held a remarkable view of the world in which all of mankind are residents of one world-wide neighborhood.

It is perhaps a useful exercise to pause occasionally and ask ourselves, "What kind of shape is the neighborhod in?"

First, the neighborhood in which we all live is growing rapidly. It took probably one million years for the earth's population to reach one billion; thirty-two more years to reach three billion; fifteen more years to reach four billion. We are currently at about five billion people and, we will double the earth's population — to ten billion — in approximately sixty years.

Nearly all of this projected increase, however, will come in the undeveloped nations of the world, whose populations will increase from 3.5 billion to 8.5 billion. During this same period, the industrialized nations — the United States, Europe and Japan —will only increase from 1.3 billion to 1.5 billion. By the year 2050 —with current trends — India will surpass China as the earth's most populated nation; El Salvador will grow from 5 million to 17 million; Africa will expand six-fold; and Nigeria will surpass several nations — including the United States and the Soviet Union - to become the world's third largest country in population.

In the developed nations, the major health-care problems are environmental and life-style diseases such as heart disease, diabetes, also motor vehicle accidents and a host of illnesses resulting from drug, cigarette and alcohol use.

In the third world, however, infectious diseases are still rampant. According to the World Health Organization's 1984 report, throughout the tropics, half of all school-age children have malaria. In parts of Africa one child in five dies before the age of six of malaria. More than half of the world's population lives in malaria-risk areas. And the most dangerous of malaria parasites — Plasmodium Falciparum — has developed a resistance to Chloroquine.

The building of dams and irrigation systems is contributing to the spread of Schistosomiasis or "snail fever". The World Health Organization has estimated that there are over 200 million cases of this parasitic disease in the world, and, the incidence is increasing.

There are over 100 million cases of filariasis, one form of which — onchocerciasis — causes blindness and another form attacks the lymphatic system.

There are over 50 million people infected with Trypanosomiasis in the world. The African form of the disease — African sleeping sickness — is spread by the Tsetse fly. A South American form of the disease — called Chagas' disease — is spread by the bite of a small, blood-sucking bug, and causes irreversible internal organ damage.

There are over 400,000 cases each year of Leishmaniasis, a potentially fatal illness caused by a protozoan.

And, believe it or not, there are over 11 million people in the world today suffering from Leprosy — another disease which has recently developed resistance to medication.

As if these horrible and exotic tropical diseases were not enough, poor people from third-world countries are also more at risk from everyday illnesses than you and I are. Dysentary is a leading cause of death among third-world children, and a child in an undeveloped country who catches the measles has a 20% chance of dying from this disease.

The World Health Organization has estimated that fully 50% of third-world people are either undernourished or frankly malnourished. And only 25% of the third-world residents have ready access to safe, potable water. It is not surprising that infant mortality rates for underdeveloped lands are 10 to 20 times higher than for developed nations.

So, how is our "neighborhood" doing? Well, it has many serious problems just as it did during Mary Breckinridge's day. And there are many of our neighbors who need help, just as many people did during Mrs. Breckinridge's day. The question — as I see it — that our generation must answer is whether we are willing to roll up our sleeves and lend our neighbors a hand today as Mary Breckinridge and the other pioneers of Frontier Nursing Service did in their day.

(Much of this information is taken from an address by Val D. McMurray, Ph.D. to the second annual meeting of Collegium Aesculapium, Salt Lake City, Utah, 1985.)

— Steve Hardman

A TRIP TO NIGERIA

A native of Los Angeles, Wendy Wagers moved to Eastern Kentucky in 1966. After receiving her BS in Nursing from Eastern Kentucky University, Wendy attended our Frontier School for her midwifery and family nursing training and then earned her Masters in Nursing at the University of Kentucky, graduating in 1981.

Following graduation, Wendy worked for the Booth Maternity Center in Philadelphia where she started and coordinated Women's Health Associates, a private practice of nurse midwives. She returned to FNS in late 1984. Since then she has served as faculty, actively practiced midwifery and in addition, works with FSMFN students as Educational Coordinator.

Active in the American College of Nurse Midwives, Wendy is a current Chapter Chair, Chair of the State Nurse-Midwifery Peer Review Committee and a member of the National ACNM Peer Review Committee.

In the following article, Wendy tells us of her adventures and shares her impressions during her very first experience working as a nurse-midwife in Nigeria.

In the last week of May, Nancy Clark, the Associate Dean of our Frontier School of Midwifery and Family Nursing and I left FNS for Nigeria. We went with a group of eight BSN students from Harding University in Searcy, Arkansas and with a combined student/faculty group from the Frances Payne Bolton School of Nursing at Case Western Reserve University.

Prior to coming to the FSMFN, Nancy taught at Harding and participated in several of their overseas programs. Acting as a faculty member in all three schools, Nancy was able to arrange for us to spend six weeks at the Nigerian Christian Hospital, a facility that primarily serves the Ebo Tribe in the same area that was once called Biafra.

Our arrival in Lagos, the Nigerian capitol, was an adventure in itself. The presence of armed military police was very apparent, although we got through customs easily without ever being searched. All over the airport men begged and fought to carry our bags, as did the taxi drivers out in front of the terminal.

We were supposed to stay in a local mission overnight and then continue on to our destination the next day. However, overseas

Students and faculty stand in front of the Mary Slelssor Hospital. From left to right: Susan Block FNS alumni, Matilda Chevez, Mary Segal, Lynn McDonald and Wendy Wagers.

mail to Nigeria is very unreliable, so no one at the mission knew that we were coming. Since telephones are all but non-existant, we ended up driving through Lagos via Taxi. There do not seem to be many rules of the road there except that the fastest driver gets where he's going first. Since there is a tremendous volume of traffic and each driver determines on his own where the various lanes are, we wondered if we'd make it out of Lagos alive. People sell all manner of things in the middle of the highway and must run along side of the cars to conduct their business. Not surprisingly, many are killed or injured doing this every year.

After several hours of driving lost through Lagos, we found the mission and all 14 of us were welcomed at an impromptu dinner. The missionary couple, Walter and Eddie Smith, were exceedingly gracious, as were almost all of the people we met in Nigeria. We arrived on the last night of the holiday of Ramadan. Since Lagos is largely a Muslum city, the celebration was in full swing. All night mullahs called the faithful to prayer from the many minerettes in the area. There was also a great deal of chanting and singing with drums in the background. While it was quite exotic, we got very little sleep that first night.

The next day we flew on to Port Harcourt and then were driven about 60 miles further to the Nigerian Christian Hospital (NCH).

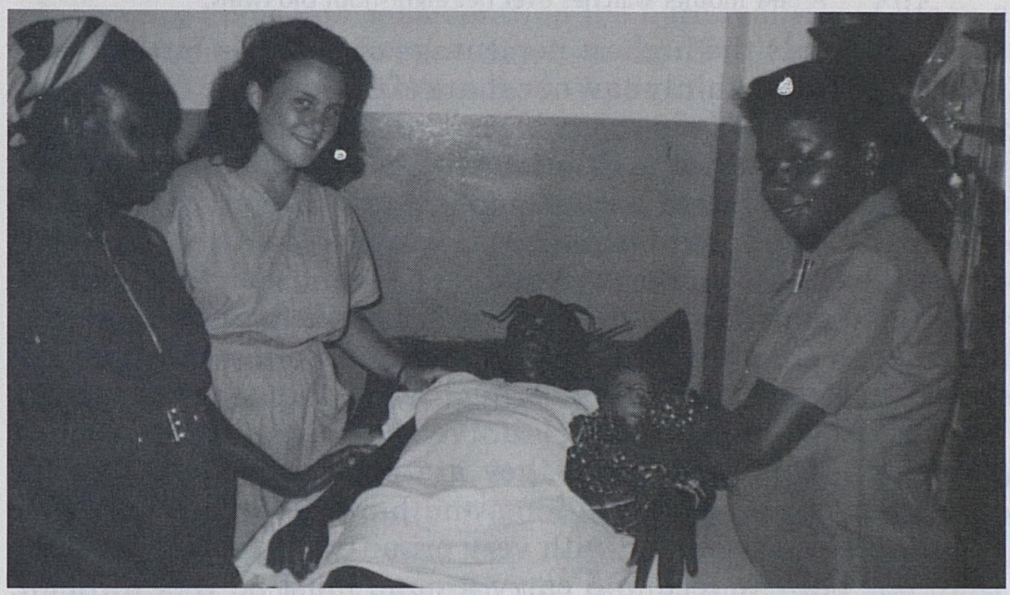
NCH is in a rural area, right on the border of Imo state, the homeland of the Ebo Tribe and Cross River State, the homeland of several different tribes. The border area is land claimed by both states and therefore a place that has frequent political violence. It was peaceful when we were there, but we were reminded of the potential for hostilities every time we were on the road to Aba, the nearest town. Nine months before in a border clash, a bus had been fired upon and many passengers had been killed or wounded. Its shell remained by the roadside, a handy portable barricade to be used if the necessity arose.

The hospital had separate units for maternity, pediatrics, and male and female medical/surgical. There was also a large out-patient department and a program of village outreach. Most of our group worked in the labor and delivery area of the hospital. Nancy was there to serve as group coordinator and faculty for the BSN students in the areas of Pediatrics and Maternity. I was there mainly as a relief person for the Nigerian midwives in the labor and delivery area. Our visit allowed several of them to take some needed days off. Lynn McDonald, a student nurse-midwife from Case Western Reserve came to get initial delivery experience, and Susan Block, a CNM and FNS alumni, was sent by Case to supervise Lynn.

A typical Nigerian woman waits in line for a well-baby check.

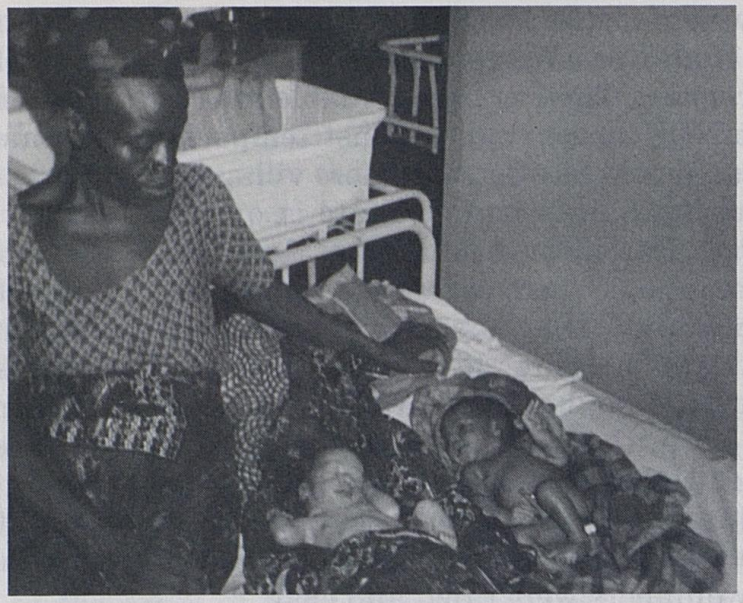
Mary Segal, RN, PhD and Matilda Chavez, RN, and MSN student from Case Western Reserve, worked in the village outreach program. Their presence enabled the well-established program at NCH to expand, at least temporarily, so that mobile health care could be offered to more villages.

Delivering babies in Imo State is quite a different cultural experience. Families place a great deal of stock in stoicism in labor. Some people believe that if a woman has a difficult labor, it is an indication that she might have been unfaithful to her husband. Considering this, women don't allow themselves to react too much to the pain of labor, and the type of labor support that we do in the U.S.A. is inappropriate. Most of the women preferred to labor outside, either walking around or lying on grass mats. Many times they would be walking outside and then just come into the labor area and say, "the baby is coming now!" The majority of labors were rapid and easy.



Nigerian nurses and a student tend a recent post partum patient and her newborn.

Most had already given birth to many children. Women frequently become pregnant twelve times or more. Couples feel that they need to have many children because only about half of these children live longer than five years. In a developing country such as Nigeria, children are the most vulnerable to the problems caused by poverty: poor sanitation, malnutrition and the lack of sufficient medical care.



A new mother watches over her eight-hour old twins.

Nigeria has the highest percentage of multiple births in the world, and we certainly saw our share of these. In our first week at NCH, four sets of twins were born. Unfortunately, most Ebo are not very happy about multiple births. In the not too distant past twins were considered a curse and it was common for one of the twins to be killed or to die from neglect in early infancy. While this is not the case anymore, frequently one twin is smaller than the other, and may be identified as weaker by the parents, and thus less favored. Negative feelings about multiple births are really not too hard to understand considering the fact that many people are malnourished; breastfeeding is universal and mothers carry their babies on their backs until they are big enough to walk. The women in our area worked long and hard, mostly in the fields planting and harvesting with very primitive tools. Having more than one baby to feed and carry around must be very difficult, especially for the malnourished mother.

The birth center is an idea that has caught on in a big way in Nigeria. Nurse-midwives run birth centers all over Imo State. We had the opportunity to visit one and we found it to be exceptional, although the standards vary from place to place. As in America, the nurse-midwives have agreements with back-up physicians in hospitals. However, nurse-midwives in Nigeria take care of very serious obstetrical problems no matter where they practice. While

practitioners in birth centers frequently refer their more difficult cases to hospitals, all nurse-midwives routinely deliver breeches and twins. Because technology is very limited, the physician role in labor and delivery is largely composed of the application of forceps or doing surgery. Nurse-midwives sometimes use vacuum extractors if they have them.

Many women go to traditional birth attendants in the villages when they find that they are in labor. While we didn't know the outcomes of the majority of these births, frequently, women came in to the hospital after long boughts of labor in the villages or with complications. We had at least one case of a ruptured uterus and several women hemorrhaging because of placenta previa, a condition where the afterbirth blocks the opening of the uterus.

The Ebo attitude about life and death is much different than ours, and while I can not pretend to have gained much insight in six short weeks, I think that I could safely say that their philosophy takes into consideration the hard realities of life in a poor and underdeveloped country. Life is difficult in Nigeria and people must work very hard to feed, clothe and house themselves. There is no such thing as government assistance to weak, poor or disabled people, therefore if they cannot support themselves, they do not survive. This reality is exemplified in the fact that the Ebo rarely, if ever, resuscitate someone that is near death. In the case of premature babies or babies born in distress, there are no attempts made to resuscitate. While we certainly respected their cultural values, we found that we could not ignore ours either, and therefore resuscitated babies on several occasions. We may have saved a few babies, at least for the short run.

Even though life is hard in Nigeria, the people, at least in Imo State, were exceptionally friendly and gracious. While the majority of people had very little in the way of material wealth, most seemed genuinely happy. The women were very beautiful, lean and muscular. Some wore western clothing, but most wore colorful wrappers with matching blouses and head coverings. They also saved matching material in which to wrap their newborn babies. It was always possible to tell a married women from one who was unmarried because the ummarried girls wore their hair in close-clipped naturals. The married women let their hair grow and then braid it in incredibly intricate styles with black thread intertwined.

The older Ebo women, the grandmothers, had a fair amount of status in the tribe. They frequently came into the maternity ward with their daughters or daughters-in-law so that they could attend to their needs both before and after the birth of their babies. They brought straw mats and slept under their daughter's beds at night. On one particularly memorable occasion, several of the young women had been in fairly inactive labor for a long time. Finally, one of them gave birth to her baby. There was great jubliation, especially among the grandmothers. They danced through the ward and started responsive chanting and singing among the expectant and already delivered mothers. The oldest of the women then took the newly delivered baby and unwrapped it. She had all of the women who were trying to get into active labor (five at that time), line up, and expose their abdomens. She then bounced the naked baby on each woman's belly. By the next day all of these women had delivered.

One thing that impressed me very much was the industriousness of the Ebo people. Everyone, even the small children, had some job to do. Very early in the morning the women and their small children were in the fields working. Older children are sent out to gather firewood for the day. In the afternoon, women sell produce by the side of the road. Everybody seems to have some kind of business, no matter how small. Even with the heat and humidity, the people persevere against great odds to make a living and try to improve their living conditions.

Shopping on the road to Calabar at an open-air fish market.

Nancy Clark enjoys a relaxing moment with Nigerian trained physicians Dr. Zike Ikeorha and Dr. Wosu.

Considering how hard people work for what they have, it is not surprising that the society in Imo State is definitely "cash and carry". Also, the concept of giving something away "for free" is quite different there. For instance, if someone gives something away to one person, then everybody else feels that they deserve to get the same thing. When providing medical care, knowledge of this concept is very important. When people are so poor, it is tempting to treat them for free, or to pay for the services that they receive. While in our culture that is often appropriate, it doesn't work very well in Nigeria. At NCH people were expected to pay for their services and they usually did. Although fees were very reasonable, sometimes as low as 12.5 cents, people occasionally could not afford the services. It is very hard to turn away people who need care, and usually arrangements or alternatives of one type or another were worked out. What we had to keep in mind is that the people determined the rules of their culture, and we had to respect them.

At the end of the six weeks, I felt that I had been given a great deal both by the Nigerians who invited me to come to their hospital, and by those who allowed me to offer them nurse-midwifery care. In an experience like this, it is the visitor who gains the most benefit. While I learned a great deal, it is obvious that it would take many years to garner a real understanding of the Ebo culture. When one considers that the Ebo are only one tribe of over a hundred in Nigeria alone, and that the language, customs and values of each tribe varies widely, the task is put into perspective. I hope to be able to return to Nigeria again sometime in the future.

—*Wendy Wagers,* RN, MSN, CFNM

Health Care Belize Style
. . . *Have Clinic, Will Travel*

Whitney Robbins lives in a lovely, old, historic home in Medfield, Massachusetts with her husband and three daughters (one of whom was an FNS courier in 1982). Shared family adventures include domestic and international travel. . .hiking in Switzerland, England and the U.S. and biking through Ireland and Canada.

A good friend to FNS, Whitney serves as Co-Chairman of the Boston Committee and is an active member of the Board of Governors.

A Registered Nurse, Whitney is, at present, a MPH candidate in Health Services at Boston University's School of Public Health. Last March she spent six weeks as a public health intern in the small, Central American country of Belize. The following narrative lets us share Whitney's latest, very special adventure.

"Who Candelaria Choc?" The soft call of the young, rural health nurse was lost in the din of crying babies, chattering children, and laughing women. The dust was thick and the heat heavy inside the dimly lighted health post. Outside the mid-day temperature was approaching 100 degrees. Scrawny dogs sought refuge in the shadows cast by the overhang of the thatch roof or inside on the cool dirt floor under the benches and long cotton skirts of breast-feeding mothers waiting to be seen at the day-long MCH clinic.

March in Massachusetts was the height of the "mud season". Here in southern Belize it was the dry season —the beginning of the hottest time of the year. The rains would not offer much relief for another three months. There was little water in the creeks for bathing or washing dishes. Only one pump was functioning in this Mayan village of thirty-two families, and it was producing "bad" water. Most people were getting their drinking water from the slow running stream where the pigs wallowed.

The community health worker encouraged her people to boil their water, but felt frustrated that her pleas often fell on deaf ears. It was too hot to collect firewood for additional cooking, and too tempting to drink whatever liquid was at hand. She realized how essential her message was for the few mothers who were bottlefeeding. Many of them had already requested oral rehydration packets (ORT) to treat their infants' diarrhea.

Only seven days before, I had arrived in Belize to begin a six week public health internship, or what my three adult children had fondly dubbed "Mom's mid-life adventure". Although I'd hoped, little did I expect, that I would actually find myself traveling with the Toledo District Mobile Health Team, immunizing hundreds of Indian children and helping with prenatal exams. Nor did I imagine that I would be the first white overnight guest to stay with the community health worker and her unsuspecting family in a village that had no electricity, phones, running water or latrines. A rat falling into my hammock during the night and an afternoon of hitchhiking with the malaria control team in their pick-up truck provided additional excitement. I had been looking for "third world experience" to complete my MPH studies and found it happily in this beautiful setting.

My Belize experience evolved from communications during the previous year with Project Concern International (PCI) — a California organization that in 1982 had initiated a pilot primary health care project in the Toledo District. For five years now PCI and the government of Belize have collaborated in the training of community health workers, in order to increase the delivery of basic health services to the 11,000 people living in the remote Mayan villages scattered throughout the 2,000 square mile area. Today 23 community health workers (CHWs) are functioning under the supervision of Public and Rural Health Nurses in 22 villages.

Government-sponsored Mobile MCH clinics are scheduled to stop at each of the inland villages every six weeks throughout the year. However, because of road washouts during the rainy season and vehicle breakdowns, visits to the more inaccessible areas tend to be irregular. PCI has provided six communities with two-way radios for emergency communication between CHWs and PCI and the hospital in Punta Gorda, Toledo's main town.

These community health workers are responsible for spreading word of the MCH mobile clinic dates to their fellow villagers. Indeed, when we arrived on a specified day, there was often a gathering of women and children outside the health post, church hall, or school where the clinic was to be held. Where there were known newborns or children needing immunizations, beyond walking distance of the nearest village, the familiar blue Ford van

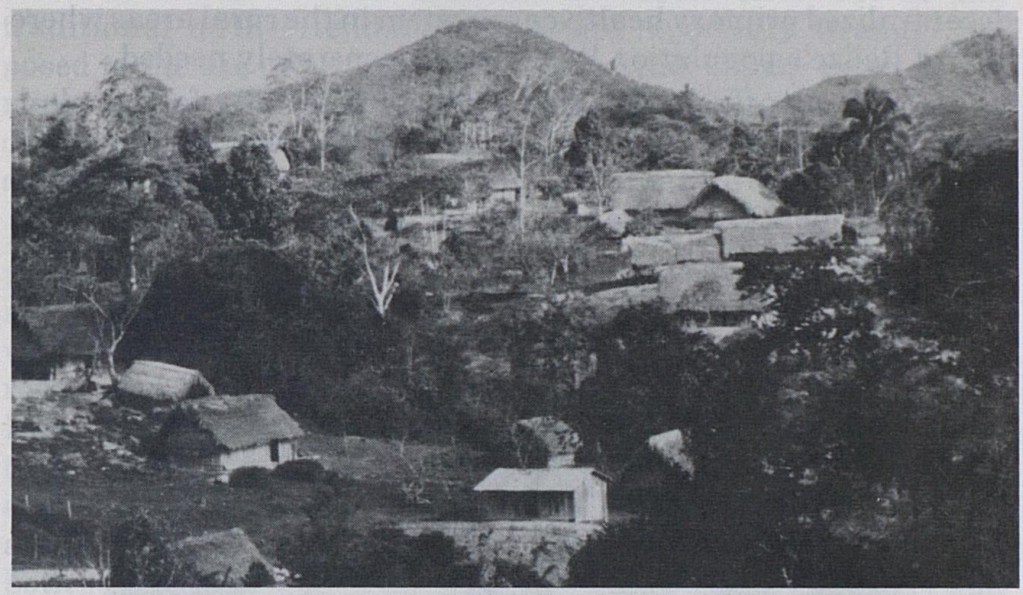
"There was often a gathering of women and children outside the health post, church hall, or school where the clinic was to be held."

bearing the "CARICOM — AID, BASIC HEALTH MANAGEMENT PROJECT" emblem would honk its horn to announce our arrival at an isolated house or group of dwellings. These "Roadside" clinics, where babies were weighed in sheet slings (lepop) from scales rigged in the van door opening, where prenatal exams were performed on the back seats, and immunizations were given by the side of the road, were experiences I imagined as close to any that early FNS nurses might have had in the Kentucky mountains.

The Toledo North Mobile Health Team consists of two Public Health Nurses (RNs with midwifery training and a post-graduate year of public health experience), three Rural Health Nurses (LPNs who are certified midwives), a driver, and often one of the caretakers/community health workers from the health center at either San Antonio or San Pedro Colombia, Mayan towns over 20 miles from Punta Gorda with populations of approximately 2,000 and 1,000, respectively.

Of the many visits I made to the San Antonio health center, none was more memorable than the first. Only 48 hours after leaving the U.S. I found myself there awaiting the beginning of a village health committee meeting. While exploring the empty

examining room, my eyes were drawn to a bright yellow book pressed between a dusty collection of outdated nursing texts. To my amazement it was none other than the very same edition of FNS *Medical Directives* that sat upon my desk at home! Yes, the Indian Health Nurse had heard of the Frontier Nursing Service, because one of her predecessors had come from Kentucky. (I was unable to discover her name while in Belize). But, what a likely place for a former FNS nurse-midwife to practice! I had already noted many similarities between the hills and "hollers" of Appalachia and the short, steeply pitched limestone mountains and valleys of Toledo. The need for maternal-child nursing care was perhaps not unlike what Mary Breckinridge had found in Leslie county in the 1920s.



Village of Jalacte, North Belize near the Guatemala border.

Toledo, the southernmost and poorest of Belize's six districts, stretches from the Caribbean coast inland 35 miles to the Guatemalan border. Several of its southwestern settlements are still without roads, so that mobile health teams must travel hours, when weather permits, carrying coolers of vaccines by boat, horseback, and foot over rough terrain to reach isolated communities.

Punta Gorda, where PCI had an office and where I lived, is Toledo's largest town (pop. 3,000) and the administrative center for the district. It is situated on a promontory with views of the

peaks of Guatemala and Honduras across the bay. While PG is a mixture of Garifuna, Creole, and Mayan peoples, rural Toledo is inhabited mainly by Kekchi and Mopan Maya Indians. The Mayans account for 70% of the district's, and 10.4% of the country's, total population.

Belize's health care system is highly centralized. Government policy states that the primary health care approach is the basic strategy, but 60% of the health budget supports services in Belize City, and 40% goes to the country's eight hospitals. While the 1980 infant mortality rate (IMR) stood at 40.2 deaths per thousand nationally, Toledo district's IMR was estimated to be 58.3 By 1986, although Belize had reduced its overall IMR to 27, Toledo's was thought to linger around 40. Funding for expansion of a decentralized primary health care system in the rural areas where 48% of Belize's population lives seems desperately needed.

There is no official national strategy regarding family planning in Belize — a country with one of the lowest population densities in the world, a high emigration rate, in which 62% of its 162,000 residents are Roman Catholic. Because Belizean women are reported to have a fertility rate 2-3 times higher than that of other Caribbean countries, inspite of a declining population, there is a relatively high rate of natural increase. As in most developing countries accurate statistics are difficult to obtain.

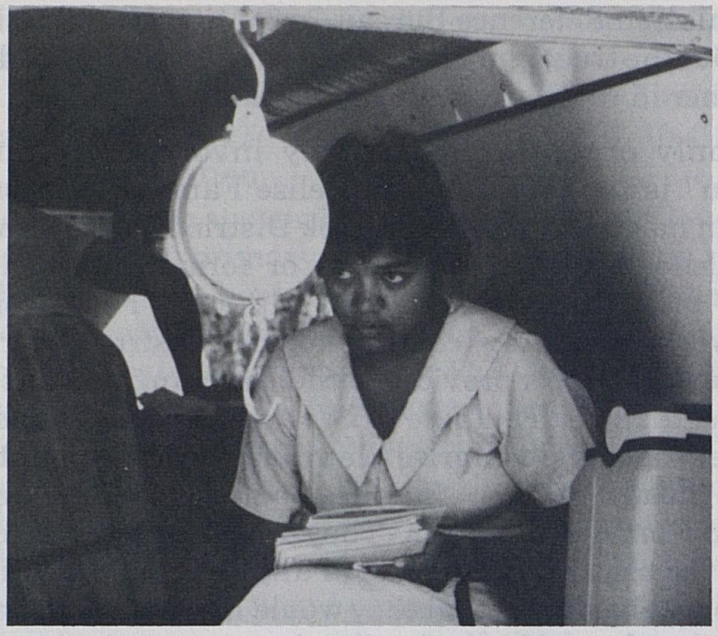
The mobile health team arrives at an isolated site where patients are cared for at a "roadside" clinic setting.

The Population Reference Bureau (1986) cites a total fertility rate of 4.5%, but the true figure is probably closer to 6.3%, and possibly even higher in rural areas such as Toledo.

The only organization actively involved in "family life education" is the privately run Belize Family Life Association (BFLA) in neighboring Stann Creek District. Thus, the women of rural Toledo have little access to or formal knowledge about methods of limiting family size. Although PCI's community health worker training course includes instruction regarding child spacing, CHWs provide neither teaching nor birth control materials. In fact, all but five CHWs are men. Mayan men are not only village leaders, comprise the village health committees, and serve as heads of their families, but most often act as the traditional birth attendants. They are reportedly strongly opposed to the use of birth control of any kind. On the other hand, many women have said that they would like to limit the number of children they bear, if only family planning methods were available and affordable.

If the future of family planning efforts in Belize sounds pessimistic, a Youth Awareness Workshop sponsored by and held at the BFLA in Dangriga should offer hope for young people. I was fortunate to spend an intense two days with 20 of the most refreshing, bright, and enlightened adolescents that I've ever met. During the course of the weekend we all saw educational films, took part in values clarification discussions, and shared knowledge on topics covering anatomy and physiology, birth control, abortion, and sexually transmitted diseases. For teenagers of both sexes ranging in age from 14 to 19 to exhibit such candor and concern was truly inspirational — for them and for me! The leaders of youth groups from Stann Creek and Toledo who attended were excited about returning to their school peer groups to pass on their expertise and enthusiasm about promoting family life as well as health education in general.

My adventures were so numerous that I filled two journals with notations for term papers and a case study, and simply to record for posterity a 47 year old's reactions to health care experiences in a culture unlike any I'd seen before. To witness people of so many ethnic backgounds mingling, yet preserving their cultural traditions, in a small country independent only



Babies are weighed in sheet slings from scales rigged in the van door opening by rural health nurse Debbie Barland.

since 1982 was an extrordinary lesson. Every day, whether working with the Mobile Team or making home visits in Punta Gorda, was a public health classroom come to life. What I gained from all the generous, curious, kind people whom I met and with whom I was privileged to work far exceeded anything I was able to give.

My thanks go to: Project Concern International for allowing me this opportunity to observe firsthand the predicaments and rewards of being a project manager in a developing country; to the trusting nursing officials of Belize for the clearance to "do whatever I wanted"; to my family for permitting a Belize odyessey; to the wonderful people of rural Toledo for their humor, acceptance and hospitality; to the British Army for numerous rides along the dusty road from San Antonio to Punta Gorda after a long, hot day's work.

Perhaps above all, Mary Breckinridge's vision for FNS had a profound influence in opening my eyes to the health care problems and needs of rural mothers and children, no matter where they may live. I can only hope to repay a fraction of the debt of gratitude I owe by returning to work in some small capacity to better the quality of life in beautiful little Belize.

Greetings from Zambia

This wonderful letter describing life in Zambia arrived in October from Heidi Froemke. Heidi is a family nurse-midwife and a recent FSMFN graduate (Class of 1986).

All usual efforts on the part of the editor to shorten this letter for the Alumni News section of the *Quarterly Bulletin* were quite unsuccessful. Each paragraph defied any attempts at deletion. It soon became obvious that Heidi's fine letter could and should stand on its own as an article and, given this issue's international theme, it is a perfect fit. Currently, FSMFN has graduates working in 54 countries and 47 of the 50 states.

Following, with minimal editing, is the text of Heidi Froemke's letter to her FNS friends. Those wishing to write Heidi may reach her at the following address: c/o Macha Hospital, P.O. Box 630340, Choma, Zambia, Africa.

* * * * *

Greetings to you from Zambia. I had intended to write once my first 6 weeks had passed, but the time got away from me. It has now been 8 weeks. No matter, however, for I am just 2 weeks richer in experiences! I've now had some time to "get the lay of the land" and to correct some of those inevitable "wrong" first impressions. So, with that behind me, let me tell you something about my life in Zambia.

This is "classical" Africa — at least the one we grow up learning about. Right now it is hot, dry and dusty — baked brown by the sun — real "bush" country. They assure me this is only because it is now "winter." Here, that means no rainfall. None was expected until October, but last night after 4½ months of drought, a glorious, gentle rain began to spill down from the heavens. People came out of their homes and with arms outstretched, faces turned toward the sky, sang for joy! And they were not the only ones, for the birds, in the dark of night, sang their own songs. I could feel the dying, cracked earth begin to sparkle back into life.

The Zambians, however, say this is but an isolated event. There will be no more rain until October. This one rain is "that which saves the roots." In other words, it gives just enough water to keep the trees and shrubs from dying completely — and gets them through until the heavy rains begin. In the meantime, the earth will remain parched and tinder dry. Brush fires are often ignited by stray sparks from cooking fires. In some areas the brittle grass stands as high as 8 feet. I always have visions of Dr. Livingstone wading through this sea of grass only to come face to face with a lion!

At least on this point, however, there is no need to fear. Few wild animals live in the immediate area. An occasional duiker, kudu, antelope

or snake is about as "wild" as we get. Perhaps I should include, though, the rabid dogs. I've never really feared these animals until arriving at Macha. Everyone has his own story to tell about an encounter with a "mad dog."

Macha seems like it is at the end of the earth though I know it is far from it. From the main highway we travel northwest from the town of Choma, going 50 miles over very bad road. It is two hours of bone-jarring, washboard dirt road — guaranteed to produce a stiff neck and a headache. Even the hardiest traveler has been known to protest. During the raining season, they tell me, this journey can take 3 to 4 hours while one waits for swollen rivers to recede just enough to get a vehicle across. I am looking forward to this rare treat and have decided that any journey along this road will require careful forethought — a hearty lunch and plenty of coffee!

We have quite a nice community here. I have a comfortable little house — complete with a veranda which has become the hub of evening get-togethers. I also have a roommate — a midwife from Holland. We've been enjoying our own little cross-cultural experience! The real tragedy of this situation, however, is that neither one of us likes to cook! This makes for some *very* interesting meals! Unfortunately, our task is made doubly difficult since even some of the food "basics" are difficult to get. Right now there is no flour, salt, cooking oil or sugar. In addition, it is possible to get to town only once a month. When you're used to running to the Seven-Eleven down on the corner, this takes some getting used to. We're having to learn how to plan and buy in large quantities.

I have been trying desperately to learn the language. More than anything I want to carry on an intelligent conversation in Tonga. I am afraid, however, that my enthusiasm far exceeds any natural ability for languages. It's going to be a tough road all the way. Meanwhile, it is a blessing that all the hospital staff speak excellent English. Part of my initial introduction to the language was a week spent living with a family in the village. Thanks to their persistence and patience I came away knowing some very basic phrases and, at least, an "ear" for the sound of the language. More importantly, I came away with another "family." They really took care of me — teaching me how to cook their food and plant a garden. The most memorable moments, however, were the evenings spent singing hymns and African songs. At their request I taught them an "American" song. Unfortunately, the only American song I could think of was "Home on the Range!"

There are some things which are difficult getting used to. Of course, every missionary has to complain about the water and I guess I am no different! Ours comes from a nearby stream that has been dammed up and then is pumped here. As the dry season advances, however, the water

level diminishes and that which comes through our pipes becomes even dirtier. I try not to look at it too closely for fear of what I might find swimming in it! We all suffer problems because of drinking this water. Fortunately, in one of my few moments of foresight I thought to bring a charcoal water filter. This manages to give a couple of us, at least, pretty decent drinking water. There is real concern that the water may not last until the rains come. For Zambians and missionaries alike this could be tragic for we literally live off of what we grow in our gardens. Should we have to stop irrigating we would all find the next few months difficult. We are all praying for early and heavy rains this year to counteract the effect of this long drought.

But, even these minor irritations seem to take on less significance as the unusual becomes commonplace and the luxuries of "back home" become dimmer in my memory. I am learning to be truly content with what I do have and to not fret over that which I do not. There are still hurdles to be overcome — relearning many of the simple everyday tasks so often done for us in the western world, but it serves to remind me how spoiled I am and that most of the world lives with far less than I have even here.

We are currently under siege by the 20th century! Once a month for 6 months, planes flying at treetop level will drop insecticide over us to kill the tsetse flies. Although sleeping sickness is not a problem right here at Macha, it was felt that the "line" of flies was advancing rapidly in our direction. Traveling through the countryside, however, one gets a firsthand glimpse of the devastation wrought by this disease. One could journey for hours through the bush and never meet another human being. Entire villages are left standing empty because the tsetse fly has made the area uninhabitable with its vicious bite and killing disease.

The hospital is a "typical" mission hospital — large, slightly tattered around the edges and run on a financial shoestring. I am continually impressed by what can be done with very little. The new and uninitiated are appalled by it. But, I find it a place of great joy — and hope. To see people healed who had lost all hope is a most gratifying — and humbling —experience. Macha has an excellent reputation with the only eye surgeon in the southern half of the country. In addition, many top surgeons come in from overseas to help for short periods of time. Many of the illnesses are those most of us only read about in textbooks — leprosy, tetanus, typhoid, typhus, pellegra, rabies, and now, kwashiorkor (protein deficiency) in the children as a result of the drought and poor crops.

Many of the patients have come from great distances — on foot — traveling days at time just to reach the hospital. There is no public transportation so travel is slow, difficult, and sometimes dangerous. In rainy season there are rivers which must be crossed. So, one simply

camps beside the river, hoping the rains will stop long enough for the water to recede and allow a crossing. I can't imagine doing this when well, let alone when sick!

I continue to be impressed with the African's hospitality and graciousness and also with the "toughness" which helps them overcome sometimes tremendous difficulties. I have much to learn from them.

Yes, there is AIDS, and yes, it is a *very* big problem — seeming to grow exponentially as the months pass. What was once a spark will soon become a fire. The implications are truly frightening. Somehow the risk we, as staff, run seems insignificant in comparison to the suffering around us.

The Matron (nurse-in-charge) of the hospital left for furlough for 4 months. I was put in her place. I've been in charge now for 3 weeks and to my own amazement the hospital is still standing and no one has quit. This is no small feat in an institution with well over 200 beds and more than 100 employees! I was a bit concerned when I got here and realized that a job she took a year to learn was being handed over to me in less than 4 weeks! Actually, things have gone quite well and I am really enjoying myself!

My only physical set-back was an attack of "tic-bite fever." This fever makes malaria feel like a common cold in comparison! It can often be very serious, but to everyone's amazement (and my relief) I recovered unusually fast. I was down for only 24 hours. At the end of that time my feet hit the floor and I haven't stopped running since. It really is a miracle!

In what should probably have been (by human standards) a confusing, frustrating and exhausting time, filled with anxieties and doubts, I have found confidence and peace. Potential chaos has been replaced by order. I have almost forgotten what physical exhaustion feels like for I've had an unusual abundance of energy.

I think of you this very day. My prayer is that, although we are separated by mountains and oceans, by plains and valleys, may we not be separated from each other in Jesus Christ. My prayer is that God might touch you in a special way and perhaps through the words on these pages give you a vision of God's work in the world. And, whether you labor for Him on that side of the world or this , whether in the city or the "bush", may you find strength and encouragement to run the race — and may the end bring you great joy! Truly we are in this race together and you are not forgotten by someone here in Zambia. My thoughts and my prayers are always with you. God bless and keep you always . .

— *Heidi Froemke*

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 sympathies to their families.

Mrs. Gladys A. Hook
Danbury, CT

Mother of Alice Whitman, registrar of the Frontier School of Midwifery and Family Nursing.

Mrs. Stanley D. Petter, Jr.
Lexington, KY

FNS Trustee and Co-Chairman of our Bluegrass Committee. Loyal and generous friend of Frontier Nursing Service.

Miss Jean Tolk
Barbourville, KY

First registered nurse in Leslie County, Kentucky and founder of the bookmobile service in our county. Friend and FNS supporter for 40 years.

Mrs. Alta Wilke
Evanston, IL

Mother of Darline Wilke of our Chicago Committee and formerly a member of the FNS nursing staff.

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:

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Miss Kate Ireland

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Miss Kate Ireland
Mr. and Mrs. Basil Summers
Mr. and Mrs. Norman Lehde

Mr. Lige Gay
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Mary Katharine Challman
Margaret Kemner
Peggy H. Elrington

SCHOOL NOTES

Today is one of those wonderful fall days. The leaves on the trees outside my office have fallen enough to give me a view of the mountain in the distance where color still runs riot. Summer lingered long this year and winter still seems far away.

I have been especially busy these past few months. As soon as Dr. Nancy Clark and Wendy Wagers returned from their summer experience in Nigeria I left to attend the International Confederation of Midwives meeting in The Hague. Midwives came from all over the world for five days of scientific presentations, colorful social festivities and new friendships. My paper on our community based nurse midwifery educational program was simultaneously translated into six different languages.

A considerable portion of my time since returning has been spent in commuting to Philadelphia to work with the staff of the Franklin Maternity Hospital and Family Center. Franklin, formerly the Salvation Army Booth Maternity Center has had a long history of innovative nurse-midwifery practice and education. Several years ago ownership was transferred to the present administration with the intent of maintaining the facility as a nurse-midwifery model of maternity and family care. A number of nurse-midwives currently practice at Franklin and provide instruction to students from several nurse-midwifery educational programs. This new opportunity permits us to expand our FNS nurse-midwifery activities and at the same time support educational opportunities for our own Frontier School as well as those of other programs.

In November I will be spending several days as part of the Old Master's Program at Purdue University. A small group of us from all over the United States and representing many different professions will mingle with the students to allow them to get to know something of the opportunities and challenges we have had in our rich and varied lives.

Then in early December I will be participating in a March of Dimes Perinatal Prevention Conference in Dallas. I will be presenting the FNS nurse-midwifery model of practice while our board member, Ruth Lubic presents the model of the Maternity Center Association. These presentations along with the discussions that ensue will be published.

This summer we're very pleased to have Sister Martha Walsh join our faculty. Sister Martha is a greatly respected nurse-midwife educator with many years experience in developing and conducting refresher programs for nurse-midwives not current in practice or for those who have been foreign prepared. With her on our faculty and in response to the very great need across the country, we have moved ahead with plans to offer a precertification program to this group. We hope to start with four

students next summer and are busy preparing preaccreditation and curriculum materials.

At the same time, we have reluctantly accepted the fact that we must lose Nancy Fishwick. For the past several years we have been able to arrange her schedule so that she could work part time on doctoral studies at the Frances Payne Bolton School of Nursing, Case Western Reserve University. Now, she must attend full time to complete the required course work. She has been an outstanding teacher and role model for our students. She is much admired and respected as a family nurse practitioner in the community and she will be greatly missed.

Nancy will join six of our recent graduates who are completing the nine additional credits required for their master of science degree at Case Western. This is an exciting culmination of the academic affiliation we have had between our two educational institutions.

Our admissions committee has just chosen eleven excellent candidates for the class to begin January 1988. The eleven students currently enrolled continue to challenge all of us by the high standards they demand of themselves and us.

And so, we stay busy with days that are never long enough to do all that we want to do. By the time you read this we will be at the end of another very full and productive year. All of the faculty join me in wishing you the very best for a joyous holiday season. We hope that 1988 brings a visit from many of you.

— *Ruth Beeman*

IN BRIEF

On May 13, 1987, O. Marie Henry, DNSc, RN, became the first chief clinical nurse officer of the Health Resources Administration (HRSA) of the U.S. Public Health Service. Ms. Henry will serve as an advocate and spokesperson for HRSA's clinical nurses and will represent HRSA on clinical nursing policy issues. She will carry out her new duties in addition to her current responsibilities in the National Health Service Corps, where she serves as chief nurse officer and acting chief of the Clinical and Professional Activities Branch. Dr. Henry serves Frontier Nursing Service as a member of our National Nursing Council.

* * * * *

The Frontier Nursing Service has been held up as an example to follow in efforts to reduce high maternal death rates in developing countries. World Bank President Barber Conable, addressing The Safe Motherhood Conference in Nairobi, Kenya, cited Mary Breckinridge and said that the problems she faced would be familiar to most mothers and to most medical

personnel who treat them in developing nations: "Women too young and too old to have children safely, too poorly fed, too far from hospitals, too vital to the support of their families to die in childbirth. The Frontier Nursing Service," he said," faced all those challenges and overcame them. The world, said Mr. Conable, is indebted to a Kentucky pioneer and the service she founded."

* * * * *

In keeping with the international flavor of this issue of the Bulletin, we should mention that the Frontier Nursing Service continues to host visitors from around the world. Many of these are health care professionals from third world countries hoping to learn about the unique FNS system of decentralized primary health care, and perhaps apply some of our methods to their particular environment and situation.

In October, we were pleased to have a group of 25 visitors representing 12 countries on a one day tour of the FNS. This visit was organized by the Kentucky River Area Development District as part of a six week USDA International Development Training Program. The trip to Kentucky was the only "field experience"' gained by the participants during their visit to the U.S.

The participants represented the following countries: Pakistan, Cameroon, Peru, Brazil, Nigeria, Somolia, The Gambia, Saudi Arabia, Sudan, Jordan, India and Venezuela.

Beyond the Mountains

As I write "Beyond the Mountains" for this issue of the *Quarterly Bulletin,* we are in the midst of planning several trips to promote the work of Frontier Nursing Service and bring many of our friends up-to-date on our exciting and important activities.

Our travels begin with a trip to Cincinnati for a presentation of "The Forgotten Frontier" at the Congregational Breakfast of Northminster Presbyterian Church and again later that morning at a brunch for several area supporters. A new friend, Mrs. Jane Moore (mother of Courier Pam, '87) will host the brunch.

Later this fall, Kate Ireland and I will be in Boston and New York on behalf of the FNS. A luncheon is planned for a group of local friends at the Dedham Country Club in Massachusetts, as well as a dinner with several of our contributors from the north shore area.

Former Courier Ann Patton is planning a cocktail party for 40-60 New York area supporters of the FNS at her home in Brooklyn. We are very excited at the prospect of being with so many of the people who make our work possible through their generous charitable assistance.

I look forward to sharing the news about each of these events in the next edition of our *Quarterly Bulletin.*

— Ron Hallman

Field Notes

As I sit writing this article, I can see the beautiful autumn day carrying on outside of my window. The sun is shining on the autumn leaves making them glow orange, red and yellow like bright coals. An occasional gust of wind sends leaves scattering through the air. The trees are gradually becoming bare, reminding us that winter will be upon us soon.

The summer was busy and sometimes hectic, with visitors coming and going. It was a productive summer. Each week the Wendover calendar was full with reservations for guests staying overnight, coming for dinners and lunches, couriers running trips to the airport in Lexington to meet incoming visitors and to see them off.

More recently, in the autumn, groups of students came to tour and lunch at Wendover. Thirty-eight students came from the Somerset School Practical Nursing Program on September 23rd and had lunch and a tour of Wendover. On the following day, 20 people came from Lees Jr. College Developmental Psychology class for lunch and a tour of Wendover. On September 25th, twelve Union College students visited as part of their Appalachian Semester. The television show *Kentucky Life* did a feature on Leslie County and its people, and they came to Wendover to film a segment on the history of FNS for their program. Several couriers and Wendover staff members got to star in this segment.

Wendover held a dinner on October 1 for the twelve Open House guests whom Ron Hallman was hosting. After dinner they dashed off to the Mary Breckinridge Festival Beauty Pageant to judge the pageant contestants.

The next day Wendover held a dinner for a group of Frontier School alumni. Approximately 20 people attended. After supper the group sat around the fireplace in the Big House living room and caught up on news of each others lives.

On October 3rd, the Mary Breckinridge Festival participants found themselves deluged in rain. The gloomy weather did not dampen the spirits of the participants of the Festival though. The parade went on as well as most of the other festivities, despite the occasional downpour of rain and the chill in the air.

On Saturday, the 10th of October, the Daughters of Colonial Wars toured the Pine Mountain Settlement School and the Pine Mountain Clinic. Lunch was catered to them by Wendover in the Laurel House dining room at the Settlement school. After lunch the tour continued and later the ladies and Ron returned to Wendover where they were served tea and cakes at the Big House.

In mid October Mr. Earl Palmer, a photographer who frequently

photographed Mrs. Breckinridge and FNS in the early days, came for a visit and an overnight stay at Wendover. Mr. Palmer has a large and beautiful collection of photographs dating back to the 1930's which he kindly brought to share with us. Thank you very much Mr. Palmer.

FNS has been blessed with the help of many outstanding couriers and volunteers this summer and autumn. These people are vital providers of aid to this organization and have expended a great deal of valuable time and energy to help FNS reach its ongoing goal to provide superior health care services to its clients. These couriers and volunteers come from coast to coast. They are:

Amy Kantrowitz
Brookline, Massachusetts

Stephanie Foster
Falls Church, Virginia

Rachel Grob
New York, New York

Lorette Herman
New York, New York

Lauren Eric Krieger
Berkeley California

Marguerite Sommers
Oregon, Wisconsin

Cameron McNeil
Louisville, Kentucky

Kate McIntosh
West Newton, Massachusetts

Pamela Moore
Cincinnati, Ohio

Sarah Ackerly
Louisville, Kentucky

Dale Richardson
Louisville, Kentucky

Christina Jachman
Minneapolis, Minnesota

Robbyn Lewis
Chicago, Illinois

Jennifer Bailit
West Hartford, Connecticut

Julie Early
North Eastham, Massachusetts

Annette Rockwell
Boston, Massachusetts

Megan Sullivan
Chagrin Falls, Ohio

Sarah Clemmit
Bethesda, Maryland

To each and every one of you, I would like to extend my deepest thanks for sharing with us your valuable time, skills and energy.

— *Elizabeth Wilcox*

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District Records: Nancy Williams

Jessie Preston Draper Memorial Nursing Center (Beech Fork):
Sue Lazar, RN, MSN, CFNP, Project Director
Lorrie K. Wallace, RN, MS, FNP

Community Health Center (Big Creek) — successor to The Caroline Butler Atwood Memorial Nursing Center (Flat Creek), The Clara Ford Nursing Center (Red Bird), and The Betty Lester Clinic (Bob Fork):

Susan Hull Bowling, RN, BSN, CFNP, Project Director
Carol M. Schriedel, RN, MS, FNP

Wooton Center:
Sr. Joan Gripshover, RN, BES, CFNP, Project Director
Sr. Katharine A. Donohue, RN, MS, FNP

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Wendover and the Courier/Volunteer Program: Elizabeth Wilcox

Frontier Nursing Service, Wendover, Kentucky 41775, 606-672-2317
Mary Breckinridge Hospital, Hyden, Kentucky 41749, 606-672-2901
Frontier School of Midwifery and Family Nursing, Hyden, Kentucky 41749, 606-672-2312

URGENT NEEDS

FNS has an urgent need for the items listed below and hopes that its friends will wish to contribute toward their purchase. Donations should be sent to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775, where they will be gratefully received.

At Wendover — our historic headquarters and guest facility:

- 8 Canvas Bags for Courier Rounds — $17 each
- 1 Clothes Dryer — $300
- 1 Washing Machine — $400
- 12 Rugs for Garden House — $15 each
- 10 Bedspreads for Garden House and Barn — $20 each

FNS COURIER/VOLUNTEER COORDINATOR POSITION AVAILABLE

The Coordinator position, for the Courier and Volunteer Program, will become available in mid-April 1988. This demanding yet rewarding position involves managing the FNS Courier and Volunteer Program, hosting formal functions, overseeing the grounds, and supervising the cooking, housekeeping and maintenance staff at Wendover, the historic headquarters of the Frontier Nursing Service (FNS). The coordinator must be highly organized; and able to handle routine correspondence with prospective couriers and volunteers (ages 19 and over), daily scheduling of courier and volunteer duties at various departments and clinics throughout the FNS, arrangements of housing and meals for guests at Wendover, and assignments of housekeeping and maintenance tasks to be completed at Wendover.

This position offers opportunities for creativity and requires a responsible person with an ability to get along well with people and work with minimal supervision. The Coordinator of Couriers and Volunteers reports to the President of the FNS. Salary and benefits are negotiable.

For more information write to:

Ms. Elizabeth Wilcox
Coordinator of Couriers and Volunteers
Frontier Nursing Service
Wendover, Kentucky 411775

WE THANK YOU
FOR YOUR PARTICIPATION

The Frontier Nursing Service
Wendover, Kentucky 41775

Please send me more information about:

- ☐ The FNS Courier and Volunteer programs.
- ☐ Estate Planning.
- ☐ Life Income Gift Opportunities.
- ☐ Visiting and Touring the FNS.
- ☐ Books and other literature concerning FNS.

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 _____

Zip _____

Your Gift is
Tax Deductible

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 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 midwife training schools for graduate nurses; 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 Incorporation of the
Frontier Nursing Service, Article III
as amended June 8, 1984