



SIXTY-SECOND ANNUAL REPORT



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SIXTY-SECOND ANNUAL REPORT OF THE FRONTIER NU INC. for the Fiscal Year May 1, 1986 to April 30, 1987	JRSING SERVICE, 31-49

COVER:

Family Nurse Practitioner Sharon Koser on rounds in her FNS jeep . . . somewhere near Greasy Creek. (1970)

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Seventeen Years as a District Nurse Many Memories to Cherish



Sharon Koser was born and raised in Seattle, Washington where she studied nursing and graduated from the University of Washington. After two years as a psychiatric nursing clinical instructor in Oregon, Sharon headed for Chicago seeking a broader nursing experience. She satisfied that need spending time in general medical/surgical, pediatric, and geriatric nursing and in intensive and coronary care units. Having heard of FNS through a nursing friend, Sharon visited the Service and fell in love! She came to FNS in the fall of 1969 and two years later enrolled in the Frontier School to acquire her certification as a Family Nurse Practitioner. After almost 18 years as a district nurse with FNS, Sharon feels the pull to return to the Pacific Northwest and family. Sharon is a very special person . . . she will be missed by all . . . especially her generous nature and ready smiles. We couldn't let her leave without sharing some of her favorite memories.

I came to the Frontier Nursing Service in October 1969, having been born and raised in Seattle, Washington — a city kid with a life long desire to live on a farm. These seventeen years I've lived in the Kentucky mountains have helped satisfy that desire.

The first eight years here I lived at Wendover. Six of those years I lived on the Upper Shelf in a single room with a coal grate fireplace. The last two years I lived in the remodeled horse barn. Part of my barn room was formerly Ted's stall, the last mule we had at Wendover. My room was the only one with an outside entrance, and opened on to the area that used to be the tack room. Each of those dwelling places was a historical place. Every building and piece of hillside at Wendover spoke of history . . . what came to be living history to me.

On a clear night at Wendover the sky was so black you could see all the stars — where in the city, the city lights blocked them out. I used to say to my family in Seattle, that it looked like God had spilled a box of salt in the sky and that each star was a grain of salt — there were that many stars — and that the mountains at night looked like a black velvet fence surrounding us for protection.

I've often said I was "raised up in the FNS at Wendover". Many stories, tales and legends were shared, especially at meal-time around the Dog Trot table in the Big House. Through these stories I developed an increased understanding and respect for all that had gone on at Wendover over the years — how the Big House was built; how the stone chimney in the Garden House was built five stories high; who the previous Wendover nurses were and many stories of their adventures on horse back to deliver babies, (these babies were now parents of children I was caring for); names of and stories about people who used to work at Wendover — to the point I came to feel that I too had known them. Some had passed on but I came to know their children and grandchildren as part of the families that lived in the Wendover district, my district.



"Visiting on the front porch was a useful part of my job. That's where I found out what the current problems were."

Others were now elderly folks who I came to know doing house calls.

One of the first times I made a home visit to see Sarah and Rueben, an elderly couple, Sarah asked me to stay for dinner when I finished Rueben's care. It was 10:30 a.m. daylight savings time. When I mentioned it was early, and hadn't been long since breakfast, Sarah told me they "didn't believe in that fast-time", they just left their clock on "slow time". Therefore it was 11:30 a.m., their regular dinner time. I declined, saying I had more house calls to make and needed to be on my way. The next week on my visit to Sarah and Rueben, again I was asked to stay for dinner. I was flattered, but thought I needed to go on to the next patient. The third visit, I did Rueben's weekly care as usual. But when I finished Sarah announced triumphantly, with a broad grin, "Now you'll stay for dinner. The table's set and dinner's ready". Sure enough, there was an extra plate set and the food was being put on the table. I stayed for dinner. It was a feast! A Sunday -type dinner if there ever was one! There were about eleven different food items on the table. This became a weekly ritual and we all enjoyed it. It may have been Sarah's way of "taking care of me", since I was taking care of Rueben. It was also wonderful, gracious mountain hospitality.

Many months later, Rueben died in his eighth decade. I went to the house to visit Sarah. She told me that on the day of the funeral, she wanted to ride in the jeep with me, behind the hearse, taking Rueben's body to the church. I was surprised and flattered, but thought there were more comfortable vehicles or possibly relatives with whom she could ride. But Sarah was persistent and wanted to ride with me. When we arrived at the church house she marched me up to the front row to sit with her. Many neighbors, relatives and friends were there and a number of them in the choir. The choir sang without instrumental accompaniment but created beautiful harmony with their voices, accompanied only by the gentle, rhythmic patting of their feet on the wooden floor. I looked over at Sarah sitting next to me, and there she was, wearing her patent leather shoes, patting her feet in time to the music.

After the funeral service Sarah and I went back to her house to prepare food for the relatives who would stop by after the graveside service.



"Many of my favorites were the elderly folks I came to know doing house calls."

Interestingly enough some of my most special memories revolve around death situations. I have learned a lot about death in my work here and learned that death is really part of life.

One night I was called to the home of one of my patients where neighbors and relatives were "sitting up with the family" during the last hours of the woman's life. Nora had had cancer for some time, plus crippling rheumatoid arthritis and had been bedfast for months. She had been cared for at home for the majority of her illness and preferred to die at home, as do many of the elderly folks. The family called me this night as they felt the time was very near and wanted me to be with them when the time of death came. In the early morning hours the situation worsened and Nora's brother asked me "Should I go wake the children?" (his three preschool children and Nora's pride and joy). I replied hesitantly, "Do whatever you need to do", but inside I was thinking, "No, spare them", reflecting my own insecurities. Nora died before he got back with the children, but when they arrived, four year old Amy walked into the bedroom, looked at Nora lying peacefully in bed, looked at me and matter-of-factly said "Nora's dead, isn't she Sharon?" "Yes" I said, and with that the child turned and quietly left the room. Total acceptance by the child. Totally amazing to me.

A favorite recollection of mine is a story an elderly patient told me. She had worked at Wendover in her younger days, in the laundry. She was one of my favorite people, an interesting character with a wonderful smile. We had many talks, but one day she told me how she had delivered her own baby at home. This took place about 50 years ago and the story goes something like this . . . "The midwives had told me the last time not to have anymore children, that I might hemorrhage and die. So I was afraid to tell them I was pregnant. When the time was close I had my sister Cory come and stay with me. Cory never could do nothing without crying. Early one morning the 'miseries' came. When they started to get hard, I woke Cory and told her to get up. There she stood at the foot of the bed crying. I told her to boil some water and boil the scissors and a piece of thread, and to scorch two pieces of cloth and scorch a hole in one. When those miseries would hit I would grab 'holt' of the head of the bed and bear down. I 'studied' if I could get to the foot of the bed and 'hunker down', the baby would probably come easy. So I started to ease toward the side of the bed and one of those miseries hit me and I slid right off the bed and onto the floor, sheets and all. I looked down and there



"The opportunity of getting to know people on a more personal basis is what has given me satisfaction all these years."

was the baby. He was healthy!"

The improvising fascinated this naive nurse . . . good sterile technique. The thread was to tie the baby's cord in two places, the scissors to cut the cord, the cloth with the scorched hole fit over the baby's cord, the other cloth fit around the cord and the remaining thread was to secure that cloth in place.

The preceding experience took place in the Wendover district. Then the Wendover district was closed in 1976 and that was the end of a special era in more ways than one. That same year Home Health became a separate agency within the FNS and the pattern of home visits changed in all the districts. I was moved to the Beech Fork Clinic. I still lived at Wendover but commuted daily by jeep to Beech Fork, seventeen miles up the Middle Fork River. Beginning at this time more patients were seen in the district clinics than on traditional home visits. The focus began changing and the majority of patients came to the clinics for care rather than the nurses taking care to the home.

After eighteen months at Beech Fork the FNS took on the Wooton Clinic and I transferred there where I remained for the next eight years. This clinic was set up on a full time, eight hour clinic day, with home visits only in case of emergency.

It takes longer to get to know a family/extended-family well, when you only see them on clinic visits and not in the home. But it isn't impossible. The district clinic secretaries are a great asset in helping a nurse to get acquainted with the families in the district community. Usually he/she is from the community which the clinic serves, may have grown up in that community and knows everyone and who's related to whom. Eventually the pieces of the "family puzzle" fit in place in the nurse's mind.

My greatest joy at Wooton Clinic was the children. There were a lot of children. Preschoolers are my favorite age group. I love the babies too, but preschoolers are so much fun. You can just watch their little minds at work and that fascinates me. I took great pride, and still do, in teaching children not to be afraid of the nurse — of having their ears examined, of opening their mouth for an exam of the throat or a throat swab, and then watching them become brave and then proud of themselves - confident.

This accomplishment also made my job easier, that is, examining the child.



"My greatest joy was the children."

One little boy said, "I don't want to open my mouth!" I asked what was the problem. He said, with tears in his eyes, "I'll puke". He was afraid that he would vomit and the resultant embarassement was his whole hang-up. We got past that and he learned, with great pride, that he could accomplish this task successfully. That made my day! Watching children grow and accomplish developmental tasks, helping them overcome a fear, still makes my day. Giving and receiving a hug also makes my day! If I can't see at least one child a day, I can hardly survive.

At Wooton Clinic, also, I had the pleasure and priviledge of caring for a family where I saw the mother through each of her three pregnancies. I feel especially close to those children, having cared for them since before birth. Watching them grow, develop and change gives me much satisfaction, and in a way fills the place of the personal experiences of home visiting.

Another priviledge I've experienced is caring for and getting to know five generations of one family. This family experience overlapped from the Wendover district to the Wooton district. I first encountered this extended family doing home visits and Polly (generation #1) became one of my regular elderly patients. She was basically bedfast when I met her and remained so until she died. Later, her daughter (generation #2) became a patient of



"I took a great pride and still do in teaching children not to be afraid of the nurse."

mine with blood pressure problems. (Last week I went to her 78th birthday dinner). The third generation were not patients of mine, however I've shared many Christmas, Thanksgiving and birthday dinners with them. They are and remain good friends. A fourth generation of this family was an employee at the Wooton Clinic while I worked there. I also cared for her during her two pregnancies and those two children make the fifth generation of this family that I've been acquainted with over the last seventeen years.

The opportunity of getting to know people on a more personal basis, and not "just as a patient", is what has given me satisfaction all these years. Sitting on the front porch with people was a useful part of my job. That's where I found out what the current problems were, that's where I heard the progress report from the last visit to the present, that may be where a blood pressure was checked or a child's rash was examined, and that's where I first ate home grown watermelon. All in a days work!

All these years of being informed and educated in mountain ways by mountain people -- I love it!

THE FNS COURIER/VOLUNTEER PROGRAM

Tradition...Service...Adventure

Part Two: The Present Day

While the courier/volunteer program has changed considerably since its inception, there remain some similarities between the initial functioning of the program and how it operates today. And more importantly, I believe the basic tenants on which the program was founded are still very much the same today; hence the continuation of this most unique and special program.

Though the couriers no longer care for horses, pigs or any of the animals that once inhabited Wendover, they remain very involved in carrying out whatever errands need to be done. This might be taking a courier car to Corbin for repairs; or traveling to Hazard or Whitesburg to pick up platelettes; or driving up to Lexington to pick up one of the frequent visitors or guests who come to FNS. This very much resembles the kinds of tasks couriers did years ago.

Today's couriers no longer accompany nurses on their rounds (which used to take a week's time), but they still complete "rounds" twice a week by traveling to all the district clinics delivering supplies and mail. Furthermore, the couriers often help in various clinic situations by taking vitals and "working-up" the patients to prepare them for the practitioners. Often this develops into a regular experience whereby the individual courier is able to observe the approach to health care that is so unique to FNS, i.e. sensitivity in relating to people — especially when they are from a culture different from what one is accustomed to — and continuity of care. In addition, they are exposed to the alternative modes of health-care delivery offered through our midwives and family nurse practitioners. Thus, this is a prime example of how the couriers still play a vital role in the overall functioning of FNS while simultaneously benefiting from the situation themselves.

Other duties for which the couriers are responsible include xeroxing, rolling money, helping with paperwork and projects and working at Wendover. Chores at Wendover vary to include painting, gardening, shoveling snow, cleaning gutters and ditches following a heavy rain and helping with the numerous functions that occur in the Big House. None of it is very glamorous work, but

I don't think people mind it very much. We realize how fortunate we are to still have Wendover and to be able to enjoy it as much as we do. It's a beautiful and special place.

Finally, there are those other duties or opportunities that are far more difficult to record and articulate. Such things might include experiencing for the first time, a baby being born; or striking up a special friendship with one of the other couriers or persons in the organization; or learning something about oneself that wasn't previously realized — or confronted. For many who come to FNS, their time spent volunteering coincides with a transition period in their lives and so often the overall experience encompasses a time of introspection, self-examination and questioning. One has the chance to explore not only the new, but also the old. Thus, there are those philosophical riches to be gleaned from the program along with the more practical kinds of skills one learns while here.

Certainly, those who can most effectively talk about this program are those people who have experienced it. No-one can better document their experiences, adventures and growth. Thus, instead of continuing in a commentary fashion, we thought it would be more interesting to share with you some excerpts from courier journals and personal pieces that were submitted to us upon request. What follows are some firsthand accounts from our more recent volunteers and couriers which really capture the essence and strength of this program. We hope you will enjoy reading them, and as you do, come to a better understanding of why this program is so special and unique.

This section will begin with some thoughts extracted from my own diary, (Heidi Sulis), written nearly three years ago. Between the following individual accounts you will find brief character portraits so that you will have a little more insight into the lives of each author.

From the diary of Heidi Sulis —

Tuesday was health day at Wendover so Danna appeared with the troop of 7 kids around 9 a.m. Becky and Elissa had planned the curriculum, which I thought was very good. I learned a lot and enjoyed the day, as did the kids. The first game was a good one. We sat in a circle and passed around a roll of toilet paper, saying take as much as you need. Ok fine. Then what we had to do was for every square say something about ourselves. Everyone pretty much followed one another, giving basic name, age, cats, dogs, sisters, etc. info. Well then there was Ann Marie, whom I got a real kick out of. I wish I could type with an accent, but you'll just have to imagine it or remember it. So anyway, she said, "I have a brother. . .he's really mean. . .he's away at camp this week . ..and I'm really glad!" I just knew that that was coming and I really laughed hard! Well, the day progressed and we did all kinds of stuff. The kids seemed to enjoy it and Dusty, my "fave", said he wished it were every day! He's the pleasantest thing and his sister, Candelon Shermain is a nice girl too. I want to take them to the pool after class next week.



Couriers and preschool children enjoy a finger painting session at Wendover.

The highlight of that day at Wendover, besides the kids, was the real lung that we looked at. It was a pig's lung from the butcher shop and it was really neat, and supposedly very close to the size of our own. The heart was also attached as was the trachea, which Elissa blew into. I'm not sure I would have gone that far (and clearly didn't) but it was really neat to see those lungs expand as they did. I love stuff like that. After looking at the lung, we took

the kids back to the hospital, along with half of a watermelon and sought relief and refreshments in the cafeteria. We also watched a movie there. That was the actual purpose of the expedition. The kids were tired by this time, but I think that I was actually more tired!

Monday night I went to a midwifery class that's given by Erica (Goodman) and normally, I think they go for six weeks but all these people are very pregnant so she's doing a three-week session for them. And there are four couples, all of whom, I guess, are within four weeks of delivering. And it was really neat. Really really was neat. And we watched this video of a woman who delivered her baby at FNS and we went through all the prenatal stuff and then the delivery and it was very moving and very emotional and almost made me cry. I would have if I hadn't been with all those people I didn't know; and they were really a quiet, withheld group. So I withheld my tears accordingly . . . maybe it wasn't accordingly but I did. So that was, . . . really incredible and very moving for me and I'm going back tomorrow night and that should be interesting too.

* * * * *

Sarah Gates — graduated from Milton Academy (in Milton, Massachusets) last June and is taking a year "off" before attending Yale University in the autumn of 1987. Sarah spent two months at FNS last fall and is presently spending a semester studying in Greece.

I didn't take a year off to do something I've always wanted to do, to earn money or to have a long vacation. I wanted time to sort out my goals and values. . .When I realized that I was probably going to go to college for no other reason than "Well, everybody else does. It seems to be the logical thing to do," I knew that I had to slow down and start thinking about where I was going.

Since October first, I've been in rural, southeastern Kentucky, participating in the Frontier Nursing Service courier program.

Life here has changed in many ways since the early days, but Leslie County still contains ample evidence of its mountain heritage, and FNS still provides health care to the current mountaineers.

I am learning from the people here. I am learning to quilt from a mother and daughter who live up Camp Creek and while I appreciate all the pointers they give me, I go up there mostly

because of their humored, gentle, acceptance of all that happens. I hope I can absorb some of their strength to hold on to when things go wrong, when I feel inadequate, when I can't control my life.

I'm getting sad already, because I'm leaving Kentucky in a week and a half. Being at home for six weeks, earning minimum wage in McDonald's or perhaps K-Mart, (maybe even stuffing envelopes somewhere) does not promise to be exciting, but I have a semester in Greece to look forward to. I will be on Kalymnos, an island in the Aegean Sea, learning how to stretch my mind, not because I have to but because I want to, through learning Greek history, poetry, and language. I will also be learning to be an apprentice to a Kalymnian family. I suspect that Kalymnos will be as hard to leave as Hyden, Kentucky is.

I still don't know what I want to major in, but somehow, somewhere in Leslie County, Ky, I got rid of A LOT of cumbersome self doubt.

* * * * *

Carolyn Mehafey — graduated from Princeton University last spring. Her major field of interest at Princeton was molecular biology. Carolyn spent two and a half months at FNS last fall. She will enter medical school at the University of Virginia this September.

The duties have changed since the days when couriers were called to saddle up the horses.

One hot October day Hazel took a few of the couriers out to dig some potatoes. I've always been attracted to harvesting the fruits of a garden, much more so than I am to laying the initial seed so I included myself in the group. We drove along the Wendover road for a way and pulled off towards the river where an unseen potato patch was apparently hidden. Hazel sent us off with our shovels and hoes down a somewhat trodden path. I was disconcerted by the wilderness surrounding me. This garden was not like the square patch in the yard behind our house in Seattle. We finally came upon what looked like an overgrown patch of weeds whereupon Hazel informed us that, "That is it." "You've got to be kidding", I thought. She wasn't.

Some of us started the arduous task of tearing down the enormous jungle of vegetation and the rest of us followed along behind searching for potatoes underneath the soil. The location of the rows was dubious at best so it really was a search. Several times during this labor I chuckled to myself about the duties of a courier. Hacking away at small trees and carrying on what

seemed like a fruitless search for potatoes (the yield was very low): was this my calling? Was this the type of service I'd envisioned when I first thought about coming to Kentucky to do volunteer work? I'm sure it wasn't. Every time I think about getting involved in a volunteer program, I imagine all the great works I'll be performing for other people. It rarely turns out that way.

When I first arrived at Wendover, the couriers were put to work constructing a float for the parade in the Mary Breckinridge Festival. An endless quantity of paper napkins affixed to chicken coop wire. Not exactly Florence Nightingale-type material. But lest a reader think that I am disparaging duties such as potato digging and float construction, let me make it clear that that is definitely not my intention. These duties illustrate the main strength of the courier program: couriers are available to do whatever job needs to be done.



A great deal of courier energy is needed to keep the Wendover gardens and grounds in good condition.

I am glad that I wasn't digging potatoes everyday, otherwise I might not remember that experience so fondly. I spent the majority of my time as a courier in the Women's Clinic at the Mary Breckinridge Hospital. I aided the nurse, Gerrie Howard, in taking the vital signs of the patients, restocking, and a variety of

other tasks. The smooth operation of the clinic didn't depend on me, but from my standpoint the experience was extremely valuable. I will soon enter medical school and one of the reasons I became interested in FNS was my desire to learn about medicine

in a rural setting. My interest was satisfied very well.

I am grateful beyond words for the incredible opportunity I was given: to be able to be a part of, and observe the clinic not just once but daily over a period of weeks. Not only did I learn a number of skills from Gerrie, such as how to take a newborn's temperature and how to set up a fetal heart monitor, but I met women who were born and raised in Kentucky and I was able to learn about their lives. I was continually gratified by the openness of these people. One woman allowed me to view her delivery. Two weeks later I accompanied a midwifery student on a visit to the woman's home. Such visits to the homes of the people occurred often and they in themselves were enough to make me think of the courier experience as valuable. What an opportunity to learn about the culture of the Appalachian mountains!

My experience as a courier allowed me to live in a new area of the United States. I'll never forget the color of those hills during that week in autumn when the leaves changed. I'll never forget the experience of working in the Women's Clinic. All that patient contact will be experience upon which I can draw when I begin the clinical work in medical school. And I'll certainly never forget

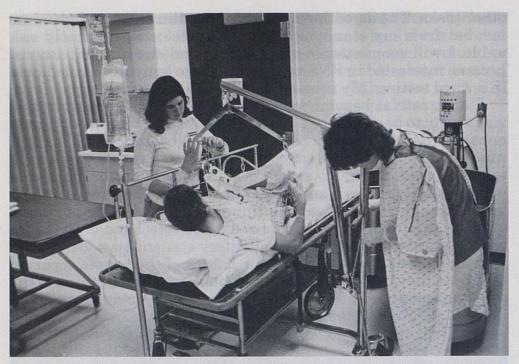
digging potatoes with Hazel.

* * * * *

Susie Kobetsky — has a B.S. in Biology and has been with the FNS since January. Since Susie has been here, she has been accepted into a masters degree program in physical therapy at Duke University which she will start in September. She has completed programs in CPR and First aid.

I came to Frontier Nursing Service as a courier with the hope of learning more about rural health care. I had decided that I wanted to go back to school to obtain a masters in physical therapy and then use my skills in a rural setting. FNS seemed like a great opportunity for me to gain experience in physical therapy, learn about rural health care and experience life in a small town.

Although I had tried not to expect too much, I found my first week here extremely frustrating. I spent my time driving to the clinics and to Lexington, rolling coins and xeroxing. I became even more discouraged when I discovered that the physical therapy department was not even in operation. A new therapist had just recently been hired and it would be months before any patients could be seen. After two weeks of frustration, I decided it would be best for me to leave and return when the physical



Couriers assisting a patient in the Physical Therapy Department at the Mary Breckinridge Hospital.

therapy department was underway. Before I left, I stopped into the physical therapy department to meet the new therapist and tell her my plans. I walked into what looked more like a storage room than a physical therapy department. Sitting in a chair with a look of dispair on her face was the lone physical therapist who, despite her 35 years of experience in the field, looked as though she had taken on more than any one person could handle. I began to explain my situation to her but all she heard was that I was offering to help her and that was enough; before I knew what had happened she had signed me up to work with her full time.

The next morning my status changed from courier to full time volunteer in physical therapy. No more xeroxing or driving for me, for the next month I became the best cleaning woman and organizer imaginable. It took literally 6 weeks to sort through all of the clutter and prepare the base for a new department. The final project was to paint the department. I had no idea what an enormous undertaking it would be; for 7 days I painted the walls, the ceilings, and myself. When I felt ready to give up, I would focus on what the department would mean to people in the community and that gave me strength to continue. In addition, when Mrs. Goss, the physical therapist, sensed my spirits dropping, she

would begin to explain some new physical therapy concept that would intrigue, inspire, and energize me.

The work at the hospital, however, has only been a fraction of my experience with Frontier Nursing Service; the people of the community and the friendships I have made enriched my experience here and will remain with me forever.

The following is part of a statement submitted to Oberlin College by an

FNS volunteer as part of an entrance application essay.

Kentucky provided me with a real education. I spent six weeks volunteering for the Frontier Nursing Service, a health system centered in Hyden, Kentucky, and serving outlying areas through health clinics. My work included splitting wood, making rounds to clinics, teaching retarded adults and helping out in various departments of Mary Breckinridge Hospital in Hyden. New ideas about feminism, human relations and Appalachia changed my perceptions. I improved my listening skills, became more concerned with others, and opened my heart to the area. Just the difference in language between suburban New York and the mountains of Appalachia consumed me. I am still in love with the dirt roads, the hazy hills and the simple, beautiful people.

One of the things we have tried to portray through this article is the complexity and depth of the courier and volunteer program here at FNS. It is our hope that you have learned something from this, or just taken the opportunity to refresh yourselves, reminisce and have some fun. It is always hard to articulate what the courier program is, and perhaps now you can see why. In any case, it is a special program, made up of very special people. And I think that part of this specialness, or uniqueness is because of all the very different people who have participated in the program, and who continue to do so. The program itself has changed, and will continue to do so, as times change and as need changes. One such development we would like to pursue at this time is including more native Kentuckians in the program. We would like to start appealing to some of the local schools, heightening their interest in FNS and getting their students involved in the program. This is just one idea, and we have some others we would like to pursue. But it is change and growth that keeps the program alive. Though we haven't heard of a case of "Kentucky Mountainitus" since the late 1930s, we have noted similar symptoms among our later couriers and volunteers and have witnessed a great many visitors who have come back to Wendover, again and again.

—Heidi Sulis

Notes From The School

I'm writing this from the TWA terminal at JFK Airport on my way to the International Confederation of Midwives in The Hague, Netherlands. Thousands of midwives from all over the world will gather - a colorful assembly with festivities that encourage the wearing of national dress for some events. I will give a paper on our community- based, nurse-midwifery education program on August 24. Ruth Lubic and Kitty Ernst will give papers and workshops on birthing centers.

It has been a busy time. On May 12, I was invited to give a report on our rural, primary-care nurse program before the National Advisory Council on Nurse Training at the Division of Nursing, Department of Health and Human Services in Washington, DC. Sharon Hatfield and my husband Bob ran around FNS getting a whole new slide show together highlighting the activities of our new Kate Ireland Women's HealthCare Center. Fortunately we were able to include our most recent graduation and so could show the whole range of activities that help shape an FNS graduate. May 15 I gave a paper on the FNS model of maternity care for a meeting of concerned people called together by the Kentucky Task Force on Hunger to discuss problems in providing access to prenatal care in Lexington. My participation opened doors to a whole new FNS support group and I plan to follow-up on potential opportunities to expand our program.

The end of May we were able to exhibit before the National Association of Commissions for Women when this group was hosted by the Kentucky Commission for Women at the Hyatt Regency in Lexington. Some of our faculty also attended workshops offered during the meeting.

Summer is always busy with applicants coming in for interviews and many, many visitors who find the time to stop by to get to know us better. I'm looking forward to some vacation time these next few weeks while assistant dean, Nancy Clark, just back from a summer session in Nigeria, takes over the reins.

-Ruth Beeman

* * * * * COURIER NEWS

Molly Savitz '87, Albuquerque, New Mexico — "After *much* driving (over 4000 miles since Hyden), a quick trip to New York and one to Florida, I have settled down." "Traveling was terrific - we took mostly back roads and toured through wonderful small town America. Arkansas was beautiful, from the plains to the Ozark and Boston mountains. To make a very long story short, here I am in New Mexico as I'd sort of imagined.

Linda Reyns Ellis '79, Bear Creek, North Carolina - "This is to let you know the whereabouts of Linda Reyns Ellis, year of 1979. After she graduated from Cortland State, Cortland, New York, she went on to receive her masters from the University of Virginia, Charlottesville, Virginia. Linda is now teaching physical education at North Carolina State University, Raleigh, North Carolina. Linda was married May 18, 1986 to Doug Ellis of Bear Creek, North Carolina, where they are living. Thank you." (signed) Mrs. Hector Reyns

Beyond the Mountains

Our fund-raising activities during the spring of 1987 truly demonstrated that the Frontier Nursing Service has found friends and supporters from "coast to coast" as we began in New Jersey and ended up in California.

With the enthusiastic assistance of two former Couriers, Cis Chappell and Andy Erdman, and the gracious hospitality of Mr. and Mrs. Peter E.B. Erdman of Princeton, Kate Ireland and I had the pleasure of spending a lovely Sunday afternoon in May with a number of our good FNS friends. Later that evening, we were the dinner guests of Mr. and Mrs. C. Merrill Chapin, III who had invited several potential new supporters of the FNS from the Far Hills area to see our historic film "The Forgotten Frontier."

A highlight of our trip was a visit to Bernardsville to meet our very generous donor, Mr. Thomas M. Peters and his daughter Marnie.

Four weeks later, Kate and I were on the opposite coast visiting with many San Francisco Bay Area supporters. It would be impractical to attempt to list all of our FNS friends who made our visit to California so enjoyable and successful—but I would be remiss if I did not mention four very special people: Miss Wendy Bicknell who continues to be such a loyal friend of our Service . . . Mrs. Tom Arnold who is a new supporter but whose warm hospitality made us feel "like family" in her home. . .former Courier Mrs. Jean Weaver who has loyally demonstrated her belief in the FNS for over 43 years. . .and our former pediatrician G. Bradley Gascoigne, III who made the entire trip financially feasible by donating the use of his downtown apartment!

The highlight of our California visit was meeting so many former Couriers and learning about their lives on the West Coast at a dinner provided by Kate Ireland. As Chairman of the Board of the FNS Foundation, Kate remains an energetic and invaluable resource to our fund-raising program in both deed and knowledge.

-by Ron Hallman

IN MEMORIAM

We wish to acknowledge our appreciation and personal gratitude to these friends who, by including FNS in their Wills, have made a continuing affirmation of interest and belief in the care of mothers and babies and their families by the Frontier Nursing Service. Such legacies are added to the endowment fund.

Mr. Arnold D. Kates New York, NY

Miss Beatrice L. Williams Nahant, MA

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

Mrs. Carl Morgan Hyden, KY Former FNS staff member

> Mrs. Harry Perrin Naples, FL

Courier (1937) Evelyn Bouscaren and former Chicago Committee member for many years.

Miss Hazel I. Reesor Don Mills, Ontario, Canada

Alumna (1961) Frontier Graduate School of Midwifery

Mrs. Lewis C. Scheffey Haverford, PA

Honorary Trustee, member of FNS Philadelphia Committee and loyal supporter for 59 years. She devoted her life to working for peace, social justice and human betterment.

Miss Vanda Summers Milford, PA

Former FNS nurse-midwife and a long-time member of the New York Committee and National Nursing Council.

Mrs. Malcolm B. Vilas, Jr. Gates Mills, OH

Mother of courier (1973) Lisa Vilas Weismiller

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:

Miss Jane C. Runyon Dorothy M. Bell, P.R.

Mr. Hannibal de Schmertzing Mrs. William N. Turpin

Dr. Carl H. Fortune Mrs. Carter Stanfill Mrs. Thomas R. Underwood Mrs. James Park, Sr.

Mr. William T. Cahoon

Mr. and Mrs. Harold Benge
Mr. and Mrs. Homer A.
Biggerstaff
Ms. Gladys D. Bowles
Mr. and Mrs. John H. Lewis, Jr.
Dr. and Mrs. Jack D. Lewis
Mr. and Mrs. James M. Lewis

Mrs. Pauline Moore Mrs. Homer A. Biggerstaff

Mrs. Lewis Scheffey
The Wyomissing Foundation
Philadelphia Committee of
Frontier Nursing Service

Mr. Jesse M. Lewis Ms. Gladys D. Bowles Mrs. June L. Cahoon

Mr. Mitchell R. Guthrie Mrs. Mitchell R. Guthrie

Miss Rose Evans Miss Fredericka Holdship Mrs. Albert T. Ernst

Miss Helen Marie Fedde Mrs. Albert T. Ernst Frances N. Breckinridge Maj.General William M. Breckinridge

Mr. George M. Proctor Mrs. William H. P. Robertson

Mr. William Addams
Mrs. William H. P. Robertson

Dr. Edward H. Ray Mrs. William H. P. Robertson

Edna Smock
Marion S. Holmes
Una Holmes

Mrs. Augustine J. Todd Dr. and Mrs. Richard H. Todd

Dr. Leon V. Bjorkland Mrs. William H. Lathrop

Mrs. James F. Ramey Miss Arte Mishie Ramey

Mrs. Clifford N. Heisel Mrs. Alader Sule

Mildred Haggerty Wisconsin Society, Daughters of Colonial Wars

Mr. Edward L. Burnham Mrs. Edward L. Burnham

Miss Peggy G. Elmore Miss Darlene J. Wilke

Mrs. Elinor M. Moore Mr. and Mrs. William S. Evans, III Mrs. James W. Robinson

Mr. John Lawrence Isaacs Mrs. James W. Robinson Miss Helen E. Browne

Miss Carolyn A. Banghart Mrs. Linda B. Eggeman Miss Marta B. Richardson Dr. and Mrs. Frank J. Lepreau, Jr. Mrs. Graham T. Webster Dr. and Mrs. Henry F. Allen Miss Emily Allen The Rev. and Mrs. Richard Aselford

Philadelphia Committee of Frontier Nursing Service Mrs. John Dixon Elder Mr. and Mrs. J. G. Morgan Mrs. John Harris Clay Mr. and Mrs. Russell E. Vail Mrs. Albert T. Ernst Miss Edythe Mae Persing The Rev. Charles K. C. Lawrence

In Memoriam

Frontier Nursing Service lost two devoted friends during the summer of 1987, Dr. Carl Fortune and Dr. Edward H. Ray. Both men were respected members of the Lexington, Kentucky medical community, as well as long-time supporters of our organization.

Dr. Fortune served in many volunteer capacities during his lifetime including membership on the Kentucky State Board of Health, Fayette County Medical Society and the American College of Physicians. In 1968, he received the Kentucky Medical Association's distinguished service award.

The FNS was fortunate to be associated with Dr. Fortune in three capacities: he was a personal physician of our founder, Mary Breckinridge; he was a member of our Board of Governors from 1963 to 1970; he then served on our National Medical Council.

Dr. Edward H. Ray was also a member of the FNS National Medical Council and a loyal supporter of our work for 47 years. For many years, he personally cared for FNS patients who had to be sent to Lexington for treatment.

Dr. Ray was also a personal physician of Mrs. Breckinridge and cared for her during her last years.

We extend our sincere sympathy to the families of Dr. Fortune and Dr. Ray.

FNS PRESIDENT DAVID M. HATFIELD DELIVERS "STATE OF FNS" ADDRESS AT ANNUAL MEETING

Following is the text of FNS President David M. Hatfield's Report to the annual meeting of the Service, held June 13, 1987 at the Appalachian Motel, Hyden, Kentucky.

I would like to begin today by talking about "birthing" — a theme vitally important to the past, present, and future of the Frontier Nursing Service.

Sixty-two years ago, in 1925, Mary Breckinridge founded an organization called the "Kentucky Committee for Mothers and Babies" which subsequently became the Frontier Nursing Service. That organization was dedicated to a set of objectives which I feel are appropriate to repeat, especially in light of the total corporate restructuring, which has just recently been completed. The original objectives stated that the purpose of the Frontier Nursing Service is:

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

• And through the fulfillment of these aims to advance the cause of health, social welfare and economic independence in rural districts with the help of their own leading citizens.

These have been powerful and inspiring directives to follow, and they still remain our basic objectives today. How best to achieve them has been, and continues to be, a problem as well as a challenge. Rapid advances in medical technology, better communication and transportation systems, improved levels of public awareness regarding health matters — all of these and more, force us to constantly react to a wide variety of demands. Also impacting us are the ever-changing and increasingly more restrictive, federal and state laws which regulate the health care field. All too often the promulgation of the rules and regulations to carry out the laws are late, incomplete and confusing. It is within this climate of change and amid these very trying conditions that we must continue to work to carry out our missions and meet our goals.

Eighteen months ago the Board of Governors approved the concept of restructuring and much discussion and planning has taken place. Nine months ago Board action officially "conceived" the restructuring plan. During the ensuing prenatal period, we experienced the growth of new ideas, we made necessary preparations, and like all expectant parents, we have been filled with anticipation. We were hoping for an early onset of labor — however, labor is late, and therefore creating understandable frustration. Hopefully, with the bureaucratic assistance of the IRS, the birth will soon officially take place and we will be blessed, not only with a set of quintuplet offspring companies, but with a brand new parent holding organization as well.

I am particularly pleased that the Mary Breckinridge Hospital is now directed by a Board of local citizens who are handling its future and will be responding to the community's needs and desires. People support what they help create, and I feel this sense of community ownership will result in considerable benefits in the years ahead, to the hospital and the people it serves. Much credit is due to the new chairman of the Board, W.F. (Fred) Brashear, II and the hospital's new administrator, Steve Hardman and for that matter, the entire, newly-elected Board of Directors for their

interest, dedication, energy, and commitment to see the hospital become a viable resource for the community.

As for the programs of the Frontier Nursing Health and Education Corporation — we are going to be involved in some very interesting and perhaps volatile areas in the months ahead. This Corporation's Board, under the leadership of Jane Leigh Powell — its chairman, will be kept rather busy as a result. I expect Ruth Beeman, as a vice-president and its chief operating officer, to be expending her energies in five major areas.

First, there is the need to finalize the curriculum and implement the community based, nurse-midwifery educational program study-concept whereby a student can enroll in our programs while remaining in their own communities most of the time. Under the direction of designated faculty and working with the use of video and audio tapes and self-study modules and workbooks, the student can send completed assignments to the school for grading. If necessary, certain courses can be taken from accredited colleges or universities in the students home area. Clinical experience can be obtained from a variety of locations throughout the United States. After a period of self-study, students in this program will come to our campus for assessment and development of basic skills and ultimately return for final reviews, comprehensive exams, and graduation. This "school without walls" should be more accessible to students and allow for increased enrollment.

Mrs. Beeman's second area of concentration will focus on the enhancement of the district clinic experience for our family nurse practitioners. A major part of just how successful this will be, rests on our efforts to: 1) provide consistent physician coverage allowing for a true joint practice, and 2) to clarify and utilize prescriptive authority for the nurse practitioners. Our Medical Directives provide the criteria and bounds for practice, including what medications are appropriate. Because of differences in opinions rendered by the Kentucky Boards of Nursing and Pharmacy, we have become restricted in providing timely, cost effective, quality primary care to our rural patients.

A third area of concentration is our Home Health Agency. We feel they can and should be expanding, not only in terms of

numbers of patients cared for, but also in the provision of new services.

Fourth is the need to obtain appropriate insurance coverage for birthing centers. This alternative is in demand in Kentucky and elsewhere but, until the insurance industry understands and is willing to insure birthing centers, part of our mission is unreachable. Efforts to resolve both the insurance and prescriptive authority issues are currently underway with state government officials.

Fifth and last, but certainly not least, is the need to obtain additional clinical sites for our students — birthing centers for midwifery experience and ambulatory health care centers or clinics for the student family nurse practitioners. This expansion is an absolute necessity if we are to meet our educational goals.

Turning now to the Frontier Nursing Service Foundation — that corporation is functioning well under the operational direction of vice-president Ron Hallman and with continuing guidance from Kate Ireland and her very knowledgeable Board of Directors.

Our for-profit member corporation, "FNS Ventures", has come into being with R.B. Campbell as chairman of its entrepreneurial board. Efforts to develop businesses that will turn a profit are being explored. Almost any opportunity can be looked at, so I expect the members of this corporate Board to continue to generate new and exciting ideas for consideration. Any surplus funds obtained through their efforts will be directed to the Foundation for appropriate distribution within the FNS family.

I look to the immediate future, with all the changes upon us, with some trepidation. It has been said that — a realist is an idealist, who has been flattened by experience. Being more of the realist, I recognize that much hard work is required by everyone to see that the new parent with its set of quintuplets gets off on the right track. Will Rogers said it well — "Even if you're on the right track, if you ain't moving forward, you're gonna get run over!"

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Our future growth must be measured in well thought out steps-small if need be - and not in disjointed leaps. Care must be exercised to prevent any one of the new corporations from taking "beginning" steps that are in opposition to, or at cross purposes with the objectives of another. Control and coordination of

planning and effort is a necessity. Only by interacting in good faith with one another, by networking the various services and programs to meet the common goals will we be able to stay on track and move forward, allowing the whole to become greater than the sum of the parts — in effect, to achieve an organizational synergism. Another less technical term better describes this process - It is "Gung Ho", the Chinese words picked up during World War II by the U.S. Marine Corps (an organization close to my heart, and I know also to the Breckinridge family). The dictionary definition of "Gung Ho" is - "unswervingly dedicated and loyal", like the long-standing and sometimes unexplainable attitude towards the Frontier Nursing Service by its employees and graduated midwives and nurse practitioners. To me, the term "Gung Ho" should carry a feeling of movement and energy — to signify working together in a "can-do", enthusiastic sense. It is only with this coordinated and positive effort on the part of individuals, as they carry out their respective roles, that the restructured organization can succeed.

Our past has helped to shape us, and remains as an important legacy upon which to build. The traditional missions will not be forgotten or abandoned. On the other hand, we can not close our minds to new ideas and opportunities. We must be open to accept and meet the challenges of the future. An Englishman, Lord Thomas, made a remark that sums up the necessity for this approach and attitude: "Minds are like parachutes — they only function when they are opened."

Now as is customary, I will review the different operational areas of FNS covering the period May 1, 1986 through April 30, 1987. Financially, we anticipated a net operating loss which indicates an unaudited deficit of \$179,000. Last year I reported to you that it cost us .94 cents to earn one dollar in patient revenues. That cost has increased 4.3% to .98 cents per dollar. While I am disappointed that I cannot report a reduction in this, the extraordinary expense of converting from the utilization of National Health Service Corps physicians to the recruitment of private physicians and a 125% increase in insurance premiums, coupled with a 3% inflation rate, has made this reduction unattainable despite prudent expenditures of funds by our staff. Through the efforts of many, many friends our funds invested exceed 9 million dollars and we show total assets of almost 14 million dollars and

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liabilities of less than 2 million dollars.

Statistically our hospital inpatient days remained the same as the previous year, but if it were not for the increase in admissions early in our fiscal year, caused by the strike within the Appalachian Regional Healthcare system, we would have experienced a decline. It is imperative that next year we not lose revenues because of a lower inpatient census. Medical and surgical admissions were up slightly; however, the maternity service experienced a decline. The length of stay for all patients continues to drop, going from 3.6 to 3.5 days. Our outpatient volume dropped slightly, but we have every expectation that this will increase next year because of the opening, earlier this month, of the Hyden Medical Center, a private practice office setting in the newly developed Hurts Creek Shopping Center just across the river east of Hyden. In addition, the new Kate Ireland Women's HealthCare Center which opened in April, is providing expanded facilities for our midwifery outpatient programs in a beautifully decorated building next to the hospital.

The former dental clinic was renovated into a physician family practice office and is currently accommodating our obstetrical and gynecological practice. We anticipate a growth in this service also over the next year. The district clinics statistics show mixed numbers with Wooton and Beech Fork up over last year and Pine Mountain and CHC down. When we can provide consistent physician support to these clinics, the number of patient encounters should be increasing.

Ancillary department figures showed Respiratory Therapy down, but ER, EKG, Lab, and X-ray all showed increases, as did our home health program. In February, the Physical Therapy department was reopened. The area has been totally redecorated and new equipment ordered. Having this service available should help generate much needed additional revenues.

The Frontier School of Midwifery and Family Nursing graduated its 97th class of 10 students this past Derby Day, May 2nd. The new graduates will be relocating all across the U.S., going to North Dakota, California, Ohio, Colorado, Pennsylvania, New York, Michigan, Oregon and Massachusetts.

Development office activities over the past year were many

and varied. Total contributions for operating and additions to the FNS investments totalled \$650,000 as against \$597,000 the previous year.

Additionally, nearly one quarter of a million dollars in pledges to the "Nursing Education Enrichment Drive" (NEED) was received and placed in that investment fund. The initial goal of the campaign was \$2.5 million in 1982 and by the end of fiscal year '86-87, nearly \$4 million had been placed into the NEED Fund. Further, due to the investment expertise of our sagacious Treasurer, Homer L. Drew, the market value was nearly \$4.4 million at the end of the reporting year.

FNS City Committees in Washington, D.C., Boston and Philadelphia once again held their annual "Kentucky Derby Day Benefits" for the FNS and we received a total of \$31,000 from these events in support of our work. We remain grateful for these efforts as well as those made by volunteers in other FNS Committee areas.

Sharon Hatfield became Editor of the FNS Quarterly Bulletin and, in my completely unbiased opinion, she is doing an outstanding job.

We recently signed an agreement with Carousel Films of New York for the national promotion and distribution of "The Forgotten Frontier", a historically important film made in late 1929 and early 1930 by our own Honorary National Chairman, Mrs. Jefferson Patterson.

Also, we have taken steps toward establishing a "Pooled Income Fund" as a beginning effort to formalize our deferred giving program. This vehicle will assist us in building our endowment, by providing donors with an opportunity to make substantial gifts to the FNS but continue to receive the income from their funds during their lifetime.

The most exciting fund-raising project initiated in 1986, and well underway today, is the endowing of the Kate Ireland Women's HealthCare Center. During the last months of fiscal year '86-87, more than \$40,000 was raised for this project. This will be one of our special fund-raising efforts in the year ahead.

Our 37 couriers and volunteers came to us this past year from 19 different states and represented 2 high schools and 21 colleges

or universities. Their ages ranged from 18 to 63 and they provided almost 5,000 hours of service valued at about \$19,000 had they been on our payroll. As always they are a delight to have around, and I marvel at their energy and diverse activities.

Wendover's Big House continues to host guests from all over the United States and last year we were pleased to have foreign visitors from South Africa and Canada tour our facilities and

learn about our programs.

Early last month we were honored to receive from the National Rural Health Care Association their "Outstanding Rural Health Care Program" award. I was extremely pleased to be able to present this prestigious award to Trudy Morgan, a family nurse practitioner and a graduate of our school. Trudy is the nurse director of the Pine Mountain District Clinic, and also serves as the coordinator for all our outpost clinics. She received the award on behalf of all the employees and staff of the Frontier Nursing Service, all of whom helped in making this honor possible.

Leslie County has never had any public assistance housing available for low-income, elderly and handicapped citizens. As many of you have noticed, there is a new building under construction behind the hospital. This is the long-awaited start of the 21 unit "Beechwood Apartments" which will provide one bedroom and efficiency housing to qualified persons. The Frontier Nursing Service acted as the sponsor for this HUD 202 housing project and we are pleased that it is finally under way with the completion

date targeted for November of this year.

We are now entering the postnatal period for our new family of corporations. It is time for lenient guidance by the parent to allow healthy competition and friendly sibling interactions among the subsidiary companies. Planning for future growth within the Frontier Nursing Service family will continue to occupy our time

and efforts over the coming year.

Thanks are certainly in order to a variety of individuals and groups: — To the local district committees, the FNS Advisory Committee and the Mary Breckinridge Hospital Auxiliary; — To our dedicated employees and highly committed members of the different boards for their tolerance and hard work, especially over the past nine months of changing activities, personalities, and directions. To all of you, your continued support through this process is greatly appreciated and vitally necessary to our future growth.

SIXTY-SECOND ANNUAL REPORT of the FRONTIER NURSING SERVICE, Incorporated for the Fiscal Year May 1, 1986 to April 30, 1987

PREFACE

As has been our custom since we were one year old, we present our annual report of the fiscal affairs and of the field of operations of the Frontier Nursing Service, Incorporated.

We have, as in previous years, divided our report into two sections. One section is about money, and one section about work.

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FISCAL REPORT

The figures that follow are taken from the Balance Sheet, the Exhibits and Schedules of the Audit for the fiscal year which ended April 30, 1987.

Ernst & Whinney

1900 Meidinger Tower Louisville Galleria Louisville, Kentucky 40202

502/583-0251

Board of Governors
Frontier Nursing Service, Inc.
Hyden, Kentucky

We have examined the balance sheets of Frontier Nursing Service, Inc. as of April 30, 1987 and 1986, and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Frontier Nursing Service, Inc. at April 30, 1987 and 1986, and the results of its operations and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Ernst + Whinney

Louisville, Kentucky June 26, 1987

BALANCE SHEETS

FRONTIER NURSING SERVICE, INC.

	April	30	
	1987	1986	
GENERAL FUNDS			
CURRENT ASSETS			
Cash and short-term investments	\$ 229,552	\$ 186,194	
Accounts receivablepatientsless			
allowances for uncollectible			
accounts of \$650,000 in 1987 and			
\$660,000 in 1986	906,044	896,330	
InventoriesNote A	139,570	126,919	
Prepaid expenses and other current assets	81,241	112,161	
Current portion of Pension Fund	243,792	140,000	
TOTAL CURRENT ASSETS	1,600,199	1,461,604	
DRODERMY AND HOUTDURNE NAME A			
PROPERTY AND EQUIPMENTNote A Land	125 162		
Buildings	135,163	135,163	
Equipment	2,834,671	2,713,548	
Equipment	3,223,035	3,001,364	
Less accumulated depreciation	6,192,869	5,850,075	
Less accumulated depreciation	3,194,208	2,890,059	
	2,998,661	2,960,016	
ASSETS WHOSE USE IS LIMITED Notes A and C			
Consolidated Fund	4 602 023	2 115 602	
Depreciation Fund	4,692,923	3,115,602	
Education Fund	3,990,250	2,891,171	
Pension Fund, less current portion	211,487	2,891,171	
180 Hall Land, Tess current polition	9,154,307	6,759,540	
	\$13,753,167	\$11,181,160	
	913,133,101	911,101,100	
RESTRICTED FUNDS			
ENDOWMENTSNotes A and C			
Cash and investments	\$ 1,059,632	s 683,087	
Student loan receivables	105,595	105,394	
	\$ 1,165,227	\$ 788,481	
		1 1001101	

		April 30	
	1987	1986	
GENERAL FUNDS			
CURRENT LIABILITIES			
Accounts payable	\$ 668,017	\$ 547,615	
Accrued salaries and amounts withheld			
from employees	149,776	108,617	
Accrued vacation expense	127,970	140,992	
Unexpended special purpose fundsNote A	161,309	131,731	
Payable to third party programsNote B	320,470	187,712	
Other current liabilities	264,837	156,570	
Loan payable to depreciation fund	44,318	70,329	
TOTAL CURRENT LIABILITIES	1,736,697	1,343,566	
FUND BALANCE		9,837,594	
CONTINGENCIESNote F			
	\$13,753,167	\$11,181,160	
	August the		
DECEMBER SUIDS			

\$ 1,165,227 \$ 788,481

\$ 1,165,227 \$ 788,481

See notes to financial statements.

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FUND BALANCE

FRONTIER NURSING SERVICE, INC.

GENERAL FUNDS		Year Ended	April 30
		1987	1986
PATIENT SERVICE REVENUE	## ### ###############################		
Mary Breckinridge Hos	spital:		
Inpatient services		\$ 4,848,390	\$4,521,300
Outpatient services		2,026,710	1,854,154
Clinics		911,566	890,160
Home Health Services		483,687	365,266
		8,270,353	7,630,880
	contractual allowances,		
	revenue deductions	2,450,961	2,247,198
NE	T PATIENT SERVICE REVENUES	5,819,392	5,383,682
OTHER OPERATING REVENUE	s allings vd be	857,308	978,494
	TOTAL OPERATING REVENUES	6,676,700	6,362,176
OPERATING EXPENSES			
Salaries and wages		3,985,305	3,397,805
Fringe benefits		558,565	484,095
Medical services and	supplies	2,831,713	2,653,812
Facility costs		820,147	663,636
	TOTAL OPERATING EXPENSES	8,195,730	7,199,348
	EXCESS OF EXPENSES OVER	*************************************	32025-2003
	REVENUES FROM OPERATIONS	(1,519,030)	(837, 172)
NONOPERATING REVENUES			
Unrestricted donation			
Deposited into Educ		251,321	333,273
Deposited into Cons		317,033	211,585
Retained for use in		495,835	491,850
Unrestricted income f	rom endowment and		
other funds		320,984	379,595
Investment income fro	m assets whose use		
is limited		583,522	480,854
Gain on sale of inves	tments	1,650,743	180,776
Other		13,939	13,273
		3,633,377	2,091,206
EXCESS	OF REVENUES OVER EXPENSES		
	BEFORE EXTRAORDINARY GAIN	2,114,347	1,254,034
EXTRAORDINARY GAINNot	e D	-0-	359,779
EXCESS	OF REVENUES OVER EXPENSES	\$ 2,114,347	\$1,613,813

See notes to financial statements.

STATEMENTS OF CHANGES IN FUND BALANCES

FRONTIER NURSING SERVICE, INC.

	General Funds	Restricted Funds
Balances at May 1, 1985	\$ 8,161,871	\$1,136,155
Excess of revenues over expenses for		
the year ended April 30, 1986	1,613,813	
Restricted contributions used for		
purchase of property and equipment	36,910	
Donation of equipment	25,000	
Contributions restricted for specific		
purpose (additions to endowment)		675
Restricted revenue earned by specific		
purpose funds		1,587
Expiration of term endowmentNote C		(349,936)
Balances at April 30, 1986	9,837,594	788,481
Excess of revenues over expenses for	matten	
the year ended April 30, 1987	2,114,347	
Restricted contributions used for	SURCE	
purchase of property and equipment Contributions restricted for specific	64,529	
purpose (additions to endowment)		30,560
Restricted revenue earned by specific		
purpose funds		1,297
Gain on sale of endowment funds	auditmost has	344,889
Balances at April 30, 1987	\$12,016,470	\$1,165,227

See notes to financial statements.

STATEMENTS OF CHANGES IN FINANCIAL POSITION

FRONTIER NURSING SERVICE, INC.

	Year Ended	
Cash provided (used)	1987	1986
cash provided (used)		
OPERATIONS		
Excess of expenses over revenues		
from operations	\$(1,519,030)	\$ (837 172)
Charges to expense not requiring	4(1/31)/030)	\$ (037,172)
	330,860	278,646
to the rated for eathy in course design and come along the course	(1,188,170)	
Certain working capital changes:		
Accounts receivable	(9,714)	239,443
Accounts payable	120,402	(223,681)
Current portion of		Market Street on
Pension Fund	(103,792)	(140,000)
Othernet	290,998	(72,705)
CASH USED IN OPERATIONS	(890,276)	(755, 469)
Nonoperating revenues	3,633,377	2,091,206
CASH PROVIDED	best night believ	THE RESIDENCE
BEFORE EXTRAORDINARY GAIN	2,743,101	1,335,737
EXTRAORDINARY GAIN	-0-	359,779
TOTAL CASH PROVIDED	2,743,101	1,695,516
of the state of th		
FINANCING AND INVESTMENT ACTIVITIES		
Property, plant and equipment:	or face obtained by spirit	ystalls with br
Purchases and donations		(298,938)
Restricted contributions	64,529	61,910
CASH USED	(304,976)	(237,028)
CASH PROVIDED BEFORE TRANSFER	Talithiga not b	priving said A
TO ASSETS WHOSE USE IS LIMITED	2,438,125	1,458,488
Not inquest in control beauty	e indicated pu	ionies for th
Net increase in assets whose use is limited	(2,394,767)	(1,495,807)
Increase (decrease) in cash and		
short-term investments	43.350	(27, 210)
Cash and short-term investments at	43,358	(37,319)
beginning of year	186,194	222 512
CASH AND SHORT-TERM INVESTMENTS	100,194	223,513
AT END OF YEAR	\$ 229,552	\$ 186,194
III DID OF TEAK	4 227,332	9 100,194

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

FRONTIER NURSING SERVICE, INC.

April 30, 1987

NOTE A -- ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization: Frontier Nursing Service was organized in 1925 as a nonprofit charitable organization. The Service's purpose is to provide needed health services in the Appalachian area. During its early years, the Service was the only provider of health services in the area and it remains the largest provider of health services in Leslie County and the portion of surrounding counties comprising its service area. The Service operates an accredited midwifery and family nursing school, a home health program, a 40 bed hospital, and provides primary care services through the Hyden Clinic and District Nursing Clinics. Frontier Nursing Service has historically been dependent on charitable contributions to fund a significant portion of the costs of services and programs.

<u>Patient Service Revenues</u>: Patient service revenues are recorded at established rates. Contractual allowances, indigent care, and provisions for bad debts are reported as deductions from patient service revenues.

<u>Unrestricted Donations and Grants</u>: Donations and grants which are not restricted by donors are reported as nonoperating revenues. Bequests under wills are recorded when received by the Service.

<u>Investments</u>: Investments in equity securities are stated in the financial statements at the lower of their aggregate cost or market value. Investments other than equity securities are stated in the financial statements at cost, or if donated, at fair market value at the date of donation. Gain or loss from sale of investments is the difference between proceeds received and the carrying value of the investment sold. Unrealized gains or losses are not included in the accompanying financial statements.

Assets Whose Use is Limited: Unrestricted resources which are designated by the Service for special uses are reported as assets whose use is limited. The Board of Governors has designated the following funds to accumulate monies for the indicated purposes.

The Consolidated Fund accumulates funds for such operating and general purposes as the Board may determine.

The Education Fund includes donations to the Nursing Education Enrichment Drive and all unrestricted legacies and bequests received from May 1981 through April 1985. It accumulates funds until such time as they are needed for the operation of the educational programs.

The Depreciation Fund accumulates funds for replacement, expansion or improvements of the Service's facilities.

NOTES TO FINANCIAL STATEMENTS--Continued

FRONTIER NURSING SERVICE, INC.

NOTE A--ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-Continued

The Pension Fund, established in 1986 from the excess assets resulting from the retirement plan termination (see Note D), accumulates funds for future employee benefit plan contributions.

Income from the principal portion of the Consolidated Fund is to be used to subsidize care for indigent patients unless such income is specifically designated by the Board for other uses. Income from the Education, Depreciation and Pension Funds is retained in the principal of the funds until expended for the designated purposes.

Restricted Funds: Restricted funds represent endowments, the principal of which cannot be expended. Income from such endowments is available for operating purposes and is reported as revenue when earned in accordance with the donors' instructions.

Frontier Nursing Service, Inc. is also income beneficiary of certain trust funds which are not administered or controlled by the Service. Accordingly, such funds are not included in the balance sheets at April 30, 1987 and 1986. Income received from such funds was \$53,933 and \$42,261 for the years ended April 30, 1987 and 1986, respectively.

Resources restricted by donors for additions to property are recorded as increases to the general fund balance when expended for the purposes intended. Resources restricted by donors for specific operating purposes are credited to other operating revenues when expended for the purposes intended.

Inventories: Inventories, principally medical supplies and drugs, are
stated at cost (first-in, first-out method) which is not in excess of
market.

Property and Equipment: Property and equipment is stated at cost, or fair market value at date of donation for items donated to the Service. Depreciation has been computed on the straight-line method over the estimated useful lives of the respective assets.

Revenue from Donated Services: The Service records, as revenue, the value of services of certain professionals provided by the National Health Service Corps (NHSC) from waivers received or anticipated to be received for liabilities to NHSC.

Changes in Presentation of Comparative Statements: Certain 1986 amounts have been reclassified to conform with 1987 classifications.

NOTES TO FINANCIAL STATEMENTS -- Continued

FRONTIER NURSING SERVICE, INC.

NOTE B--MEDICARE AND MEDICAID PROGRAMS

The Service participates in the Medicare and Medicaid Programs. Approximately 28% and 29%, respectively, of the Service's patient service revenues are derived from services to patients covered by these Programs.

<u>Medicare</u>: Medicare payments for inpatient services (excluding capital costs) are made based upon the patient's diagnosis (DRG), irrespective of cost. The diagnosis upon which payment is based is subject to review by Program representatives. The Program continues to reimburse the Hospital for capital costs, as defined, and outpatient services based upon cost. Such reimbursable costs are determined from annual cost reports filed with the Program, which are subject to audit by the Program.

<u>Medicaid</u>: The Medicaid Program reimburses the Hospital on a prospectively determined rate per patient day for inpatient services and a predetermined percentage of covered charges for outpatient services.

Home Health Agency: Both the Medicare and Medicaid Programs reimburse the Service for services provided by the Home Health Agency on the basis of cost, subject to certain limits. Such reimbursable costs are determined from annual cost reports filed with the Programs. Such cost reports are subject to audit by the respective Programs.

NOTE C--INVESTMENTS

The carrying value and approximate market value of investments at April 30, 1987 and 1986 are summarized as follows:

	19	987	19	86
	Carrying		Carrying	A SHOULD BE ON THE
	Value	Market	Value	Market
Investments recorded in:			CALLED MADE	THE RESERVE
Assets whose use is				
limited:				
Consolidated Fund:				
Cash	\$ 4,948	\$ 4,948	\$ 303	\$ 303
U.S. Government				
obligations	1,058,611	1,058,611	18,349	18,349
Corporate bonds	1,707,691	2,123,620	1,287,375	1,747,204
Common stocks	2,108,078	2,611,150	1,777,504	3,209,703
Investments in com-				
mon trust funds	-0-	-0-	218,476	234,153
Due to Restricted				Wild Color Hope
Funds	(186,405)	(186, 405)	(186, 405)	(186, 405)
	4,692,923	5,611,924	3,115,602	5,023,307

NOTES TO FINANCIAL STATEMENTS--Continued

FRONTIER NURSING SERVICE, INC.

NOTE C--INVESTMENTS--Continued

	19	87	19	86
	Carrying	neoffedtabeen	Carrying	entiatene
	Value	Market	Value	Market
Depreciation Fund:	s board of c	di vd benkere	Job and anni	ted in team
Government trust fund	130,329	130,329	86,771	86,771
Corporate note	85,000	85,000	310,000	310,000
Receivable from				44 395
General Funds	44,318	44,318	70,329	70,329
	259,647	259,647	467,100	467,100
Education Fund:				on demonstration
Cash below to the same	-0-	-0-	500	500
U.S. Government				
obligations	876,192	913,106	1,076,715	1,143,644
Corporate bonds	1,481,774	1,476,925	481,437	498,687
Common stocks	1,632,284	1,969,038	1,332,519	1,975,850
	3,990,250	4,359,069	2,891,171	3,618,681
Pension Fund:			ASSO CREATES	and appear
Corporate bonds	251,574	251,574	189,681	191,490
Investments in common		WI DOT BROWN	schi apini ma ini	awa wwan
trust funds	203,705	203,705	235,986	235,986
Less current portion	(243,792)	(243,792)	(140,000)	(140,000)
	211,487	211,487	285,667	287,476
TOTAL ASSETS WHOSE	DOE A DE TOR	no busines an	invest out	
USE IS LIMITED	\$9,154,307	\$10,442,127	\$6,759,540	\$9,396,564
Restricted Funds:				
Cash due from (to)				
General Funds	\$ 4,814	\$ 4,814	\$ (42,535)	\$ (42,535)
Short-term money-market			page and ent	The Rent
certificates	-0-	-0-	46,238	46,238
U.S. Government				el Jose
obligations	100,553	122,310	201,863	229,760
Common stocks	542,849	653,056	291,116	645,877
Investments in common				- Service of the
trust funds	225,011	225,275		
Due from assets whose				
use is limited				
General Funds	186,405	186,405	186,405	186,405
TOTAL RESTRICTED FUNDS	\$1,059,632	\$ 1,191,860	\$ 683,087	\$1,065,745

Term endowment funds became available to the Service for general purposes amounting to \$279,519 and \$349,936 in 1987 and 1986, respectively. These amounts have been included in nonoperating revenues and the funds are recorded in the Consolidated Fund in the accompanying financial statements.

NOTES TO FINANCIAL STATEMENTS--Continued

FRONTIER NURSING SERVICE, INC.

NOTE D--RETIREMENT PLANS

The Frontier Nursing Service, Inc. Capital Accumulation Plan (Plan), a non-contributory defined contribution retirement plan, was established effective January 1, 1986, and covers substantially all Service employees. Employer contributions are determined by the Board of Governors annually and are allocated among Plan participants on the basis of eligible employees' salaries. Plan expense was \$102,000 and \$100,000 for the years ended April 30, 1987 and 1986, respectively.

The Service's noncontributory defined benefit retirement plan was terminated effective April 30, 1985. Annuity contracts costing \$345,618 were purchased from plan assets in satisfaction of all accumulated vested benefit liabilities at termination. Excess plan assets totaling \$384,779 reverted to the Service in 1986 and are reported as an extraordinary gain in the accompanying financial statements, net of estimated reimbursement effect of \$25,000.

NOTE E--RELATED ORGANIZATION

Mary Breckinridge Housing, Inc. (Project) is a nonprofit organization incorporated April 4, 1984, for the purpose of constructing and operating housing for the elderly and handicapped. The Project has received a \$987,000 construction and mortgage loan from the Federal Housing Administration. The Service agreed to act as a sponsor for the Project and expended \$15,000 to fund initial start-up costs.

NOTE F--CONTINGENCIES

The Service has been named defendant in suits alleging medical malpractice. The Service carries malpractice insurance, which in the opinion of management, is sufficient to cover malpractice liability, if any. The Service has also been named defendant in a suit alleging violation of the Federal antitrust laws. In the opinion of management, the Service's liability for damages, if any, related to such suit is not material.

NOTE G--SUBSEQUENT EVENT--REORGANIZATION

Effective May 1, 1987, the operations of the Service were reorganized into the following entities:

Frontier Nursing Service, Inc. - Nonprofit parent holding company of the Service.

NOTES TO FINANCIAL STATEMENTS--Continued
FRONTIER NURSING SERVICE, INC.

NOTE G--SUBSEQUENT EVENT--REORGANIZATION--Continued

Mary Breckinridge Hospital, Inc. - Nonprofit subsidiary, responsible for operating the hospital and certain clinics.

Frontier Nursing Health and Education, Inc. - Nonprofit subsidiary, responsible for operating the home health program, the district and other nursing clinics and the midwifery and family nursing school.

Frontier Nursing Service Foundation, Inc. - Nonprofit subsidiary, responsible for maintaining the investment portfolio of the Service.

FNS Real Estate, Inc. - Nonprofit subsidiary, responsible for holding and managing the real estate owned by the Service.

FNS Ventures, Inc. - For profit subsidiary, responsible for identifying opportunities and managing various for profit activities of the Service.

FRONTIER NURSING SERVICE, INCORPORATED CONTRIBUTIONS PLACED IN TRUST

May 1, 1986 to April 30, 1987

Funds which are placed in trust are a measure of strength for the Frontier Nursing Service as we fulfill our purpose and plan for a solid future. This is a listing of previous trust funds which had additions, and new contributions which were placed in trust during this fiscal year.

Nursing Education Enrichment Drive Elizabeth Canby Bradford duPont Memorial Fund William Waller Carson Fund in honor of Katherine Breckinridge Carson Breckinridge Friends Fund Anne Steele Wilson Memorial Lucie Wilshire Graham Memorial Wilson Neel Memorial Baby's Crib Kate Ireland Women's HealthCare Center Ann Allen Danson Memorial Fund Ellen Beall Thomas Estate Elizabeth McLin Campbell Estate Martha C. Moss Estate Leona D. Smith Estate Gladys M. Griffiths Estate Duncan L. Edwards Estate Thomas H. Tyson Trust in memory of Hester A. Getz Margaret H. Jones Estate Benjamin L. Wilson Unitrust

FRONTIER NURSING SERVICE, INCORPORATED LEXINGTON, KENTUCKY

STATEMENT OF DONATIONS AND SUBSCRIPTIONS PAID

MAY 1, 1986 to APRIL 30, 1987

SUMMARY

		Benefits	
	Contri-	and	
Committees	butions	Bargain Box	Total
Baltimore	. \$ 1,630		\$ 1,630
Boston	. 35,237	12,000	47,237
Chicago	. 10,898	to the area of the	10,898
Cincinnati			8,335
Cleveland	. 88,560		88,560
*Daughters of Colonial Wars	8,695		8,695
Detroit	16,281		16,281
Hartford	. 1,680		1,680
**Kentucky:			VA
Blue Grass	. 69,211		69,211
Louisville			20,423
Miscellaneous State	. 8,609		8,609
Minneapolis	. 3,229		3,229
New York	. 96,457		96,457
Philadelphia	. 57,918	3,500	61,418
Pittsburgh	. 26,853		26,853
Princeton	. 455		455
Providence	. 637		637
Rochester	. 6,898		6,898
Washington, D.C.	. 36,074	15,500	51,574
Miscellaneous			78,016
TOTALS	. \$576,096	\$31,000	\$607,096
Total Contributions Above			id,
Restricted			\$111,261
Unrestricted			464,835
*Donations from various State Chapters.			576,096
**Total for Kentucky	\$98,243		\$98,243

FRONTIER NURSING SINVICE, INCORPORATED

REPORT OF OPERATIONS

Comparative Analysis of Service Provided In the Two Fiscal Years 1986 and 1987

HOSPITAL

	FY	FY
	ENDING	ENDING
	4-30-86	4-30-87
ALL PATIENTS (excluding newborn):		
Percent of occupancy	49.6%	49.7%
Patient days — total	7,237	7,258
Medical-Surgical Unit	5,684	5,953
Obstetrical Unit	1,553	1,305
Admissions — total	2,011	2,046
Medical-Surgical Unit	1,314	1,469
Obstetrical Unit	697	577
Average daily census	19.8	19.9
Average length of stay	3.6	3.5
NEWBORN:		
Percent of occupancy	31.0%	26.5%
Patient days — total	1,145	966
Admissions — total	498	437
Average daily census	3.1	2.6
Average length of stay	2.3	2.2
DELIVERIES — TOTAL	498	437
OPERATIONS — TOTAL	499	504
Major	159	210
Minor	330	294
In-patient	250	242
Out-patient	249	262
ENT	21	32
C-Section	95	82
ANESTHESIA — TOTAL	496	504
Spinal	33	29
General	352	361
Local	111	113
DEATHS — TOTAL	19	31
Institutional (over 48 hours)	12	18
Institutional (under 48 hours)	5	8
Non-institutional (OPD/ER)	2	14
X-RAY EXAMINATIONS — TOTAL	6,683	7,933
In-patient	1,239	1,127
Out-patient	5,444	6,606
	0,111	0,000

THE COURSE AND VOLUNTEEN H	1986	1987
ECHO - In-patient	0	61
Out-patient	veb = 0	163
LABORATORY PROCEDURES — TOTAL	73,333	97,378
In-patient	26,463	32,031
Out-patient	38,353	42,712
Referred in	14,857	22,624
	13,768	7,696
PRESCRIPTIONS FILLED	. vab teg state	
Out-patient — total	47,517	48,481
Unit Dose (in-patient) — total	105,581	88,622
PHYSICAL THERAPY TREATMENT		
TOTAL	7,627	639
(closed 12/85 - reopened 1/87) In-patient treatments	779	MANON PF
Out-patient treatments	773 6,854	55 586
Days of operation	170	85
ELECTROCARDIOGRAMS — TOTAL		
In-patient	2,324 889	2,753 1,064
Out-patient	1,435	1,689
RESPIRATORY THERAPY — TOTAL		
In-patient procedures	28,300 27,188	25,499 24,292
Out-patient procedures	1,112	1,207
MBH DENTAL VISITS — TOTAL	张 国 医克里里斯 医沙耳耳 医二克二药	
Average visits per day	1,133 6.7	0
Days of operation	170	0
HOME HEALTH VISITS — TOTAL		Samuel lak
Average visits per day	6,979 27.4	7,328 29.0
EMERGENCY ROOM VISITS — TOTAL		
Average visits per day	6,353	6,736
Days of operation	17.4 365	18.5 365
ADMITTED THROUGH EMERGENCY ROOM	909	909
- TOTAL	070	070
	876	978
MBH (HYDEN) CLINIC VISITS — TOTAL	24,952	23,455
General Clinic (including pediatric)	19,325	18,122
OB/GYN	5,627	5,079 254
Average visits per day	97.9	92.0
Days of operation	255	254
SPECIAL CLINICS — TOTAL	533	364
ENT	86	131
Days of operation	Charles 1	2
Orthopedic	447	233
Days of operation	12	8

			1986	1987
	CLINICS — TOTA isits per day	LS	. 14,602 57.3	13,619 53.4
Average v	visits per day	OTAL	20.0	4,915 19.4 254
TOTAL .		ENTER —		4,325 17.0
Days of o	peration		. 255	254
Average v	visits per day	— TOTAL	. 7.5	1,529 6.0 254
Average v	visits per day	L	· · · · atmost 7 ox inni	2,850 11.0 254
Average v	visits per day	L	6.3	0 0 0

SIXTY-TWO YEAR TOTALS — SELECTED DATA

Each year for many years, the Annual Report issue of the *Quarterly Bulletin* provided cumulative totals of patients registered, maternity cases delivered, and other information of historical interest. As a result of changes in the record keeping procedures several years ago, some of this information was reclassified and accounted for differently. It became impossible to develop the data in exactly the form in which it had been presented for many years.

However, because there continues to be interest in these figures, we now reconstruct the essential information necessary to cover FNS' sixty-two years of operation. These figures should not be understood as audited totals. They are reasonably close approximations as of the close of the fiscal year that ended April 30, 1987.

Patients registered from the beginning (1925) 87,415
Children (estimated)
Adults (estimated)
Maternity cases delivered
Maternal deaths (9 puerperal, 2 cardiac)
Number of days of occupancy in FNS hospitals
(including old Hyden Hospital, which
opened in June 1928, and Mary Breckinridge
Hospital, which opened February 10, 1975).
Figures exclude newborn 472,136

COURIER AND VOLUNTEER HOURS REPORT August 1986 to May 1987

Areas Served	Couriers/ Volunteers (Hours)
Clinics	922
Hospital/Home Health	1,375
Administration/Promotion/Development	250
Community	120
Transportation/Rounds	875
Frontier School of Midwifery and Family Nursing	50
Wendover	510
Total Number of Hours Worked	4,102
Total Number of Couriers: 22	
Total Number of Volunteers: 1	

URGENT NEEDS

Wendover is still in the process of renovating its buildings. The following items would add a beautiful touch to these renovations.

items would add a beautiful touch to these renovations.	
 Matting and framing FNS historical photographs (approximately 20 photographs at \$15 each) 	\$300
 Four room size rugs for the entry way and three bedrooms of the Big House (approximately \$400 each) 	\$1600
 Five lamps for Big House guest rooms (approximately \$50 each) 	\$250
• Three bedspreads for Big House guest rooms (approximately \$45 each)	\$135
Urgently needed at Mary Breckinridge Hospital:	
 Overhead Projector VCR Camera Tripod for Camera 	\$308 \$1599 \$68

FRONTIER NURSING SERVICE, INC.

President: David M. Hatfield, MBA, FACHE

ADMINISTRATION

Vice President for Finance: John L. Gilman, Jr. BBA Vice President for Development: Ronald G. Hallman, BA

Assistant to the President: Heidi Sulis, BA, MPH

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

Ruth C. Beeman, RN, CNM, MPH
Vice President and Dean
Nancy Clark, RN, Ph.D, CNM, FNP
Assistant Dean and Director
Wendy L. Wagers, RN, MSN, CFNM
Nurse-Midwifery Education Coordinator
Nancy J. Fishwick, RN, MSN, CFNP
Acting Family Nurse Education Coordinator
Deborah Browning, RN, MSN, CFNP

Family Nurse Instructor Carol Hanus, RN, MSN, CNM Nurse-Midwifery Instructor

Sarah Bay Hughes, BSN, Public Health Nursing Instructor

Betsy Meredith, RN, MSN, CNM, Nurse-Midwifery Instructor

Sr. Martha Walsh, RN, MSN, CNM, Nurse-Midwifery Instructor Alice Whitman

Alice Whitma Registrar

Kate Ireland Women's HealthCare Center Carol Hanus, RN, MSN, CNM Marsena D. Howard, RN, MSN, CFNM Kathleen Isaac, RN, AD, CFNM Sharen Leaman, RN, BSN, CFNM

Sharon Leaman, RN, BSN, CFNM Elizabeth A. MacMillan, RN, AA, CFNM Karen L. Pocai, RN, AA, CFNM Maureen O. Wolfe, RN, CNM

MARY BRECKINRIDGE HOSPITAL AND CLINICS

Administrator: Steve Hardman, BS, MHA
Director of Support Services and Personnel: Darrell J.
Moore, BA
Administrative Assistant: Diana Fortney, CRT
Assistant Administrator and Controller:
George Wyatt, BBA
Administrative Assistant: Ruby Moore, RRA
Administrative Assistant for Special Projects and
Emergency Services: Mable R. Spell, RN, CFNM,

CFNP

Nursing Staff
Director of Nursing: Mary Weaver,
RN, ADN, CFNM

Head Nurse, Med/Surg: Margaret Jones, RN

Nurse Anesthetist: Betty Childers, CRNA, BA

Hyden Clinic Barry Gibbons, RN, AA, AD, CFNP Coleen Atkinson, RN, BSN, MPH, CFNP

Head Nurse, OB: Glenna Gibson, RN

Medical Staff
Medical Director: Richard Guerrant, MD
Ira J. Azizpour, MD, Obstetrics/Gynecology
Ernesto D. Cordova, MD, General Surgery
Richard Guerrant, MD, Internal Medicine

Mohammed H. Kharsa, MD, Cardiology and Internal Medicine

Paul Moody, MD, Pediatrics

DISTRICT NURSING SERVICE

Clinics Coordinator: Gertrude Morgan, BSW, RN, CFNP

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

Pine Mountain Center:

Gertrude Morgan, BSW, RN, CFNP, Project Director

Sharon D. Koser, RN, BSN, CFNP, District Float

HOME HEALTH AGENCY Elizabeth C. Stallard, RN, Coordinator

M. Sandra Mathis, RN Deborah A. Morgan, RN Janie Harris, RN Susan Snidee, RN

COORDINATORS AND DEPARTMENT HEADS

Development: Ruth O. Morgan Dietetics: Linda Campbell, RD FNS Quarterly Bulletin: Sharon N. Hatfield Food Service: Mae Campbell Housekeeping: Lillie Campbell, CEH Laboratory: Ruth Rushby, MT (ASCP) Maintenance: John C. Campbell Medical Records: Betty Helen Couch, ART Pharmacy: Joe R. Lewis, BS, RPh Physical Therapy: Evangeline Z. Goss. BA, PT Purchasing: Nannie Hornsby Quality Assurance/Risk Management: Ruby Moore, RRA Radiology: Mike Dooley, RT Respiratory Therapy: Diana Fortney, CRT Social Work: Ruth Ann Dome, BSW 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

FRONTIER NURSING SERVICE, INC.

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Mr. R.B. Campbell, Jr., Lexington, Ky.
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Dr. Wallace Campbell, Pippa Passes, Ky.
Mr. Joseph C. Carter, Versailles, Ky.
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Mrs. George E. Evans, Jr., Lexington, Ky.
Mrs. Rew Farmer, Hyden, Ky.
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The 1920's were tragic times in the history of U.S. health care in Appalachia. Kentuckian Mary Breckinridge, with concern and vision, began the Frontier Nursing Service to bring adequate health care to remote areas of Kentucky.

In order to bring awareness of these problems to as many as possible, she asked her young cousin, Mary Marvin Breckinridge, to learn 35mm photography, come to Kentucky and film her nurses at work.

Thus, in 1930, a silent film entitled *The Forgotten Frontier* was made. Scenes in the film were based on true incidents, showing a nurse attending labor and a new birth, caring for infants and treating a wounded victim shot by a feuding neighbor.

Recently, Mrs. Jefferson Patterson (Mary Marvin Breckinridge) produced an updated version of *The Forgotten Frontier*" for the Frontier Nursing Service. The current version has the music of the mountains in the background and is narrated by Mrs. Patterson. It remains a striking social and historical document of the people and places of this period. It is also a fascinating look at the early age of cinema.

The 28 minute production is available, for rent or purchase, 16mm film and in ¾ or ½ inch video tape from Carousel Film and Video, 241 East 34th Street, New York, NY 10016. It is especially recommended for students of Nursing, Americana, Film History and Women's Studies.

IN BRIEF

Dr. James Holloway, FNS Trustee from Lexington, Kentucky, is the new director of the state of Kentucky's Medicaid Program. Dr. Holloway has been associated with FNS since 1958 serving us over the years as trustee, board member and medical advisory committee member.

Sue Lazar, family nurse practitioner and project director at the FNS Beech Fork Clinic, was recently awarded the Kentucky Commendation Ribbon by the Kentucky National Guard for "outstanding performance" during her MASH unit's annual active duty training exercise. In addition, Sue has received the Army Achievement Medal for outstanding service during a training exercise designed to simulate patient care delivery conditions during a combat situation. To top it all off, she has just received official notification of her promotion to Lt. Colonel. Congratulations Sue, we're proud of you.

FOR YOUR PARTICIPATION



The Frontier Nursing Service Wendover, Kentucky 41775

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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