

FRONTIER NURSING SERVICE QUARTERLY BULLETIN

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Nativity play at Wendover

FRONTIER NURSING SERVICE QUARTERLY BULLETIN
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AN ANNOUNCEMENT

Many of our friends will have heard by now that Frontier Nursing Service must recruit its fourth Director as the five year commitment to the Board of Governors of the present Director ends in May, 1980.

Much has been accomplished in the FNS in recent years: the local Advisory Committee, whose chairman automatically serves as an ex officio member of the Board of Governors, was organized and has become a vital part of the FNS; outpost nursing centers have been relocated, centralizing patient loads and expanding into new territories; the family nurse practitioner has been interpreted to physicians throughout the country, and testimony before legislative committees in Frankfort and Washington has helped with the enactment of new legislation recognizing and utilizing nurse practitioners in rural clinics; an FNS-sponsored symposium on primary care in 1976 was the beginning of the Kentucky Primary Care Association.

A Task Force of the Board of Governors has worked for some months to reaffirm the mission and major goals of FNS, as a guide for the new Director, and a Search Committee of the Board has been appointed to receive applications from candidates for the position. This announcement has been authorized by the Board in the hope that it will aid our recruiting efforts. If any of you are interested in submitting a name, I shall be delighted to receive it, addressed to me, as Chairman of the Search Committee, at Wendover, Kentucky 41775.

The Frontier Nursing Service offers family-centered primary health care through an interdependent complex of hospital, home health agency, outpost nursing centers, and a School of Midwifery and Family Nursing. It is a collaborative effort of nursing and medicine, of patients, staff and thousands of friends who support the organization in and outside of Kentucky. Our Board feels that the fourth Director, like the first three, should have been a provider of health care, as service to patients is our most important goal. The Director must also be an individual with strong leadership qualities and proven administrative ability.

It may not be easy to find just the right person but we feel that the position of Director of Frontier Nursing Service offers a challenge and an excitement today that is equal to the excitement and challenge faced by Mary Breckinridge in 1925.

We seek your help in finding that person.

—Kate Ireland, Chairman
Frontier Nursing Service
Board of Governors

Out of Ideas for Meals?
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Now On Sale Is The First Edition Of The

FRIENDS OF FNS COOKBOOK

Recipes have been contributed by friends in the community, staff, faculty, students, couriers, volunteers and visitors.

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Hyden, Kentucky 41749

Personal Pickup
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All proceeds will go to
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TOMORROW'S CHILD

by Eunice K. M. Ernst, CNM, MPH

Presented as the keynote address at the American College of Nurse-Midwives 24th Annual Meeting, Miami Beach, Florida, April 30, 1979. Kitty Ernst served as the 4th President of the American College of Nurse-Midwives, 1961-1963. Currently, she is a Consultant for Maternity Center Association of New York, a member of the Board of Governors of the Frontier Nursing Service, and a graduate of the Frontier Graduate School of Midwifery. This abstract of her address is reprinted, with permission, from the *Journal of Nurse-Midwifery*, Vol 24, No. 5, September/October 1979, Copyright 1979 by the American College of Nurse-Midwives, and with the permission of the author.

This paper reviews the life of Mary Breckinridge, her commitment to mothers and children, and her contributions to nurse-midwifery. An optimistic outlook for tomorrow's child is envisioned with humanism in childbirth superseding technology as the first priority.

... And gently lead those who are with young ...
Isaiah 40:11

Four years ago, on the occasion of the 20th anniversary of the American College of Nurse-Midwives, the keynote address paid tribute to the pioneers that had lent their special talents to the development of nurse-midwifery in the United States. As we celebrate this International Year of the Child, I would like to take you further in search of roots where we will find our germination in the great heart of an unabashed lover of children. Nurse-Midwifery was introduced to the United States in one of the most daring demonstrations of health care ever conceived. It was born from the soul of a woman who had experienced the joys of birthing two children and the despair of losing them both in infancy and childhood.

Who was Mary Breckinridge?

Everyone knows that she established the Frontier Nursing Service in 1925 to improve the health and welfare of mothers and babies in a remotely rural region of southeastern Kentucky.

Most of you know:

1. That the Frontier Nursing Service successfully demonstrated a decentralized regional plan for the delivery of midwifery care and health services through a network of

district nursing centers connected to a medically directed clinic and hospital that connected to medical teaching and specialty centers outside the mountains.

2. That it demonstrated an effective and efficient utilization of manpower by a team approach to care, guided by established protocols, procedures and medical directives (sometimes referred to as the recipe book).
3. That it demonstrated, through the courier service, the use and value of young volunteers with minimal training, for support services that ranged from grooming horses to caring for post-op tonsilectomy patients.
4. That it established a program of education for nurse-midwives and more recently for family nurse practitioners.
5. That it documented the services provided by ongoing research which demonstrated, with a high level of significance, the impact of the care on the health and welfare of mothers and babies.
6. That it has been supported locally and nationally by voluntary effort in the committees organized to raise money to meet the needs for development and operation.
7. That it has been studied by thousands of visitors from all over the world and has trained hundreds of nurse-midwives for work here and in dozens of underdeveloped countries.
8. But most of all it has demonstrated a concern for children that focused on care of the mother, tenderly cared for during pregnancy; lovingly supported in birth and religiously followed daily for ten days, weekly for one month, monthly for one year, biannually until school and annually in school until that child became a woman and mother and the cycle began again.

It is important to recognize today that the splendid home birth record of the Frontier Nursing Service (and of Maternity Center Association) was achieved by that kind of care. And that kind of care is nurse-midwifery care. The hub, or center of the FNS was the hospital, staffed by doctors, nurses and nurse-midwives. But the heart or life of the service was in the district centers where the nurse-midwife served families within the context of their individual life styles.

Who was Mary Breckinridge? How did she arrive at the

threshold of the door to nurse-midwifery in the United States? The answer lies in forty years of accumulated experiences and a distinct calling to a work for children.

Her roots were deep in the aristocracy of the post Civil War reconstruction south. An aristocracy whose life-style had been catapulted into turmoil. Her mother's family had been plantation owners in Louisiana and Mississippi. While the men of the family worked to rebuild a life on the plantation in Mississippi — the women were moved to a safer and easier life in Memphis, Tennessee. There, in her grandmother's home, Mary Breckinridge was born in 1881. Although her birth was apparently normal, her mother had childbed fever and was unable to breastfeed. Mary was wet-nursed by a young black mother who came morning and evening. In between she was nourished by the milk of a nanny goat. Her family ascribes her intense interest in breast feeding to this experience

In 1906, at age 25 and widowed, Mary Breckinridge was faced with the realization that her life had not really "fitted her to be of service to anyone". The long and sporadic preparation for the service that was to *become* her life began with nurses training at St. Luke's Hospital in New York. A vignette of her love for children appeared there when she attempted to adopt and care for an abandoned baby girl with spina bifida. In spite of the fact that she was denied the adoption and the loving care she so desired to give, she attended the baby girl until death and arranged for private burial rather than leaving her to rest in a pauper's grave.

Upon the completion of her nurse's training, she went to spend a year with her family that was to stretch into eight years, a second marriage, the birth and death of two children and finally divorce. The journal she kept of her life with her son, Breckie, is a chronicle of all the joys of infancy and early childhood tempered by the tragedy of the premature birth and death of her girl baby, Polly, about which she wrote . . .

. . . "For you who share with me a memory like this, I have a message. Keep your baby alive in your heart . . . But in loving it, do not seek to hold it. You must learn the nature of spiritual motherhood, as indeed one should learn in caring for (all) children. The more we seek to hold our children to ourselves, the less they are ours. All of the love we give them has as its goal to set them free from us, to train them to be themselves."⁶

In 1917, while she carried Polly in her womb, Mary Breckinridge Thompson published in *The Southern Woman's*

Magazine a marvelous series of articles on childbirth and child rearing entitled — “Motherhood — A Career”.⁷ Ironically, her own career as a mother was halted by a swift illness which took the life of her beloved 4-year old son, Breckie. The final entry of the journal which enclosed the precious moments of those four years was the declaration of commitment to children upon which the Frontier Nursing Service was built. She wrote:

“What of the children? What of childhood? From the desolated shores of Armenia to the Balkan mountains, from the plains of Poland to the Belgian and French coast and over at last to the streets of our great cities and the farms of our remotest hills — travels that cry of childhood which throughout the ages has been the cry of martyrdom. This my reason cannot accept — this tortures the devout in my soul . . . There is a work beside which all other strikes me as puerile — the work which seeks to raise the status of childhood everywhere, so that finally from pole to pole of this planet all of the little ones come into that health and happiness which is their due. If everyone who had ever loved a child would but do his part this might come to pass. What if we do not understand? What if we cannot be held responsible for the way God has ordered his world? There is, nevertheless, deep in the heart of every child lover, a feeling of responsibility which will not let him put the thing aside. If God cherishes His little ones only in my breast, says the child lover, He cherishes them there, and I fight for them — fight until that ancient saying has come true, ‘until He shall gather the lambs in His bosom, and gently lead those that are with young.’ And when the crooked paths are made straight and the waste places smooth, it will be time for me to understand.”⁸

. . . After nursing victims of the 1918 influenza epidemic in Washington and a short but intensive course in public health nursing in Boston, she sailed for France as a member of the American Committee for Devastated France. There she imported goats, crated them over the Pyrennes into the villages to supply milk for the starving mothers and babies. She fought epidemics of scarlet fever, diphtheria and dysentery and created the first Child Hygiene and Visiting Nurse Service in France. Her demonstration of the impact that public health nursing could have on the health of children caused nursing leaders to plead that she stay and develop the nursing schools needed to expand such services throughout France. But Mary Breckinridge was beginning to hear the beat of another drummer. To her mother she wrote, “A decision has come to me and not of myself. Call it what you will, I feel it definitely and will follow it with the assurance that I am doing what is right. A reform in the Paris hospitals and through them in all France is not my job . . . I am to work directly for little

children now and always . . . Some very special thing is waiting for me on the other side of the ocean (although I don't know what it is)."¹⁰ Of her work in France she wrote:

"Nothing better prepared me for (the Frontier Nursing Service) than my years in France. I learned then that it is wise to begin small, take root and then grow. I also formed a habit, indispensable in new undertakings, of learning all I could about native customs so that new things could be grafted to old. Finally, I gained a respect for facts — old and new — with the knowledge that change is not brought about by theories."¹¹

Heeding the call to work with children, Mary Breckinridge entered the final stages of her preparation. She attended Teacher's College of Columbia University as a non-matriculated student (her three years of formal education and nurse's training did not meet the requirements for admission even then). She selected the courses in public health, psychology, education, biology and statistics that she felt she needed; a program not unlike the master's degree program for nurse-midwives today . . .

The first contact that Mary Breckinridge had with midwives was at the birth of her brother in Russia when she was 14. Although two doctors stood by in case they were needed, she was impressed with the fact that the midwife attended the birth. In France she had worked with midwives who were not nurses. In America she had worked with nurses who were not midwives. Her association with British nurse-midwives led her to the conclusion that the combined expertise she found in them best suited her belief that the most important care of children is concentrated in the care of the mother before birth and of the child up to age six. In the fall of 1923 she began a four-month midwifery program at British Hospital for Mothers and Babies in Woolrich, England. To her formal midwifery training she added district midwifery experience in London slums, a short course for Teachers of Midwifery and a thorough investigation of the organization of the Highlands and Islands Medical and Nursing Services in the Hebrides of Scotland; a service that formed the prototype for what would become the Frontier Nursing Service.

At age 44 she returned to Kentucky to organize the people who would "back-up" her work. The judge who opened the first meeting of the Kentucky Committee for Mothers and Babies perhaps expressed the sentiments of that prestigious group of ministers, physicians, politicians, lawyers and educators when he

stated that he was impressed by the "sublime audacity" of the program.¹³ The same remark could be made of a number of nurse-midwives and the programs they have created today . . .

By 1930 the hospital and six outpost centers were in place. An overwhelming accomplishment with all supplies 25 miles by mule sled from the nearest railroad. Staff were recruited mainly from Great Britain.

In 1928, *50 years ago*, in order to "foster, encourage, and maintain a high standard of midwifery," The American Association of Midwives was formed. Prominent obstetricians, brought to the annual meetings in the mountains to address the problems encountered in rural practice, represent a who's who in American obstetrics.

Metropolitan Life Insurance Company provided on going evaluation research of the work. In 1932, a report of the first 1,000 births stated:

"The study shows conclusively what has in fact been demonstrated before, that the types of service rendered by the Frontier Nursing Service safeguards the life of the mother and baby. If such service were available to the women of the country generally, there would be a saving of 10,000 mother's lives each year in the United States, there would be 30,000 less stillbirths, and 30,000 more children alive at the end of the first month of life" . . .¹⁴

Who was Mary Breckinridge?

She was a woman who put aside a life of comfort and pleasure to follow a calling to work for children.

She was a nurse-midwife who, when put to the test, made a total commitment of her wealth and her life to insure that yesterday's child would live to become today's mother.

But what of today's nurse-midwife and tomorrow's child? As I reviewed the life of Mary Breckinridge I truly thought I might gain specific insight into the problems we face today. But I realize now that that was a bit naive. Three mile island, fetal scalp electrodes, and the great middle man of third party reimbursement were not even part of the language of that day.

At times I have the feeling that tomorrow's child is a commodity, the welfare of which will be measured in computer printouts, numbers of beds, occupancy rates and cost stabilization. It would not surprise me to one day hear the Dow Jones averages report — Birth enterprises up 2 points, Birth technics up one half, Level II's down one, Birth environments up 6. On the

other hand, at times I have the feeling that we are on the brink of a major breakthrough into an era of the most profound understanding of human birth ever known. In the paradoxes that we face today lie both the dilemma and the solutions.

The mother of tomorrow's child is under your care today. What will childbirth be like for her two or three decades from now?

It has been said that "Prediction is a risky, difficult and unrewarding activity in any time . . . To engage in such endeavor in a world of unprecedented complexity during changes of unparalleled rapidity is as absurd as it is necessary".¹⁹

Such an absurd necessity was engaged in recently by Norma Swenson, a long time parent advocate. For an article in *Omni Magazine*,²⁰ she envisioned childbirth in the year 2000 A. D. It went something like this: A woman in rural Vermont wanted to deliver her baby vaginally at home with a midwife. Toward the end of pregnancy while relaxing at home with her husband a helicopter swoops down and lands in her backyard. A physician and policeman produce a court order to take the unborn baby into protective custody to prevent child abuse. They take the screaming woman to a hospital where she is admitted to a birthing suite complete with curtains and potted plants. She sits in her rocking chair, stunned, aware that at her only visit to her gynecologist he registered her pregnancy with the Perinatal Center and implanted in her vagina a tiny receiver for electronic fetal monitoring along with a device used to track down migratory animals. Her pregnancy had been followed for months by a computer at the Perinatal Center. She is induced, fetal distress develops, she is rushed to the operating room, anesthetized and a caesarean section is performed. The baby is transported to intensive care while the mother, still dazed, is wheeled back to the homey birthing suite (to rest for a few hours before discharge).

Absurd? Perhaps. But the technology for it exists today. The acceptance of this scenario is close at hand. Home birth has been declared a form of child abuse and home birth couples have been so charged in three states. One was reported to have been forcibly transported from her home to the hospital while in labor.

A national registration of pregnancies *has* been proposed by a leading perinatologist. "Active Management" is a term used to routinely employ interventive technology.

But I have a different view of the birth of tomorrow's child. In

2000 A. D. I envision a mother whose preparation for birth began when she was born into her mothers arms and held close to her bosom until she herself created distance — this secure loving experience was reinforced when she attended her brother's birth. On her first visit to her obstetrician and midwife (childbirth is presented as normal until proven otherwise.) Multiple options for pregnancy and birth are available. Her prenatal care will begin with education for self-care. She will learn prenatal screening techniques, nutritional assessment, physical examination, procedures for monitoring the progress of her own pregnancy and fetal growth, techniques for coping with labor, newborn assessment, breast feeding, principles of early attachment and beginning parenting skills.

Her care will be supported and managed by a well coordinated doctor/nurse/midwife team. The place of birth will be an environment that meets her individual and medical needs and will include home birth center or hospital. Emergency transport (without a policeman) will be available to take her swiftly and safely to more sophisticated levels of care and to less sophisticated levels of care when indicated.

Family members and friends will be invited to share in the birth celebration. Prepaid, extended care will be available in the home (or in a homelike facility) by a mother substitute.

The technology for *this* care also exists today. The acceptability of this scenario is also at hand. Parents, in ever increasing numbers, are seeking to obtain more control of the planning of maternity care services.

The questions that are raised by these two views of the future are — WHO GIVES BIRTH? AND WHO CONTROLS BIRTH? Throughout the recorded history of the human race, woman has given birth and women have controlled the giving of birth. Today that age-old biological and spiritual responsibility is being challenged. A young mother attending an obstetrical task force meeting of the local HSA in Philadelphia expressed it well when she said, "I wanted the best that money could buy so I went to the biggest hospital in town to have my baby. But I'll tell you, I might have a home birth next time. Why, I might as well not have been there . . . I had the feeling they would do it all without me if they could".

The major issue for nurse-midwives today, as I see it, the one

that over-shadows all others is — “will we help parents to regain the control that is rightfully theirs”? Will we continue the medical model of prenatal care that focused on a search for pathology, important as that is, or will we step forward toward more productive prenatal care provided by a team effort, that prepares parents to become real partners in health?

Will we battle with one another, obstetricians, midwives, parents, about the merits of one place of birth over another, or will we share our talents and support one another in our different callings to serve?

Will we allow ourselves to become blinded with organizational details and self-serving ministrations, or will we keep our vision clear, our goals simple, our actions close to those we serve?

I am confident, that in the same spirit of commitment shown by Mary Breckinridge we will respond to the cry of parents heard with increasing clarity throughout the land. That we will survive these difficult times of torment. That we *will* gently lead those who are with young until the crooked paths are made straight and the waste places smooth.

For in so doing we will realize the great privilege of being a nurse-midwife.

NOTES

⁶Mary Breckinridge, *Wide Neighborhoods: A Story of The Frontier Nursing Service*, Harper, New York, 1952, p.66

⁷Mary Breckinridge Thompson, R.N., “Motherhood — A Career,” *Southern Woman's Magazine* (Nashville, TN), November, 1916-June, 1917.

⁸Mary Breckinridge Thompson, *Breckie: His Four Years, 1914-1918*, New York, 1918.

¹⁰Mary Breckinridge, *Wide Neighborhoods*, p. 100.

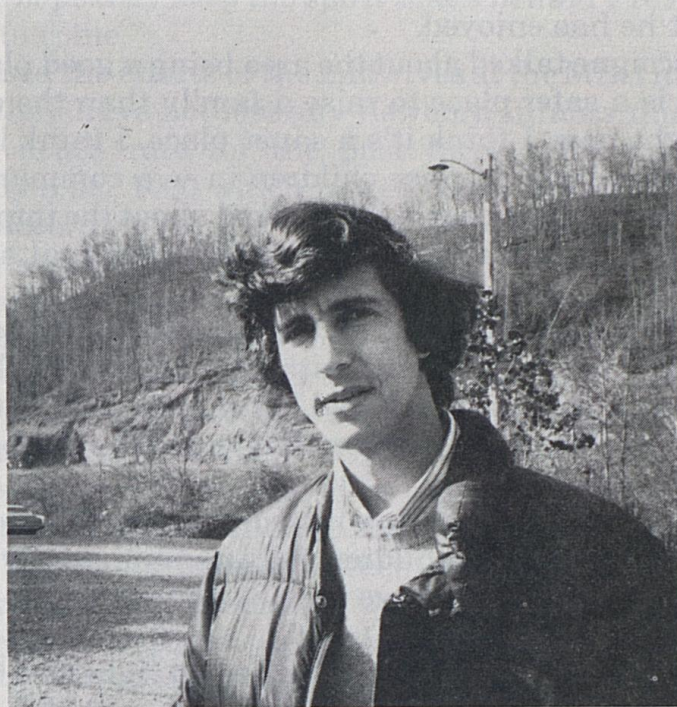
¹¹Ibid, p. 109.

¹³Ibid, p.159.

¹⁴Metropolitan Life Insurance Company, “Report on The First Thousand Confinements of the Frontier Nursing Service, Inc.,” *Frontier Nursing Service Quarterly Bulletin*, Vol. VIII, Summer, 1932, p. 9.

¹⁰Bemis, W. and Staly, Philip, *The Temporary Society*, Harper Rowe, New York, 1964, p. 1.

²⁰“Childbirth, 2000 A.D.,” *Omni Magazine*, January 1978.



DR. GASCOIGNE LEAVING FNS

by June Lehue Rand

Reprinted, with permission, from *The Leslie County News*, Hyden, Kentucky, November 15, 1979.

Dr. Brad Gascoigne, pediatrician at FNS, is leaving Hyden for a new position in California. Gascoigne came to FNS in 1976. He will be leaving November 30.

Gascoigne will be joining his wife, Carol Tracy, who is working as a pediatric nurse practitioner and midwife at the Berkley Family Health Clinic. Gascoigne will be working in pediatric clinics in the east bay of San Fransisco nearby.

Gascoigne, who grew up in Cleveland, Ohio, expresses mixed feeling about leaving the area in a recent interview: "I've gotten to the point where I really appreciate being in rural America," he said. He said that he and his wife had not missed the advantages of the city as much as they thought they might in the beginning. They are keeping the house they built on Hospital Hill because he believes they will probably come back to Hyden. Working on the

house, made of logs brought in from North Carolina, has been a hobby that he has enjoyed.

Dr. Gascoigne talked about the area being a good place to live: "I think it is a safer place to raise a family than the city in our country right now. I think it's a saner place. I think it's a more human environment to raise children in — a community where you know many of the people." He talked about the importance of living in a place where the accent is on the individual, such as it is here.

He said that the activity in the community which he has enjoyed the most is working with the LCHS Football team. "They've got a great coach, Floyd Hines," he said. "I think they have a real good bunch of guys on that team. They've been a lot of fun to work with."

Dr. Gascoigne has been very instrumental in the project to get the Leslie County school children fully immunized. By the end of November they expect to have over 90 percent of the children's immunizations up to date.

"There are a lot of good projects going on right now that I hope the community continues to support," he said. "We have an excellent Superintendent of Schools, Richard Bowling, and I hope that he continues to work as well as he has this last year. There is a good Board of Education here in Leslie County. They've been extremely supportive of initiatives of programs that we've tried to get going with the Health Department in the school system. There is the Humane Society that is doing a tremendous job. They're trying to protect the animal population in Leslie County. We have three dentists now in Leslie County who ought to be able to provide very complete dental care to the children in this county."

Dr. Gascoigne was very active in the clean-up campaign in the county earlier this year. "I think Judge Muncy's program with the dumpsters has been a big success . . . I think there's been a dramatic improvement in the appearance of our county in the last six months. I think the dumpsters . . . are largely responsible for this. Also, the pride the people take in their community, I think, has improved over the last six months," he said. He praised the efforts of everyone who worked in the clean-up last spring.

Gascoigne praised FNS. "I still have a lot of respect for what FNS stands for," he said. "The people that are here — the Beasleys', the midwives and everyone else that works as a part of

FNS and I hope they keep the spirit that's behind FNS alive for a long time to come."

He praised the efforts of the midwives at the MBH nursery and said that they have not lost any newborn infants this year and that their death rate for the past three years has been approximately 8 per 1000 which is well below the state or national average, according to Dr. Gascoigne. He said that this is something of which FNS can be proud.

Dr. Gascoigne's parents, George and Ruth Gascoigne, still live in Cleveland. He has two brothers and one sister. Dr. Gascoigne went to medical school in Cincinnati. He went on to New Mexico to do his internship and there met his future wife, Carol Tracy. They married at Wendover in May of 1978.

Dr. Gascoigne will be missed in Leslie County. Many people have praised his contribution to the community.

Rufus Fugate commented recently about Dr. Gascoigne's contribution to this community: "Dr. Gascoigne's involvement in community improvement activities has been an asset to our county. Not only has he provided a vital service to our health needs through the hospital but his presence and assistance at football games, I know as a parent, has greatly reduced much of the anxiety for player safety at ball games.

His concern for our Environment and his leadership roll in county clean-ups was very effective. Fugate went on to say that Gascoigne's efforts were greatly appreciated and that he had contributed to the success of the project.

THE COMMUNITY HEALTH CENTER: A NEW BEGINNING FOR THREE FNS COMMUNITIES

by Ron Hart

The communities of Flat Creek, Red Bird and Bob Fork had been served faithfully by their FNS clinics for some decades, but the ravages of time, the movements of population and changing transportation patterns, as well as new federal health regulations, were making it increasingly difficult for the clinics to render accessible and efficient quality care to the people they served.

The hard work of the three community committees, cooperating with FNS, resulted in a new clinic, the Community Health Center, which opened its doors on September 25, 1979. The Center represents months of planning, work and community support and effort.

The Community Health Center is located at Big Creek, Kentucky, in the geographic center of the three former districts. It is on U. S. 421 which runs east and west, a main road accessible year around. It is also near the junction with Ky. 66, running north and south and connecting large communities. It has a waiting room, business office, work-up room, five examining rooms, a laboratory, staff conference room and ample parking space.

The Community Health Center Committee is composed of community members from the three former clinics with Mr. Al Marcum (Red Bird) as Chairman, Mr. Logan Bowling (Bob Fork) and Mrs. Georgia Ledford (Flat Creek) as Vice Chairmen, and Miss Bonnie Smallwood (Flat Creek) as Treasurer.

The FNS nursing and secretarial staff have also come together from the three former districts with Gail Alexander acting as Project Director of the new clinic.

The FNS maintenance crew remodelled and added to the structure with members of the communities and FNS staff doing a lot of the finishing work (painting, moving, etc.).

The Community Health Center is a joint venture by three long-standing FNS communities banding together to insure continued services of quality health care for their people. If the patient visits to the new clinic in the first month are any indication, it is also a new beginning. The staff saw an average of 27 patients a day.

FROM THE MEDICAL DIRECTOR

S. D. Palmer, M. D.

The University of Alabama presented a conference in September, "Do Nurse Practitioners Provide Quality Care?" Speakers were well chosen and their topics relevant and timely. Dr. John Runyan presented data from the very large program he has with the City of Memphis. The Memphis Chronic Disease Program, 16 years old, has preeminently provided leadership for similar programs. Dr. Runyan has published a superb book, *Primary Care Guide*. Dr. Ellen Perrin, of the Department of Pediatrics of Vanderbilt, reviewed her studies of the use of nurse practitioners in pediatrics, some of which were published in the *New England Journal of Medicine*, "Telephone Management of Acute Pediatric Illnesses" (NEJM 298: 130-135, Jan. 19, 1978). Their study provided comfort or discomfort, subject matter for chortles or barbed diatribe, depending upon who the reader might be, and was, no doubt, the impetus for some New Year's Resolutions. As you may recall, PNP's scored better than house officers, who scored better than the practicing pediatricians, when rated by a panel of 11 pediatricians.

One of the outstanding presentations came from one of the outstanding speakers; what a happy circumstance! Max Michael had thoroughly reviewed the literature and presented a detailed recapitulation of many studies. Dr. Michael has graciously allowed us to publish — for the first time ever — an excerpt of his paper. We are indebted to him for this, as well as for the extensive bibliography.

I'll give Max the rest of my space this time — some good conferences are coming up — more on these next time.

NURSE PRACTITIONERS: AN INNOVATION OF PROVEN QUALITY

By Max Michael, M. D., Director of Ambulatory Services,
Cooper Green Hospital, Birmingham, Alabama

The emergence of nurse practitioners in primary care medicine, pediatrics and obstetrics is directly linked to an

increasing disparity between the demand for medical care and the ability of the medical profession to provide services.

During the last two decades, enthusiasm has grown for the idea of expanding the role of the nurse to include areas of medical practice previously deemed exclusive to physicians. Postgraduate training programs for nurse practitioners are now a part of about 130 university medical centers and nurse practitioner graduates are providing primary care in diverse locations, many traditionally underserved. However, the simple provision of a medical practitioner does not insure the practice of quality medicine, so the question must be raised: "Do nurse practitioners provide quality care?"

This paper will review some of the evidence that affirmatively supports the conclusion that nurse practitioners provide effective and efficient medical care. Four areas of interest will be discussed: I. Studies documenting quality of care, including clinical trials and descriptive studies; II. Surveys of physician acceptance before and after the introduction of nurse practitioners; III. Patient satisfaction with the care provided by these mid-level practitioners; and IV. The financial impact of nurse practitioners in the practice setting.

1. Quality Care

Among the best known controlled trials of nurse practitioners was the Burlington Study from McMaster University in Ontario.^{32 40} In 1970 two family physicians in Burlington, a middle class town of 85,000, approached the Department of Medicine at McMaster for help in introducing nurse practitioners into their saturated practices. These family practices were comprised of 1,598 families containing 4,325 members available for this randomized trial. Because many clinical problems in primary care involve an entire family, families were chosen as the unit for randomization. Families were randomized at a 2:1 ratio consistent with a manageable case load for a nurse practitioner, resulting in 1,058 conventional practice families and 540 nurse practitioner families. A set of standardized questionnaires was administered to a randomly selected interview cohort prior to the start of the trial. This patient survey showed no differences in physical function, ability to perform usual daily activities, freedom from bed disability, or health status. Quality of care in "clinical judgment" was assessed by review of the management of

10 tracer or indicator conditions and the use of 13 common drugs. These "explicit criteria for adequacy in the management of indicator conditions and prescription of drugs were established before the trial by a peer group of non-university family physicians practicing in the same area."

At the end of one year the interview cohort was again surveyed and the medical record audit performed. For the 10 indicator conditions, 66% were judged adequate in the physician group, 69% in the nurse practitioner group. Likewise, drug prescription by physicians was judged adequate in 75% of the analyses compared to 71% among the nurse practitioners. The levels of physical activity remained high and showed no change during the study or differences, between groups, of physical function unimpaired, performance of daily activities, or freedom from bed disability. Together the practices increased the volume of service by 9% and the number of families under care in the previously saturated practices increased 22%. These results also demonstrate that a nurse practitioner can provide first contact primary care as safely and effectively and with as much satisfaction as physicians.

Perhaps the oldest and largest nurse practitioner based practice is in Memphis through neighborhood clinics under administrative direction of the city-county health department.^{30 31} The Memphis Chronic Disease Program is a service-oriented program comprised of more than 20 satellite facilities of the City of Memphis Hospitals. Started in 1963, the program had by 1975 grown to more than 140,000 patient visits, including 9,000 patients under regular care. All patients are initially evaluated in the hospital clinics before referral to the satellite centers. The majority carry the diagnoses of diabetes, hypertension and cardiac disease. Simple but rigid protocols are used by the nurse practitioners. A study of comparative outcomes for these three chronic diseases over a two year period was published in 1975.

Patients with diabetes, hypertension or cardiac disease alone or in combination were compared for diastolic blood pressure and blood glucose control in the nurse practitioner, or study group, and the hospital group, or control. Although the "selection" of each group was different, they were demographically quite similar. The age-adjusted reductions in diastolic blood pressure were significantly greater in all disease categories among the study group. Blood glucose reductions were significantly greater in the

study group only for the categories diabetes and diabetes-hypertension. In none of the group was blood pressure or blood glucose control better among the control patients.

Hospital inpatient utilization was also strikingly different. For the disease category the age-adjusted total hospital days was significantly less among the study patients. For example, among the 797 diabetics in the study group, there were 223 hospital days compared to 103 days for 410 control diabetics. Similar reductions were noted for patients with hypertension and cardiac disease. For all causes of disease-related hospitalizations there was at least a 50% reduction among the study patients. For example, peripheral vascular disease and amputation accounted for 626 hospital days per 1,000 patients per year before the program began and was reduced to 201 — a 68% decrease — two years later. Similar reductions were recorded for the other major complications of the three chronic disease states studied.

Although the two populations are not strictly comparable because of the selection process, the demonstrable impact of this program is not diminished. As the author points out, "the data do not suggest that the study population were at less risk than the control population, and there is evidence that the opposite may have been the case."

II. Physician Approval

A number of studies have surveyed physician attitudes prior to the introduction of nurse practitioners in an area or state and in the practice setting. The results of these surveys are clearly dependent upon whether the physician has any direct knowledge of or contact with a nurse practitioner.^{4 12 15 19 20 25} From the studies it is evident that physicians perceive a need for clinical office-based help and more providers in underserved areas and approve of the current roles for nurse practitioners in these settings. In fact, the more contact the physician has with the nurse practitioner the greater is the approval.

III. Patient Satisfaction

Regardless of quality or physician approval, if the patients are not at least as satisfied with the nurse practitioner as with the physician, then the questions of role definitions become meaningless.^{8 9 11 21 25}

An analysis of 1,667 patients in 10 Southern California

ambulatory practices demonstrated overwhelming satisfaction with the nurse practitioner.²⁶

Practices in Colorado¹³ and Pittsburgh¹⁷ similarly demonstrated high levels of satisfaction, ranging from 85% to 94%. Ninety-seven (97%) percent of patients served by nurse practitioners through three rural clinics in North Carolina¹ were likewise satisfied, as were patients surveyed at the Columbia Medical Plan²² and at Kaiser-Permanente.¹⁶ Clearly, patient satisfaction with nurse practitioners is exceedingly high, often-times greater than with physicians.

IV. Costs

There is a wide disparity in the reported costs accounted for by differences in determining costs, the type of practice, insurance carrier and the like. This and other evidence does sustain the notion, however, that nurse practitioners can be cost-effective in the clinical setting and that the volume of services and generated charges do provide additional income to most practices, often well beyond that of salaries and overhead.³⁸

V. Conclusion

In conclusion, this [excerpted] review of the role of nurse practitioners has focused primarily on quality of care while briefly surveying the areas of physician acceptance, patient satisfaction and costs. Four major randomized controlled clinical trials, eight randomized protocol assessments, and three large descriptive studies provide ample evidence of the quality of care rendered by the nurse practitioner. Because most of the trials were randomized, the Hawthorne effect — or the epidemiologic equivalent of the placebo effect — was probably not operative to a significant degree, and certainly not repeatedly.

Physician acceptance and approval of nurse practitioners seem dependent upon experience with them. Almost universally physicians who have worked with nurse practitioners give them high marks, while other physicians may express some uncertainty. On the other hand, patients appear to have few apprehensions before the introduction into a practice setting of a nurse practitioner and are very satisfied with the care they ultimately receive.

The nurse practitioner has been utilized as a mid-level practitioner for almost two decades. During that time a large body of knowledge about their practice has accumulated leaving no

doubt that this is an innovation in health services delivery of proven quality.

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FROM THE CENTRAL KENTUCKY BLOOD CENTER, LEXINGTON, KENTUCKY

On behalf of myself and the Central Kentucky Blood Center I would like to thank you and the employees of Mary Breckinridge Hospital for your overwhelming support of the Leslie County Blood Program. Your group year for FNS has just come to a close and total donations from your group were 100 pints.

Without the support of the hospital in the area and without the concern and support of its employees through their blood donations a county blood program cannot be a success. I hope we will always be able to count on this support from Mary Breckinridge Hospital. Many lives have been saved as a result of your efforts.

The upcoming December 7th blood drive is the last one for 1979. We must draw 120 pints on that day to obtain county-wide blood coverage for all Leslie Countians. We have all worked so hard this year that it would be a crime not to reach our goal now. I hope that the hospital employees will support this one as well through their blood donations to make county-wide blood coverage a reality for Leslie County.

OLD COURIER NEWS

From Lesley Lamb ('77), Atlanta, Georgia

These days of late summer remind me vividly of my wonderful experience as an FNS courier. I will be a senior at Emory University this year, where I'm majoring in psychology. I'm seriously considering nursing school, but not immediately after I graduate. The idea of joining the Peace Corps interests me greatly, and I think I would like to do that for a time before any more schooling.

.

From Katie Pratt ('76), Cambridge, Massachusetts

I am now going to Boston University. I transferred from Colby College in Maine and I love being here and catching up on all the years I missed when away at school. Maybe I'll see some of you at the Christmas gathering in Brookline — hope so!

.

From Alison Bray ('30's), London, England

The two latest Bulletins have just arrived and, needless to say, I fell on them with joy and gladness. I am going to Leeds on Thursday and shall take them to pass on to Cynthia (Cynthia Bray Spink, '75). She is well and very happy and is expecting her first baby in November. My news is that I am leaving London and going back to Yorkshire. Although I shall miss my friends and many things here, I shall be glad to get back to my own part of the world. I plan to live in Harrogate which is a delightful place with lovely country all around, and I shall be in the midst of my family. My flat is for sale and as soon as the sale goes through I shall put my furniture in store and live with Mum until I can find my new home.

.

From Maggie Koenig ('79), Philadelphia, Pennsylvania

Wendover must be very different without Verna and Toby. I wish I could be with you to see the leaves change and even to smell the coal furnaces stoked up once again! As it is, I've moved to a neat, old Victorian house in Chestnut Hill with four other young

professional types. We've got two dogs who have fleas. My two courses at Penn are much better than I expected. The professor for Human Development is fantastic, one of those people truly born to teach that a student is lucky to come across two or three times in her education. I'm due to go to "Las Vegas East", the Philadelphia Committee party in November.

Babies

Born to Mr. and Mrs. Walter Houghton (**Ardith Clair '63**) of Duxbury, Massachusetts, a son, David Miles Houghton, 7 lbs., 15 oz., on October 9, 1979.

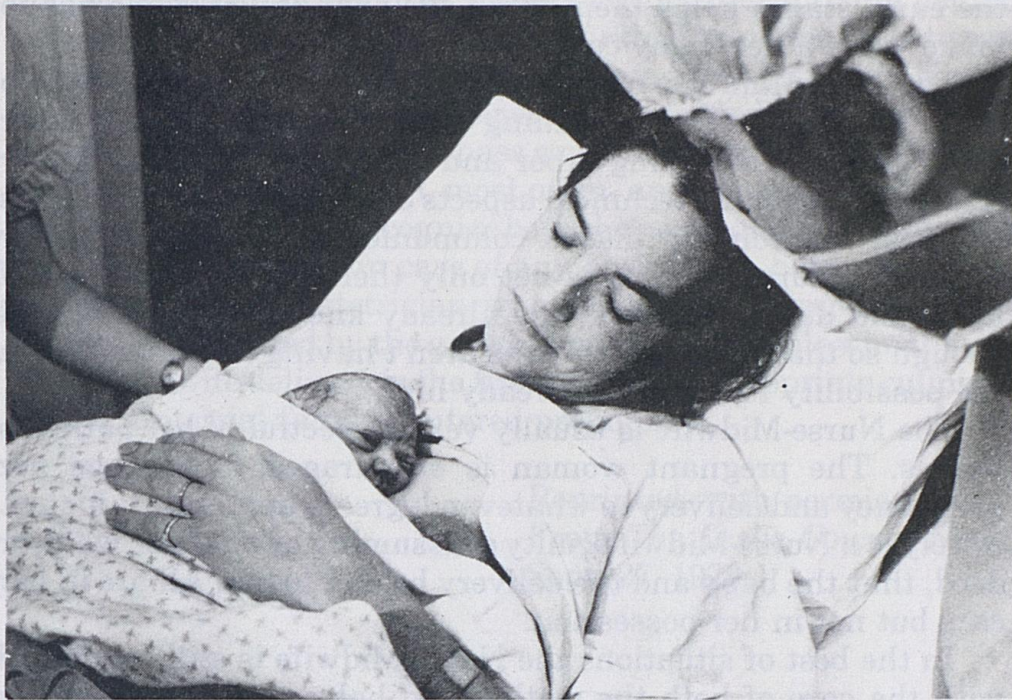
Adopted by Mr. and Mrs. Gregory Goolkasian (**Pauline Lee**, volunteer, '71), Forest Hill, Maryland, twin daughters, Sarah Elizabeth, 3 lbs., 13 oz., and Meaghan Lee, 4 lbs., 3 oz., born September 8, 1979, and arrived home on October 2.

Our congratulations and best wishes to the babies and their parents!

Leah Morris ('77) is now in India, working in a rural substation of the Christian Medical College in Vellore.

From A University of Kentucky Medical Student

I want to reiterate again both how valuable and enjoyable my six weeks at FNS were. Third year, the first year of clinical medicine, and I did not get along very well — the whole thing was very painful to me, and I was beginning to wonder when medicine was going to begin to be a joy again. The joy happened at FNS as well as a lot of good experiences learning to deal with patients and learning the "stuff" of medicine, i.e., the body of knowledge. You, Mark, Harvey, Brad, Mary Weaver, Carol Read, were all first-rate clinicians and instructors for me, and I want to thank all of you for allowing me to be with you in Hyden. I hope that I was able to give something to FNS of myself as well as receiving — which I certainly did.



MIDWIFERY DELIVERY — FAMILY CENTERED CARE

By Sue Palmer

When a woman has a Nurse-Midwife attending her for her delivery, she is part of a very modern system of health care. Nurse-Midwives, who have delivered babies in Leslie County for over 50 years, are now practicing in many parts of the United States, as they've done in Europe for a very long time.

Families choose a Nurse-Midwife delivery for many personal reasons but at the center of the decision usually lies a recognition that a Nurse Midwife delivery is most often family-centered.

From the outset the pregnant woman is recognized as part of a family to whatever degree she wishes. If she has young children at home, they are often invited for some of the monthly checks, hearing the new baby's heart beat on a Doppler or listening to mommy's heart beat. They don't have to be afraid that something terrible is happening to mommy each time she goes to the clinic, of course the husband is often welcome at such checks unless the woman wishes him not to be there. Including the whole family at

the early stages helps them begin the changes everyone has to make when a new baby comes into a family.

The Nurse-Midwife's care is often very personal. She gets to know her patients well, spending much time with them in clinic checks as well as during labor and delivery. She is not simply concerned about the technical aspects of the baby's delivery. This personal relationship makes communication easy at delivery time. The Nurse-Midwife is not only there throughout most of labor and during delivery; she already knows the patient well enough so that new explanations aren't having to be made when the possibility for stress is already high.

The Nurse-Midwife is usually very respectful of her patient's wishes. The pregnant woman is encouraged to manage her pregnancy and delivery to whatever degree is appropriate for her. Rarely is a Nurse-Midwife guilty of assuming by attitude, word, or deed, that the baby and the delivery belong to her. All are in her care but not in her possession.

In the best of situations the Nurse-Midwife is still concerned with the care of both the mother and baby until 6 weeks after delivery. That keeps the experience of having a baby a part of one whole experience; that contrasts to the situation when the obstetrical care given seems to have no connection or concern with the baby once the delivery is over.

Most families who choose Nurse-Midwife deliveries are not choosing against obstetrician deliveries but are choosing, instead, a family centered personal kind of care which assumes a normal delivery. When a case becomes complicated then the supervising obstetrician and all other technological advances available to medicine may be necessary and are often gladly called in. The kind of care and the giver of the care need to be appropriate to the needs of the situation. In a normal delivery, which is neither a sickness nor an emergency, the Nurse-Midwife is often the most appropriate provider of this care.

In spite of the growing number of Nurse-Midwives who practice all over the county, some people are hesitant about a Nurse-Midwife because they associate her with the "granny midwife". Probably everyone owes a debt of gratitude to a good "granny midwife" somewhere in the past, but the Nurse-Midwife is not akin to her except in the attitude of personal service she brings. A Nurse-Midwife is highly trained. Her graduate educa-

tion program often requires 2 years beyond her nursing degree and she usually has had some working experience between nursing school and the graduate program. In order to be a Nurse-Midwife she has had to do at least 20 deliveries during her school program and she then has to pass a national exam, qualifying her as a Nurse-Midwife. She is, most often, an independant and self-reliant person, able to recognize both the needs of her patients and her own need for help in case of any emergency, help she can get from the on-call obstetrician who covers her emergencies. Her success is measured by the growing number of people who think a Nurse-Midwife delivery is the first and only appropriate culmination of a normal family centered pregnancy.

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 From *The Leslie County News*,
 Sept. 27, 1979

URGENT NEEDS

Life Pak (Cardiac Defibrillator) for the inpatient floor of the Mary Breckinridge Hospital — needed to replace old equipment which is not working satisfactorily **\$4,000.00**

Emergency Crash Cart — also for the inpatient floor of the Hospital **\$ 400.00**

OLD STAFF NEWS

From Patti Rogers, McHenry, Illinois (Following Outward Bound in Oregon)

I climbed two mountain peaks and had a fairly serious accident on the way down the second peak. I was leading the group down when two boulders broke loose (half my size, twice my weight) and one got me in the lower back, but good. I walked off that big hill in the snow and ice and was in a lot of pain, especially maneuvering on the ice, but all I've got to show for it is one large bruise. I learned to rock climb (it looks like Spiderman climbing a building only with ropes) and I also rappelled which turned out to be my favorite thing. What a high! We rappelled down into a glacial crevice — a true feeling of complete awe — never do I expect to experience something like that again! We traveled five miles a day for the first eighteen days. For the final expedition, we travelled the same mileage in five days as we did in the first eighteen. I *had* to stop wearing my boots the last two days — my feet were too swollen. The last day we ran a 28 mile marathon — I did it in seventy and a half minutes — the third girl in. I'm glad I did it (Outward Bound) but it's a "once in a lifetime" — never to be repeated.

.

From Sister Kathryn Gates, Philadelphia, Pennsylvania

I'm back in the east again and was home with the family for a while after my father died. I decided to stay in the U. S. for a while and work in Appalachia. I went to visit several possibilities and was most attracted to a little community clinic in eastern Tennessee, but there are a few things to be worked out yet. In the meantime, the International Relief Committee has asked for nurses and midwives to help in Cambodia. I have volunteered for a few months as soon as passport, visa and shots are completed.

In my travels I visited the Free Clinic in St. Petersburg where our Sister Margaret Freeman is working and also Elsie Maier. It was so good to see her again. I had a nice visit with Dr. Gilbert this summer when she came up to Pennsylvania. In Tennessee I should be not too far away, so I will plan to come and see you sometime after I settle in.

.

From Judy Gay, Nashua, New Hampshire

I'm home for a year from my teaching position in the nursing school at Nyankunde, Zaire. Before leaving Nairobi, I saw Jewel Olson who told me of the great time she and her classmates had at Hyden last year.

From Rita Rhodes, Quarryville, Pennsylvania

Our business is booming. I was working 70-80 hours a week so finally hired a part-time midwife. But she is not a nurse practitioner so this poses a problem with our general practice. We would like to have one or more family nurse-midwives — do you know of any? The surrounding counties are requesting our services but there has to be more than one of me to expand!

We average ten deliveries a month. Most of the rest of our practice is well child checks, but we do carry a small general caseload. Our relationship with the local medical community is good and some doctors have actually begun to refer patients to us. And for conservative Lancaster County, that is a victory!

We went out west this summer and spent a night with Debbie and James Johnson in Tucson. Debbie is in a group practice in a hospital with three other midwives and James is painting houses.

Barbara Kinzie, who has been working in Yemen for the past five years, is back in the States on furlough with her parents in Marion, Virginia.

Verna Potter had barely gotten to Florida before she went to Wisconsin for a family wedding, but now she reports that she is getting settled in her home in Port Richey, and she says that Toby is "an angel"!

Kate Challman is working in the obstetrical department of a San Francisco Hospital.

We extend our sincere sympathy to the family of **Lee Jones** of Hyden who died in the Mary Breckinridge Hospital in September. Lee was employed on the maintenance staff of the old Hyden Hospital for a number of years before his retirement and his wife, **Quillè**, worked on the housekeeping staff of both the old hospital and the Mary Breckinridge Hospital. Their daughter, **Alta Browning**, is also a former FNS employee.

IN MEMORIAM

These friends — Trustees and members of Frontier Nursing Service Committees — have departed this life in the past few months. We wish in this manner to express our gratitude for their interest in our work and our sympathy to their families.

MRS. GEORGE M. HUMPHREY
Mentor, Ohio

MRS. WALTER E. KELLEY
Bronx, New York

MISS HOPE McCOWN
Ashland, Kentucky

MEMORIAL GIFTS

We take this means of expressing deep appreciation to our friends who make a supporting contribution to the work of Frontier Nursing Service as a way of showing love and respect for their friends.

Mr. Roger L. Branham
Mrs. Nancy T. Bartlett
Miss Jane Mengel Allen, Jr.
Dr. and Mrs. W. B. R. Beasley

Ms. Leona Serata
Anne A. Wasson, M. D.

Ms. Effie Beisner
Mrs. Edward Bauer

Mrs. Dulaney Logan
Mr. and Mrs. Henry R. Heyburn

Mrs. Irene Murriell
Mrs. Annabelle L. Rhinehart

Mrs. Maude McIntyre Johnson
Hazard Insurance Agency

Mr. Carl L. Merritt
Anne A. Wasson, M. D.

Mrs. Thaddeus V. Rychlewski
Sylvania Employees Association

Mrs. Donald O. Opstad
Mr. and Mrs. Joseph W. Barr
Mr. and Mrs. A. Smith Bowman
Mr. and Mrs. Edward B. Crosland
Mrs. J. Daniel McCarthy
Ms. Judy Opstad
Mrs. Annabelle L. Rhinehart
Mr. and Mrs. Beverly M. Coleman

From a Robert Wood Johnson Faculty Fellow

I have recently completed a year as a Robert Wood Johnson Nurse Faculty Fellow in Primary Care, at Indiana University School of Nursing. The intent of the Fellowship program is to provide experienced nursing faculty who wish to direct their careers toward primary care education, the opportunity not only to become qualified as nurse practitioners but also to become involved in primary care research problems and the design of educational curricula.

As part of the Fellowship year, I had the opportunity of spending almost two months last summer at FNS, gaining clinical experience as a family nurse practitioner. During this time I worked with family nurse, Carol Read, at Wooton Clinic. The FNS experience was both demanding and deeply rewarding to me both personally and professionally. I want to share some thoughts and fragments of memories which stand out in my mind.

Some years ago when I was in Nursing School, I learned of the history of Frontier Nursing Service and its continuing record of service to the mountain people of Kentucky. Since then it has been a dream of mine to come to FNS. Last summer that dream became a reality.

A few memories that stand out . . . getting up early for scrambled eggs, biscuits and honey at Baker's Restaurant before beginning the work day at Wooton Clinic . . . feeling grateful for the unfailing patience and good humor of staff and patients at the clinic to me, a newcomer . . . fellowship with volunteers, students and staff members around the dining room table at Haggin after enjoying dinner a la Jim Pendleton . . . Dr. Anne Wasson dispensing nuggets of clinical wisdom at seminar sessions . . . celebrating July 4th at Wendover and then watching the fireworks from Hospital Hill . . . feeling from many staff a sense of caring and devotion to service that extended far beyond an eight hour working day.

These are just a few of my memories of a great summer. The FNS experience certainly broadened my perspectives in many ways. Having been used to the often impersonal, overtechnologized and overspecialized health care of a medical center, I found it refreshing to work in an organization which is striving to keep its human touch.

The Fellowship year is over and I have returned to my home institution, the University of North Carolina at Chapel Hill, where I am on the faculty of the School of Nursing's Department of Primary Care. The summer was a growing and learning experience. I look forward to sharing my experiences of the FNS model of primary health care in a rural setting with students and colleagues here in North Carolina.

Barbara Bibb

Statement of Ownership

Statement of the Ownership, Management, and Circulation required by the Act of Congress of August 24, 1912, as amended by the Acts of March 3, 1933, July 2, 1946, and October 23, 1962 (Title 39, United States Code, Section 4369), of

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(1) That the names and addresses of the publisher, editor, managing editor and business manager are:

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(2) That the owner is: Frontier Nursing Service, Inc., Wendover, Ky. 41775 (a non-profit corporation). Officers of the corporation are: Miss Kate Ireland, National Chairman, Wendover, Ky. 41775; Mrs. A. R. Shands III, Vice-Chairman; Mr. Homer L. Drew, Treasurer, 1 First Security Plaza, Lexington, Ky. 40507; Mrs. John M. Prewitt, Box 385, Mt. Sterling, Ky. 40353, Secretary.

(3) That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities are: None.

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W. B. R. Beasley, Editor

AN ORAL HISTORY EVENT

by Dale Deaton

In the preceding issue of the *Quarterly Bulletin* we reported that a multi-media presentation entitled "Midwifery and Family Nursing: The Frontier Nursing Service in the Kentucky Mountains" was being prepared to be shown at the Oral History Association meeting at Michigan State University. The product's objectives were varied, but interrelated, and we were uncertain whether or not our methodology would be acceptable to other oral historians and general audiences.

For the most part, the tape excerpts are from interviews with people who live in the FNS service area. Therefore, the history of what FNS has done is told by its patients who are truly the people most qualified to give an account of the services provided over the years. Their recollections on tape were correlated with photographs taken at the time of the event being recounted. The result was that two different types of materials, compiled for very different purposes, were combined to create a third independent source of information.

Another concern was that the cost of creating the presentation be minimal so that other productions could be made with resources which are available to most people associated with oral history projects. The combined efforts of the Oral History Project, the University of Kentucky Special Collections and Archives and the UK Department of Instructional Resources provided the personnel and equipment necessary. The single cash expense was making slide copies of the photographs.

The first showing was at the Leslie County Public Library and the positive response was most gratifying. The audience was made up of area citizens and their opinion was valued highly as they could discern if the presentation portrayed the FNS patients' views accurately. It is very important that the meaning of an interview statement not be changed when using excerpts.

At the Oral History Association meeting, we were successful in demonstrating, through the presentation, what can be done by combining the talents of oral history and audio-visual professionals to produce an historically accurate presentation which is informative, and entertaining as well. Following the showing there was considerable discussion which made it clear

that our colleagues were supportive of our methodology and complimentary of the presentation. Constructive comments pointed out subjects which should have been included, such as the old hospital, more detail of the nurse-midwives' duties, and that too much information was given about Mary Breckinridge. These comments have resulted in discussions about the feasibility of expanding the presentation to include more information.

Since the showing in Michigan, the presentation has been shown at The Gallery at the University of Kentucky and three more showings have already been scheduled — in February, 1980, at the Governor's Conference on Oral History; in March, 1980, at the Library Associates meeting; and at the 1982 convention of the American College of Nurse-Midwives.

FROM THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

"The Joint Commission on Accreditation of Hospitals is pleased to inform you that your hospital has been awarded two-year accreditation. This decision was reached by the JCAH Board of Commissioners after a review of the findings from the most recent survey of your hospital. Through the award of accreditation, the Joint Commission commends your efforts toward providing patient care of quality.

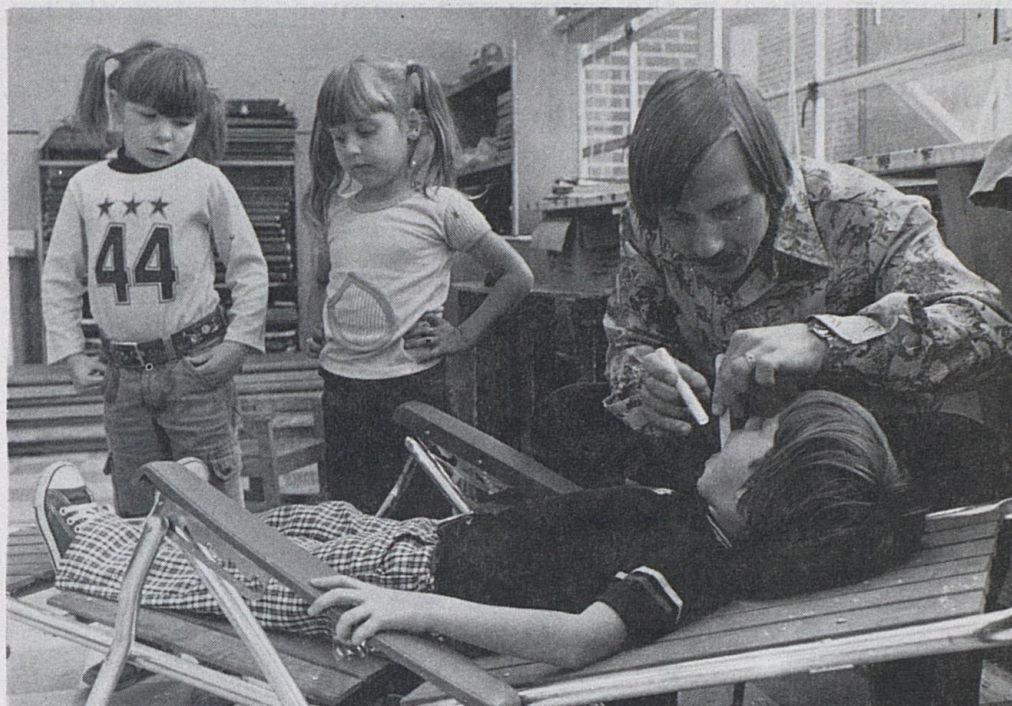
Among the important elements in the meaning of voluntary accreditation are substantial compliance with the standards, and continual progress towards optimal conditions. As a condition of two-year accreditation, your hospital will be required to conduct an Interim Self-Survey on or about the first anniversary of your last survey."

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It was only four years ago that we applied to the Joint Commission and on our first attempt, we were awarded a full two year accreditation; this is a continuation of that original approval by the JCAH and high commendation should be given the entire staff for achieving and maintaining this level of care.

DENTISTRY AT FNS

by Mark K. Addison



Dr. Gregg Lynn examining 1st graders at Beech Fork Elementary

Dentistry at FNS began in June, 1976, when Dr. Joe Levine opened an office on the third floor of the Mary Breckinridge Hospital. When the new hospital was built, a dental suite was included to be used for oral surgery by visiting specialists. After Dr. Levine came to Hyden, he bought some new and unused dental equipment at an auction held by the Clay County school system. Later the National Society of the Daughters of Colonial Wars donated a large sum of money, as part of their President's Project, which helped to furnish a second operatory and purchase nitrous oxide sedation equipment.

Initially, Dr. Levine provided mainly episodic and acute care. More recently, however, care has tended more toward comprehensive, preventive care, and his patient load has increased each year of his practice.

This year FNS has added a second dentist to the staff. Dr. Gregory P. Lynne is sponsored by the National Health Service

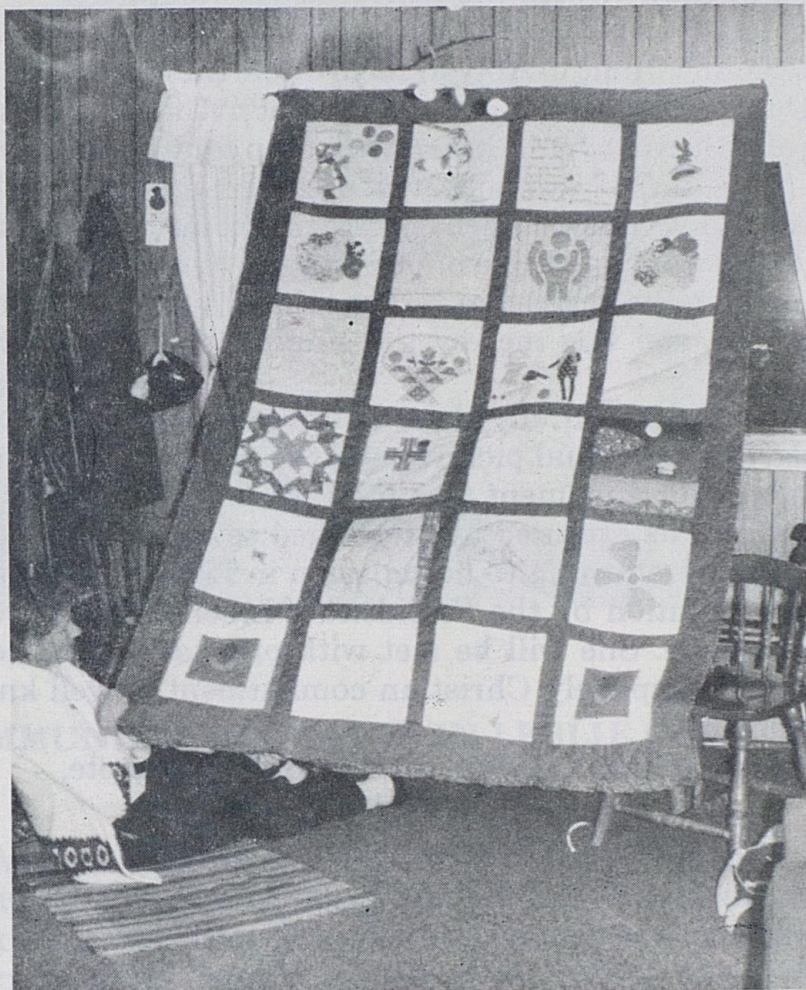
Corps and while he was awaiting the completion of his new dental office at the FNS Wooton Clinic, he conducted dental screening examinations in the Leslie County schools. He went to each elementary school in the county and examined the students for problems with heavy plaque, good hygiene, tooth decay, gingivitis, broken fillings, problems deserving immediate attention and malocclusion. The results of his survey were presented to the Leslie County Board of Education.

Dr. Lynne's new office opened on November 13, 1979, and in his first five days, he saw 19 patients.

We appreciate the much-needed services provided by Dr. Levine and Dr. Lynne. Their work demonstrates a further effort by Frontier Nursing Service to provide for the complete health care of its patients.

THE QUILTING PARTY

by Molly Lee



Molly Lee admiring quilt made for Carolyn Miller

On October 28, 1979, a farewell party took place which could not have demonstrated better the love, respect and appreciation felt by us all for Carolyn Miller. For some weeks individuals had been working on their quilt pieces, creations which were mementos of events, or thoughts, which honored an indefatigable guide, counsellor and friend of students, staff and faculty alike.

Carolyn had taken her midwifery training in Scotland and had spent ten years in Liberia as a nurse and midwifery educator

before coming to FNS. During her two year commitment here she was Midwifery Education Coordinator and taught extensively in the clinical field. She also made a large contribution toward the School's affiliation with the University of Kentucky.

The quilt was pieced by Kathy O'Dell who, with Amy Laufer, set it up on the frame in Amy's house where the quilting party was held. During the afternoon, as people arrived, each took over a needle and thread to quilt her contribution for Carolyn. For many of us it was a first attempt, which can easily be seen! But the pleasure and accomplishment of creating something of ourselves for Carolyn was indicative of our love for her.

When Carolyn arrived at her appointed time, near the end of the quilting, she was met by the singing of "Happy Trails To You".

Wanda King skillfully drew a farewell card on which was sketched the individual pictures and the names of the artists. No one doubted for a moment that the FNS emblem of the running horse really was executed by Meg, aged seven months!

Carolyn is returning to her mission in Liberia where she has earned recognition by the President of Liberia for the work she has done there. She will be met with open arms, for her good nature and completely Christian commitment is well known in both countries.

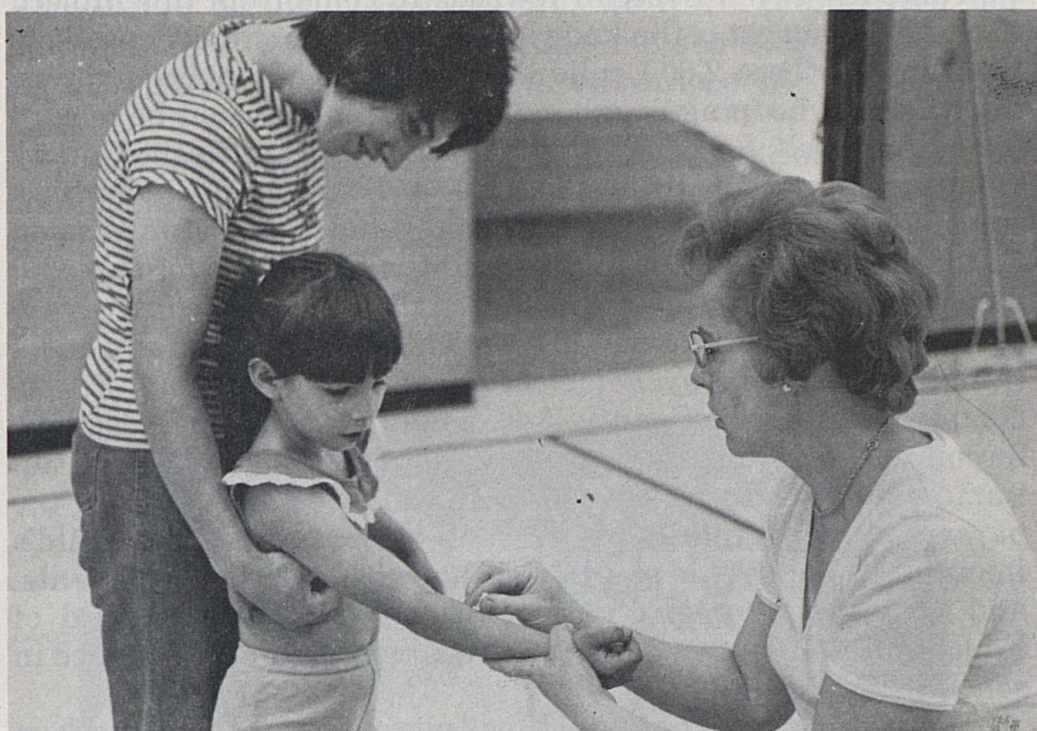
We would say of Carolyn, as Hilaire Belloc wrote,

"Yet in my walks it seems to me
That the Grace of God is in courtesy."

We are indebted to her for the example and for the practical achievements she leaves behind; and wish her good health, happiness and success in her future "Happy Trails".

From the Executive Vice-President of the John D. Archbold Memorial Hospital in Thomasville, Georgia

You might be interested in knowing that we are adding a fourth nurse-midwife to our staff on a part-time basis. Last year our nurse-midwives delivered 452 patients. This has been an extremely successful program and we thank you for your assistance in helping us get it started.



IMMUNIZATION DRIVE IN LESLIE COUNTY

by G. B. Gascoigne III, M.D.

As Medical Student Jana Gunnell described in the summer issue of the Quarterly Bulletin, FNS has made a large effort in the past six months to achieve complete immunizations for the school children in Leslie County. Washington, D. C. has set 90% as a minimum level to be attained for all children in our country 17 years and under. Needless to say, we would like to approach 100%.

As of November 1, 1979 we have *documented* complete immunizations for 97% of all kindergarteners and 98% of all first graders in the seven Leslie County elementary schools. The documented levels in grades 2 through 6 are still below 90% but we have set December 1 as the date by which we will have all grades above 90%. We have recently included the homebound students, the day care students, and the trainable-mentally handicapped students in this effort. Overall, there are approximately 2,000 children involved.

There are several special rewards to come from this project. First and foremost is the knowledge that it is extremely unlikely that any of these 2,000 children will ever have polio, tetanus, diphtheria, whooping cough, or measles; this should be reward enough in itself. Secondly, the fact that FNS, the Leslie County Health Department, the Leslie County Superintendent's office, the school principals, Red Bird Hospital, and the Cutshin Mission Clinic cooperated jointly in this effort is important for this and *future* community projects. Additionally, the fact that we are succeeding in an effort viewed sceptically by some initially has, I think, a positive *psychological* effect for what can be accomplished in Leslie County. Additionally, we are reminded how important it is for each new set of parents to be given an immunization card to keep in their wallet or files, and for the *parents* to be primarily responsible for assuring their child's immunizations. We have stressed this with all our new parents, and we have recently obtained the backing of the Board of Education to insist on complete protection before attendance in school will be permitted.

The success that we've had thus far has required extra work on the part of many people. Betty Helen Couch and Juanita Couch in Medical Records have pulled and searched many charts to document children's immunization status. Nancy Williams has reviewed Wolf Creek district's charts to document those immunizations. And the Leslie County Health Department has done the same with their records. The district secretaries and the district nurses have been working with the school or schools in their areas. Beech Fork Clinic has been working with Beech Fork and Stinnett Elementary Schools, Cutshin Clinic with Hayes Lewis School, Wooton Clinic with W. B. Muncy School, and the new Community Health Center with Big Creek School. Several Saturday and extra clinics have been held by the district nurses to assist the families in their areas. Marie Mitchell, Mallie Sizemore, and Peggy Hacker in our clinic have patiently answered parents' questions and insisted on shots when necessary.

James Mosley of our local Advisory Board made the suggestion that we run the status of each school's immunizations in the local papers. His feeling was that local schools and regions do compete with one another, just as they used to when W. B. Muncy School, for example, would compete in a spelling bee with Hyden

Elementary School. Consequently, we have summarized our statistics each week grade by grade and school by school, and have been sending this summary to the two local newspapers each week.

I am especially pleased with a phone conversation I had earlier this fall with Mrs. Wilma Roberts, the Kindergarten teacher at Stinnett Elementary School, who proudly told me, "Dr. Gascoigne, this is my last year of teaching, and I've never had 100% before." All 39 of her students are fully immunized this year.



Littlest angel makes her way to Nativity Play

MARY DOW NOVOTNEY

April 23, 1954 — October 23, 1979

A recent graduate of the Frontier School of Midwifery and Family Nursing, Mary Ruth Dow Novotney, died in a tragic auto-truck accident in Illinois on October 23. Mary had graduated as a nurse-midwife on September 2, and she and her husband Larry, a math teacher, were living in McHenry, Illinois. At the time of the accident, Mary was returning home from Rockford, Illinois, after a successful interview for a position as a nurse-midwife in one of the Rockford Memorial Hospital Clinics.

Mary will be remembered as a nurse's nurse, extremely organized, determined and full of energy. Her numerous trips to Chicago to visit Larry while she was in class found those of us who lived with her wondering if the airlines would be renamed in her honor!

A memorial fund in Mary's name has been set up by her husband, Larry, and by her parents, Mr. and Mrs. Larry Dow of Bemegji, Minnesota. As of this writing, no decision has been made as to how to use the fund, but it is the wish of the family that the memorial be a permanent one and connected with midwifery — something very close to Mary's heart.

Contributions to the Mary Dow Novotney Memorial Fund may be sent to the Office of the Director, Frontier Nursing Service, Wendover, Kentucky 41775. Checks should be made payable to Frontier Nursing Service.

Those of us left behind must go on and as Ruth Lokey, a classmate and dear friend, so aptly said, "It behooves each of us to be a little more thorough in our nursing practice and Christian practice to be an extension of Mary's spirit." I know Mary wouldn't have it any other way.

—Patti Rogers

FIELD NOTES

It is always a pleasure to have old friends back for a visit to FNS and the September "Open House" brought us two guests who have been closely associated with FNS for many years — Mrs. John Harris Clay, a member emeritus of the Board of Governors, and Mrs. Charles W. Allen, Jr., a Trustee and former Board member, both of Louisville. Mr. and Mrs. Horace Henriques of Greenwich, Connecticut (Mrs. Henriques is a new Trustee), Miss Agnes Lewis, former staff member and Trustee of Maryville, Tennessee, and Miss Mary N. Preyer of Lexington, joined Mrs. Clay and Mrs. Allen for the FNS review, and two Hyden Trustees, Mr. and Mrs. R. B. Campbell, had dinner with the group at Wendover. Horace Henriques III, a former volunteer, now a medical student in Cincinnati, came with his parents.

We were delighted to have a visit in September from Mrs. James Stone of Cincinnati who got to see the Community Health Center a-building and talked with the painters of the day — Dr. Anne Wasson, Penny and Jim Pendleton and Ron Hart! Former staff member Barbara Long, on furlough from Surinan, stopped by to see FNS friends, and Dr. and Mrs. Alfons R. Bacon of Sarasota, Florida, spent a night at Wendover in September. Dr. Bacon, a retired obstetrician, had spent six weeks with FNS in 1932, to relieve for Dr. Koser's vacation. We were delighted to discover that he was the photographer of some reels of movie film which had been found a couple of years ago in an attic and had not been identified!

Mr. and Mrs. Alden H. Sulger of Greenwich, Connecticut, and Mr. and Mrs. Norman Richie, Melbourne, Florida, visited their daughters during October. Mr. Jerry Miller, Specialist Consultant to the Commissioner of Health on Primary Care Systems, spent a night at Wendover when he was in the area; Ms. Michelle Kahmie spent a week researching the Oral History Project, on an assignment from the Rockefeller Foundation Newsletter; and Carol Crowe Carraco took several days from her teaching and writing to edit some oral history tapes and consult with Dale Deaton. Miss Ann Anderson, a family nurse midwife from St. Vincent, West Indies, spent a week with FNS in October, and Mrs. Sarah Mpela and Mrs. Botoka Fako of Maseru, Lesotho, observed FNS activities during two weeks in November.

Two distinguished obstetricians have taken time this fall not

only to come to see us but also to lecture to the medical and nursing staff during their visits.

Dr. John W. Greene, Jr., Chairman of the Department of Obstetrics and Gynecology, at the University of Kentucky, and Mrs. Greene spent a night with us in October, their first visit in a number of years. Dr. Greene spoke on "Pre-eclampsial Eclampsia" one afternoon and on "The Gestational and Overt Diabetic and Determination of Fetal Maturity and Fetal Well-being" the following morning.

Dr. Schuyler Kohl, Professor of Obstetrics and Gynecology at the Downstate Medical Center of the State University of New York, and a long-time supporter of nurse-midwifery, presented a one-day conference at the Mary Breckinridge Hospital on problems of parturition. The conference was attended by nurse-midwives and public health nurses from Clay, Leslie and Perry Counties. Dr. Kohl reviewed the statistics of over 200,000 deliveries reported from thirty-four large obstetrical services and so described the scientific basis for the common problems and practices in maternal care.

A family wedding brought Mrs. Mason Dix Harris of Fitchburg, Massachusetts, to Kentucky and gave us the pleasure of having her at Wendover for a few days. As Zaydee DeJonge, Mrs. Harris had worked with Mrs. Breckinridge in France and had been a contact secretary for FNS in the New England area in the early days of FNS.

The fall meeting of the Board of Governors was attended by nineteen of the twenty-two members (one is on a year's leave of absence) and by the Honorary Chairman, Mrs. Jefferson Patterson (Marvin Breckinridge). Mrs. Patterson stopped off in Lexington, on her way to the meeting, to be interviewed by Dale Deaton for Kentucky Educational Television's *Conversations* program.

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Dr. Lydia De Santis, Director of the Frontier School, has been appointed an Associate Clinical Professor (Voluntary) in the University of Kentucky's College of Nursing.

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Lydia De Santis and Sister Dorothy Dalton attended a

Midwifery Education Conference in St. Louis, hosted by St. Louis University, and Lydia and Marilyn Hopkins attended the American Nurses Association Clinical Sessions held in Nashville, Tennessee, in early November.

R. N.'s Fatemeh Dehnoo and Beverly Phelps, volunteer Mark Addison and secretary Ginny Marean have recently taken and passed the CPR Instructor's Course and will now be able to pass on their knowledge to interested colleagues.

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Dr. Glenn Bratcher of the University of Cincinnati and his team will be in Hyden November 27-30 for an ear, nose and throat clinic — both screening and surgical.

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Couriers and other volunteers have given substantial help to the FNS program during the fall. With us for the September-early October period were Nilda Calvo, Bay Shore, New York, Lauren Hampton, Topsfield, Massachusetts, and Theresa Miano, White Plains, New York, with Jenny Sulger as senior courier. Later in the fall came Eden Bermingham, Cabot, Vermont, Marie Betts, Lake Forest, Illinois, Emily Faulkner, Brookline, Massachusetts, and Tracy Munn, Wellesley, Massachusetts.

Great progress is being made with the transcription of oral history tapes by three volunteers to that project — Nancy Albertson, Cincinnati, Ohio, Viola Richie, Melbourne, Florida, and Susan Schacht, Scarsdale, New York. Mark Addison of Fairfield, Alabama, is the PR volunteer and Barbara Swiercz, a dental hygienist, spent several weeks in Kentucky. Coleen Ambrose of Berea, Kentucky, a student in the master's program in family nursing at the University of Washington, spent seven weeks with FNS this fall. She worked on her thesis and gained clinical experience with Sharon Koser and Carol Read at the Wooton Clinic. Coleen's advisor at the University of Washington is Rosemary Pittman, who spent the summer of 1978 at FNS as a Robert Wood Johnson Faculty Fellow.

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The grounds of the Mary Breckinridge Hospital are being landscaped and replanted this fall, a project made possible by donations to FNS in memory of Mrs. Ona Jessinghouse who had

been a patient at MBH. Expert advice about plantings was provided by our County Agent, Mr. Rufus Fugate, and by Mr. David Hensley, a horticulture specialist from the University of Kentucky Experiment Station at Quicksand, and the work is being done under the direction of Mrs. Edward N. Farmer (Faye), a member of the Hospital Auxiliary. Faye has had help from Ron Hart, Penny Pendleton, Jeff Marean and Phil and Minna Isaacs, and reports that they have planted over 200 spring bulbs, 5 white pines, 4 yews, a blue spruce and a white birch and numerous dogwoods. The flower beds under the lobby windows are being cleared and built up, to provide better drainage, and additional azalea bushes will be set out soon.

The hospital "deck", off the second floor waiting areas, will share in the beautification project, thanks to Mrs. Rex Farmer of Hyden who has given us a number of barrels to be used as planters around the edge of the deck.

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Dr. Rogers Beasley and Bernadette Hart attended the American Public Health Association meeting in New York City in November.

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The fifty-three year old prefab center at Beech Fork, the Jessie Preston Draper Memorial Nursing Center, has so outgrown its space that the recommendation for rebuilding the structure is about to become a reality. The East Kentucky Housing Corporation, which has a respected more than ten year track record of construction, will be the builders. The Board of Governors has approved the site on land already owned by FNS and the Committee is actively at work preparing the site and taking down old, and therefore dangerous, beech trees. The tentative cost estimate for the building is \$75,000 of which \$30,000 is in hand. The Committee is seeking further funding and will welcome all support for the construction costs. It is worthy of note that a large portion of the money in hand was given by The International Foundation to help in the FNS rural health demonstration because FNS contributes significantly to international health standards and practices as the program is constantly under review by visitors from other countries and institutions.

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Christmas came early to the FNS Maintenance Department this year, thanks to Board member and old courier Jane Leigh Powell who has sent FNS a large quantity of new hand tools, plus two kinds of power saws. We are most grateful to Leigh for this much-needed equipment.

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It is with regret that we will have to say goodbye to several staff members before the end of the year. The community's appreciation of the fine work done by Dr. Brad Gascoigne during the past three years is expressed elsewhere in the Bulletin. To this we add our thanks and the hope that Brad and Carol will be back some day to their home on Thousandsticks Mountain. David Keen joined the staff as assistant controller at a time when we were badly in need of additional qualified accounting staff. We thank him for his help and wish him well in his new position with Shamrock Coal Company. Greg McNeil has done much to help the business office and we shall be sorry to see him leave in December.

Family nurse Carol Read is leaving to spend some time in Bangladesh and will be much missed by her patients at the Wooton Clinic. A "good luck" and "hurry back" to Carol, to pediatric nurse Jan Tobey, to family nurses Suzanne White and Diane Alvies, medical surgical nurse Lenore Rogers, home health nurse Kathy Gerhardstein and to lab. technician Polly McIntyre. Unfortunately, just before she was due to leave Leslie County, Polly had a confrontation with a bee while driving her car near Hyden which resulted in a serious encounter with a coal truck. Polly is out of the hospital now and we wish her a speedy recovery.

The call of Liberia, where she had worked for many years, proved too strong for Carolyn Miller to resist and she will be returning there early in 1980, after spending Christmas with her family in Iowa. We shall miss not only her exceptional ability as a midwife and a teacher but also her infectious laugh! We rejoice that she has agreed to be the FNS liaison staff with any further work we may be doing in that country in assisting the Ministry of Health to strengthen its MCH program.

We are fortunate to have another well-qualified nurse-midwife, Sr. Dorothy Dalton, to take Carolyn's place on the faculty until a new nurse-midwifery education coordinator can be recruited. Grants Writer Kathy Dalton is our new Assistant Controller and Carol Wilson will join the faculty as a pediatric nurse instructor

on December 10. Gary and Sue Albritton Worley have returned to FNS — Gary in the Lab. and Sue to the nurse-midwifery staff.

When Dorothy Berger decided to go to Kenya to tour the game preserves and to spend some time at her home in Texas, she recruited an old friend from Peace Corps, Miss Mary Huddleston, to come to Hyden to take care of Dr. Beasley in her absence. Mary will be with FNS until Dorothy returns in January and we thank her for her help.

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The tradition of Thanksgiving at Wendover, dating from the first year of FNS, continued in 1979 when some fifty-plus staff enjoyed a delicious potluck luncheon. A tradition of more recent date was the hike over the mountain from Hurt's Creek for the hearty before lunch and we are happy to report that Molly Lee didn't get the group lost as she did last year! Two "out-of-town" guests at Wendover for the occasion were courier Peter Marshall, now a medical student at Vanderbilt, and Mrs. Tina De Santis from Monongahela, Pennsylvania, Lydia's mother.

THE ONEIDA HORSE SHOW

For the past four years the horse show, sponsored by the Oneida Committee of Frontier Nursing Service, has been a most successful means of fund raising for the Oneida Center. We are grateful to Mrs. Ica H. Roberts, Treasurer of the Oneida Committee, for the following financial report on the horse show:

Year	Gross	Expense	Net
1976	\$3,879.14	\$1,263.15	\$2,615.99
1977	3,332.15	1,800.68	1,532.47
1978	3,493.14	1,268.20	2,224.94
1979	4,183.55	1,097.23	3,086.32

The use of these monies is decided by the Oneida Committee who take care of many of the expenses of the clinic as well as provide new equipment. The vigor of this Committee has been an example to other committees in the FNS area and strongly illustrates community participation in health care.

PATIENTS — 257

Wednesday, November 28, was an extremely busy day at the Mary Breckinridge Hospital. Dr. Glenn Bratcher, a member of the FNS National Medical Council and an otolaryngologist from the University of Cincinnati, was there with his team of audiologists, physicians, nurse and nurse anesthetist for an ENT/screening and surgical clinic. Dr. David Stevens, an orthopedic surgeon and member of the FNS Medical Advisory Committee, was up from Lexington for his regular monthly orthopedic clinic. Dr. Anne Wasson was "in residence" at the hospital for her regular weekly clinic. The Emergency Room was functioning and patients were coming in for appointments in the Primary Care Center, to the pediatric clinic and to see the nurse-midwives. The staff were geared up for whatever happened and the members of the Hospital Auxiliary were there in their pink jackets in force to assist with any problem. During the day a total of 257 patients were registered and seen.

The ENT team scheduled 27 patients for surgery on Thursday, November 29, and 23 patients for Friday, November 30.

BEYOND THE MOUNTAINS

Dr. Helen Tirpak of New York City, a member of the FNS National Nursing Council and a former staff member, attended the Annual Career Day of the School of Nursing at the State University of New York at Stony Brook on October 24, to represent FNS. Helen had the opportunity of talking with many of the graduating Baccalaureate and Masters students about FNS and reports that she "had a ball", and we report that we are most grateful to Helen for her help.

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The FNS was featured at the October meeting of the Wisconsin Chapter of the National Society of Daughters of Colonial Wars. Mrs. Gordon Peirce, President of the Wisconsin Society, reports that their October meeting is *always* about FNS. We were pleased to be able to send a set of slides to Wisconsin for this meeting, to illustrate the work which the Daughters of Colonial Wars support so generously.

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Eight of the small islands in the Caribbean, each with an independent government, have banded together with the assistance of the Pan American Health Organization (PAHO) and the support of the United Nations Family Planning Administration to create a nurse practitioner training program for the people of these Caribbean Islands. FNS has contributed to this development in several ways. Much of our training material has been introduced to this program through PAHO. A former staff member, Joan Fenton, spent time with the chief nurses of these countries to discuss some of the details of curriculum. The Director was invited as a consultant from PAHO to meet with the chief nurses and chief medical officers to discuss the relationships of physicians and nurse practitioners in providing health care, and to present the FNS use of Medical Directives as a guideline for the use of such services. A week was spent in Granada to assist in this new program and FNS will be glad to consider providing some additional help in the future.

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The Chicago Committee, chaired by Mrs. Erskine P. Wilder,

arranged two meetings with the National Chairman and Director of FNS and the FNS Committee members in the Lake Forest and Chicago areas. Mrs. J. Taylor Ireland graciously opened her home to the Lake Forest friends. More than thirty were present for the report of the Director and a question and answer period and luncheon during which details of the program were clarified. That evening Mr. and Mrs. Charles S. Potter sponsored a meeting at the Chicago Racquet Club. Again, the National Chairman and the Director made their report. A new set of slides made by Trustee Clint Kelly provided excellent illustrations of the program.

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From the National Chairman —

On September 25, Ron and Bernadette Hart and I went to Cleveland where Dr. and Mrs. Paul J. Vignos had invited Cleveland area friends to their lovely home on Lake Erie. I had also lined up Christine Schenk, a former FNS faculty member who is now doing midwifery at Cleveland Metropolitan General Hospital, to help Ron and me with the presentation of FNS. Ron described the Frontier Nursing Service methods of primary care and spoke of the efforts of cost containment which have been practiced by the staff. Chris talked about what the FNS education experience had meant to her in her work in an urban area. We also had two screens and two projectors with slides which were taken by Clinton Kelly III, husband of Board member Missy Kelly. The Kellys were kind enough to lend us the slides and we showed them after the talks were over. Many friends of FNS were there and it really was a good program!

On the 26th, I flew to Philadelphia where I was met by old courier Bubbles Cuddy Moore (Mrs. E. Townsend) and entertained at luncheon by the Philadelphia Chairman, Betsy Gawthrop (Mrs. Robert). That afternoon Betsy and I were joined by Board member Kitty Ernst, and we addressed a group of new friends at the home of Mrs. Carl Stanke. Kitty gave a heartwarming talk based on her personal experience as a midwife, and explained how FNS fits into the health picture today. Then, in the evening, many more FNS friends gathered at Betsy and Bob Gawthrop's home for dinner and, once again, Kitty stirred their hearts with some of her experiences and again, Clint Kelly's slides added much to the program.

The first week of November found me in St. Louis where old courier Emmy Ware (Mrs. Boyd) and I made plans for a get-together in 1980. Betty Lester and I had a wonderful time in St. Louis in 1976 and I hope plans will work out for another visit in the future.

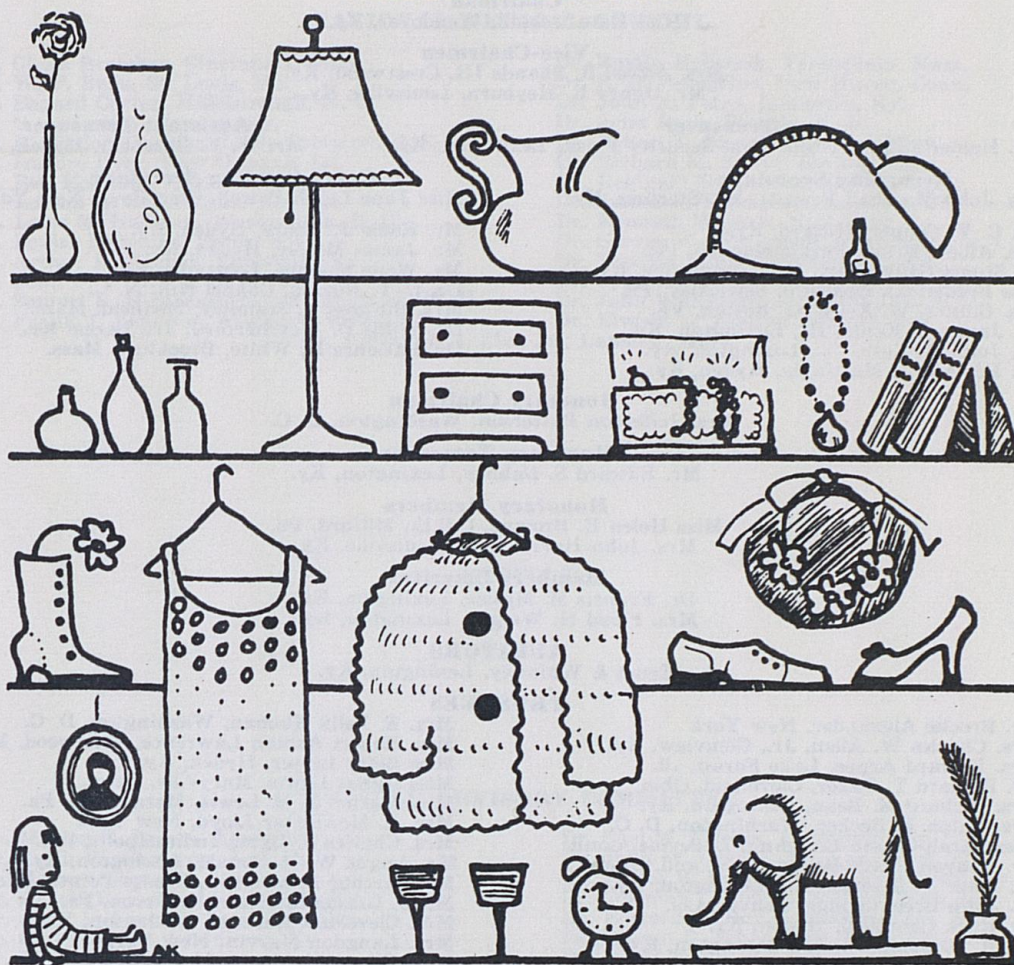
After a good visit in Chicago, reported above, I went on to New York where Mrs. Ian Paul, the Bargain Box Chairman, had organized the annual Christmas Party and Boutique, a magnificent event. Mrs. Wood-Muller had lent her apartment for the occasion — a superb choice with easy to see display tables and a large room for the reception. Our old friends, Mrs. McAllister Lloyd, the New York Chairman, Mrs. Samuel Ordway, Mrs. Holmes Clare, and many others were all there working hard and helping to sell the items. I had the pleasure of seeing Ruth Lubic, Director of Maternity Center and a member of the FNS National Nursing Council. Mrs. Lloyd, with indomitable spirit, coerced her husband into introducing me and giving me the opportunity of saying a few words about the FNS. The whole evening, besides being very pleasant, was successful for the Bargain Box.

WOMEN IN KENTUCKY

A Review by Dale Deaton

Women in Kentucky, 1979, 127 pp., by Helen Deiss Irvin, is the most recent volume of the outstanding Kentucky Bicentennial Bookshelf series published by the University Press of Kentucky. The book is enjoyable to read and quite informative for anyone who is not familiar with the history of women in Kentucky. It provides a very good introduction to some of the women who created or influenced events in Kentucky's past, but it is not and wasn't intended to be a comprehensive study. Both the manuscript length and the bibliography are evidence that much more needs to be — has to be — done on the history of women in Kentucky, but by all means read this one and make use of the references. It is an excellent introduction and serves that purpose well. Irvin obviously enjoyed the last two chapters more than the others, as will the reader, and we assume that more is to come, especially on this subject which readers find so fascinating.

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

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



FRONTIER NURSING SERVICE, Inc.

Its motto:

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

Its object:

To safeguard the lives and health of mothers and children by providing and preparing trained nurse-midwives for rural areas in Kentucky and elsewhere, where there is inadequate medical service; to give skilled care to women in childbirth; to give nursing care to the sick of both sexes and all ages; to establish, own, maintain and operate hospitals, clinics, nursing centers, and midwifery training schools for graduate nurses; to educate the rural population in the laws of health, and parents in baby hygiene and child care; to provide expert social service, to obtain medical, dental and surgical services for those who need them at a price they can afford to pay; to ameliorate economic condition 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.

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2 Couriers or Volunteers — Extra —

For full-time work in the FNS garden, beginning in the early spring

MY LORD GOD,
I have no idea where I am going. I do not see the road ahead of me. I cannot know for certain where it will end. Nor do I really know myself, and the fact that I think that I am following your will does not mean that I am actually doing so. But I believe that the desire to please you does in fact please you. And I hope I have that desire in all that I am doing. I hope that I will never do anything apart from that desire. And I know that if I do this you will lead me by the right road though I may know nothing about it. Therefore will I trust you always though I may seem to be lost and in the shadow of death. I will not fear, for you are ever with me, and you will never leave me to face my perils alone. †††

THOMAS MERTON
— *Thoughts in Solitude*