

# FRONTIER NURSING SERVICE QUARTERLY BULLETIN

VOLUME 54

AUTUMN, 1978

NUMBER 2

**The Frontier School of Midwifery and Family Nursing**



“Family Group”

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An original bronze sculpture by Bertalan  
Marine Gardens, Hastings, Barbados, West Indies.

Courtesy of Dr. Anne Wasson  
Photo by Gabrielle Beasley

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## ONCE OVER LIGHTLY

Following a central portion of the Object of Frontier Nursing Service, a large part of our activities is in "providing and preparing trained nurse-midwives for rural areas in Kentucky and elsewhere, where there is inadequate medical service". This special Bulletin issue presents the Frontier School of Midwifery and Family Nursing; we have chosen a cover picture to emphasize the focus of our training as family-centered and contemporary. The history of the School as a midwifery training institution since 1939 begins on page 3 and is carried through to its present day inclusion of family nursing. This report is followed by reflections and thoughts of students, interns, staff and faculty. It is our belief and commitment that health care through family nurses and nurse-midwives—with medical support—is superior and less expensive than traditional medical treatment. The contribution of FNS, through this School, to international health is indicated in the interview with Dr. Gilbert on page 30 and more fully illustrated in the account of a visit of a faculty member to a former student in Pakistan on page 26. A preliminary study of graduates since 1970 is presented on page 44, together with a table of the numbers and types of graduates on page 31. These are wide neighborhoods indeed.

Support of our training program is increasingly expensive. The table on page 11 compares our cost with others. A current sampling of our subscribers, exploring their concern with service and training, is reported on page 38 and we are heartened by the broad support of our educational activities.

Should this service institution be involved in training? "By all means. The strength and competence of FNS in training is well established," so we were recently assured in Washington by an HEW Nurse Training Officer. In addition to a Federal grant in partial support of the School, a special endowment is being established for the School.

*W. B. R. Beasley*

W. B. R. Beasley, M.D.

## THE FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

### Midwifery

If one were asked to list the consequences of global conflict, it is unlikely that the birth of a school of midwifery in the Kentucky mountains would ever appear. Nevertheless, the beginning of World War II in Europe on September 3, 1939, was probably the single most important factor which led to the opening of the Frontier Graduate School of Midwifery by Frontier Nursing Service later that same fall.

Mrs. Breckinridge, herself a British-trained midwife, with personal as well as professional ties to the British nursing world, had no difficulty, in the early days of FNS, in recruiting British nurse-midwives to come to Kentucky, or in arranging for American nurses to go to England or Scotland to take the midwifery training. However, the need for nurse-midwifery training in the United States, the desire to have a school in this country, was in the back of Mrs. Breckinridge's mind from the beginning of FNS in 1925. The first opportunity offered FNS to participate in nurse-midwifery education in the United States came in 1931 when FNS loaned Miss Rose McNaught to the Association for the Promotion and Standardization of Midwifery in New York as the Midwifery Supervisor of student nurse-midwives.

In 1939 Mrs. Breckinridge wrote: "When we began our work more than fourteen years ago, we started with a three point program . . . We also intended to train American graduate nurses in midwifery and in frontier techniques . . . I wanted the school to start on an established basis, in Lexington, affiliated with the University of Kentucky. The President of the University [the late Dr. Frank McVey] endorsed the idea. The physicians on our Medical Advisory Committee wanted it so much they were willing to work for the indispensable hospital connections. Our plan called for graduate nurse students to get most of their field work with the FNS in the mountains. A university school in Lexington did not come about because I failed, after several attempts, to get it financed."

The idea of having a school of midwifery in Kentucky was no new idea in 1939 — it didn't burst full blown into the heads of Mrs.

Breckinridge and her associates with the first blast of Panzers crossing the Polish frontier. The war did, however, preclude the possibility of recruiting British nurse-midwives, of sending Americans to Great Britain for training, and it depleted the Service's nurse-midwifery staff by about two-thirds as many of the British midwives went home during the fall of '39 and the winter of '40. If FNS were to continue its nurse-midwifery service program, then it had to get on the stick and train its own midwives. In an incredibly short time, Mrs. Breckinridge presented the plan for a Frontier School to the district committees in the mountains, to the Medical Advisory Committee in Lexington, to Dr. Arthur T. McCormack and Dr. Charles B. Crittenden of the Kentucky State Board of Health, to the Governing Board of FNS, all of whom gave their approval; she discussed the curriculum and obtained support from Miss Lillian Hudson and Miss Isabel Stewart of the Department of Nursing and Health at Teachers' College, Columbia University, with Miss Hazel Corbin and Miss Hattie Hemschemeyer, Director and Associate Director of the Maternity Center Association; and with individual members of the National Medical Council of FNS, such as Dr. John Rock of the Boston Lying-In Hospital and Dr. Robert M. Lewis of the Yale University School of Obstetrics.

By late November of 1939 the School was ready to open—with two students and two of the most experienced British nurse-midwives who delayed their departure to get the program under way. Two new midwives were not going to fill the Service's need, and neither were the two more admitted six months later, but it was a start — and Mrs. Breckinridge always believed in starting small so that growth, when it came, would be lasting. There were many difficulties over the years, mirroring the problems of FNS itself, but the School endured, and grew, and broadened its mission to include the education of family nurses as well as nurse-midwives.

It is the oldest school in **continuous** operation in the United States. It is the only school combining education in midwifery and family nursing. It is the only school outside of a university setting, although it has recently achieved university affiliation. Next fall—in 1979—the Frontier School of Midwifery and Family Nursing will celebrate its fortieth birthday, and we all know "life begins at forty"!

### Family Nursing

In *Wide Neighborhoods* and in conversations, Mrs. Breckinridge spoke of the need for a "school of instructive district nursing", a companion school to the nurse-midwifery education, to prepare nurses to provide services other than midwifery. The precipitating factors leading to the beginning of family nursing at FNS were not as dramatic as World War II but rather reflected the changing times, such as the movement of deliveries almost entirely to the hospital as a result of insurance after the war and third party payments. This trend was reinforced by Medicaid requirements for hospital deliveries in the mid-60's. As a consequence, the district nurse no longer spent hours attending labor and deliveries in the home and had free time which could be devoted to the rest of the family.

A second factor was the concentration on family planning when Dr. John Rock included FNS in his family planning activities in 1957; the growth of this much-desired service decreased the over-all amount of prenatal care and deliveries. The third factor was technological; during this same twenty-five years the advance in medical technology was enormous. The common use of antibiotics, cortisone, blood transfusions, laboratory services, all accelerated phenomenally. To state it very simply, the management of pneumonia depended no longer on successful nursing in turning the patient and providing cough syrup and oxygen, but on early diagnosis and prompt provision of an appropriate antibiotic. So, as district nurses were required to devote less time to prenatals and newborns, as they acquired more technological skill in contraceptive services, it became necessary to provide them training in the use of selected medical technology, to expand their nursing skills in primary care.

It was in the mid-60's that Helen E. Browne gave permission for this concept to be explored and reemphasized FNS's training mission. Meetings were held, first with former staff members who were involved in nursing education elsewhere, secondly with nursing educators with no previous FNS experience, to obtain their support and recommendations on training and on expanding the nursing role. Subsequently, Dr. Gertrude Isaacs and Dr. Rogers Beasley came back to FNS as co-directors to establish a family nursing training program which would precede and

strengthen the content of midwifery education. Grant money was sought and obtained, both for the broadening of the School itself and for the construction of the Frontier Nursing Clinical Training Center of which the Mary Breckinridge Hospital was an integral part. The first class of four family nursing students, all of whom went on to become nurse-midwives, was admitted in June, 1970.





## The Program Today

By Elsie Maier, M.S.N., C.N.M., C.F.N.C.

The nurse-midwives of the Frontier Nursing Service were the first primary care providers in this country actually to take care of all the needs of the family, because their practice in an isolated rural area, with an acute shortage of physicians demanded this of them. Formal training in family nursing was built onto the midwifery education offered by FNS at a time when the rest of the country was just awakening to the need and practicality of utilizing the registered nurse, with additional education, in the provision of primary health care.

The program as it exists in the Frontier School of Midwifery and Family Nursing today is a sixteen month program in family nurse-midwifery, with the option of taking either family nursing or nurse-midwifery in twelve months. A student finishing any one of the three options offered in this program receives a certificate in the specialty which he/she has completed. The twelve month family nursing portion is approved by the American Nurses' Association as a short-term continuing education course. The nurse-midwifery segment is approved by the American College of Nurse-Midwives as a basic nurse-midwifery program. The faculty is well-prepared and experienced, with approximately fifteen full-time faculty members and an additional twenty clinical instructors. The program is divided into four trimesters (a trimester is equal to four months) and classes are admitted twice a year. The first trimester, Family Nursing 1A, encompasses health assessment and management of the individual and family. This trimester is required of all students and gives them a basis in normal physiology and assessment of the normal individual with recognition of the abnormal. There is a focus on counseling and health teaching and an opportunity for students to get out in the community and practice the skills which have been learned.

The second trimester, Family Nursing 1B, teaches the identification and management of common health problems in the family. It is here that patho-physiology is reviewed and the management of problems is discussed. Students learn the scope and limitation of their practice. They learn how to consult other health professionals, and how to refer patients to other members of the health team.

The third trimester, Family Nursing II, focuses on prenatal, postpartum and neonatal care, family planning and gynecology, and the fourth trimester, Family Nursing III, concentrates on intrapartal care. Students that take all four trimesters are given a certificate as a family nurse-midwife. Students who choose to take family nursing only must take the first three trimesters (Family Nursing 1A, 1B and II), and those who choose to take nurse-midwifery only must take Family Nursing 1A, II and III. Upon completion of Family Nursing III, students may take the national certifying examination for accreditation as a nurse-midwife by the American College of Nurse-Midwifery. One year of experience as a family nurse is required before a student may sit for the certification examination in family nursing given by the American Nurses' Association.

The family nurse-midwife is a unique health professional. The Frontier School of Midwifery and Family Nursing is the only school in the country to prepare nurses to provide both kinds of care—family nursing and nurse-midwifery. Located in a rural setting it also emphasizes care for rural areas. This, also, is unique. Other programs may offer some experience in rural areas, or have both family nursing and nurse-midwifery in the same school; however, other programs are not built one upon the other and do not allow the student to focus on both specialties.

The faculty of the Frontier School of Midwifery and Family Nursing believe that it is important for health providers in rural areas to have the background of both these areas. It provides the nurse with the knowledge and skills to meet the needs of the entire family, including maternity care. The faculty feel that it is important for family nurses to have the same background and training, the same background and education in the provision of prenatal and postpartal and neonatal care as a nurse-midwife.

Neither family nursing nor nurse-midwifery are to be considered second-rate medical care but rather an enhancement of the provision of health care in the joint practice with physicians. Physicians are a vital part of the success of either practitioner. Without medical back-up it would be impossible for the family nurse or the nurse-midwife to practice effectively. It is in the demonstration of joint practice that each profession brings its expertise so the best health care can be provided for the patient and his family. Nurses bring with them the caring role which they

have developed as a nurse and the skills of health education and counseling which help the patient to understand himself better. In this way the individuals may learn to take responsibility for their own health care. Physicians provide the medical input, the medical expertise, particularly in the complicated health problems. And the joining of the two professions in the provision of care gives the patient the best both have to offer.



In 1977, a formal academic affiliation was forged with the University of Kentucky College of Nursing. This was an exciting step in the progress of the School. It affords the student the opportunity to apply to the University for admission as a graduate student. Students who qualify for admission may then take the courses offered at the Frontier School for university graduate credit, and with one or two additional semesters on the UK campus, they may complete the requirements for a master of science degree in nursing. This program was available, at first, only in family nursing but as of December 1978, it has been made available in nurse-midwifery. The affiliation is a result of several years of negotiation and planning and reflects the respect each institution has for the other. It is felt that this affiliation greatly enhances both schools and it is with great joy that the announcement can be made that the nurse-midwifery portion of the program is now available for graduate credit.

In 1964 the nurse-midwifery training at FNS was approved by the Central Midwives Board (CMB) of England and Wales for Part I of British midwifery training. This approval was confirmed when Helen Browne visited the CMB in 1977. In 1978, when Dr. Gertrude Isaacs was in England, she visited the CMB and reviewed with them the change in curriculum since family nursing had become an integral part of our training. Subsequently, the CMB wrote of their interest in our expanded training and said they would be willing to come and reevaluate our School with a view to an expansion of the approval of the level of training. We have written the CMB to try to finalize the dates for the visit in the late spring. It is FNS's responsibility to pay the expenses of the trip and some staff members are so enthusiastic about this development that they have contributed \$100 toward the approximately \$1,000 need.

In addition to the basic program which the Frontier School offers, students and interns from other programs have come for clinical experience with the FNS. Students have elected to come from Vanderbilt University, the Medical College of Georgia, Pace University and the University of Kentucky. They have found the experience at FNS invaluable in their professional development. Five Robert Wood Johnson Faculty Fellows chose to come to FNS for clinical experience this past summer and several are planning on coming during the summer of 1979. These Fellows are

university faculty members who have been given a fellowship in a primary care setting. It is stimulating and challenging to have these well-prepared individuals on the staff of Frontier Nursing Service.

The School is partly supported by a grant from the Division of Nursing of the Department of Health, Education, and Welfare, which supplies funds vital for the maintenance of the program. It was through the Division of Nursing that monies were available to develop the academic affiliation with the University of Kentucky as well. The School is indebted to the Government for its support and encouragement.

The future of the School is exciting and challenging as graduates go all over the nation and the world, providing quality health care to individuals and families.

### FINANCING OF PROGRAMS

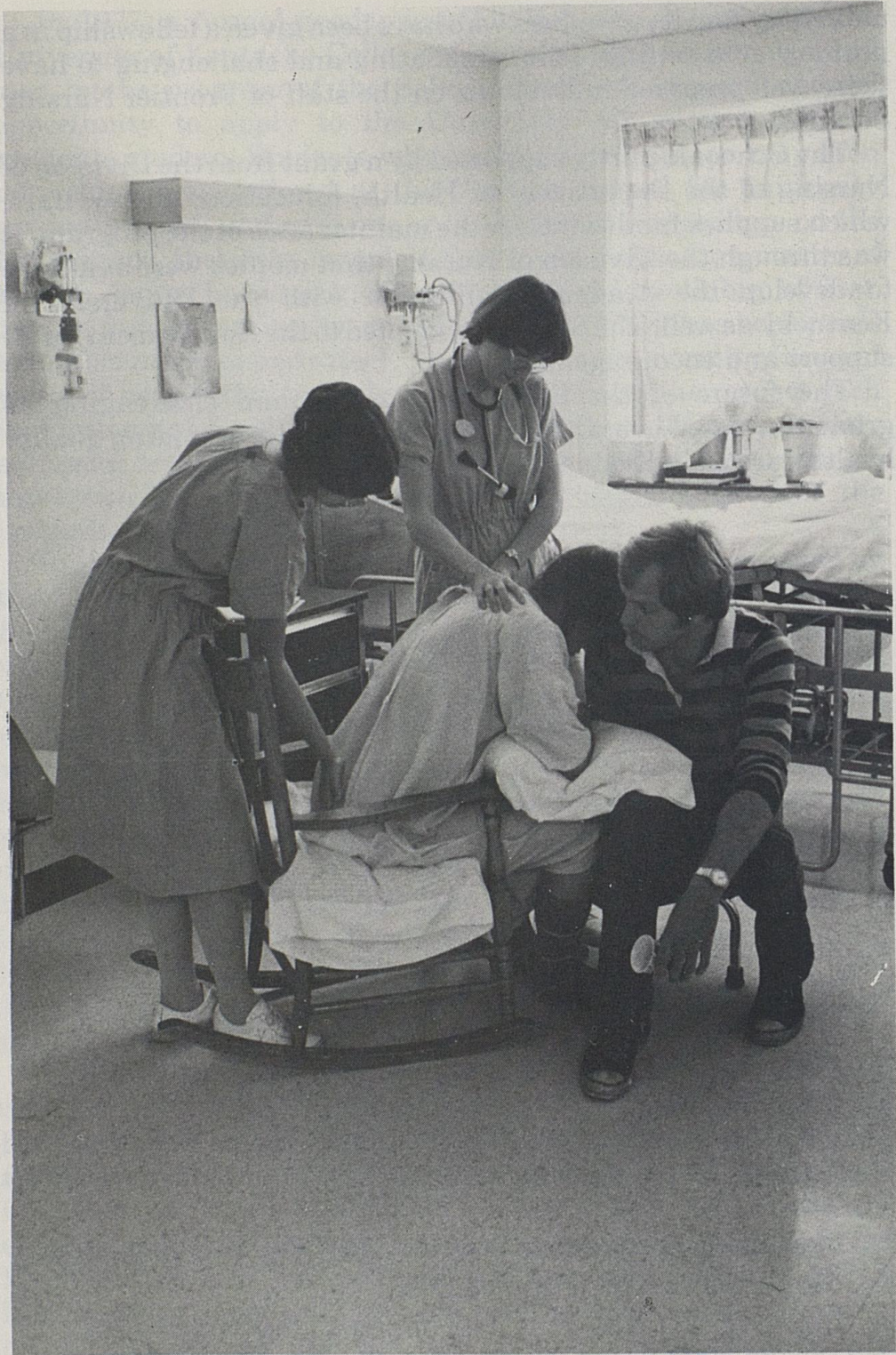
#### Cost Per Student

	HEW*	FNS**
Family Nurse	\$10,000-12,000	
Nurse-Midwife	\$12,000-14,000	
Family Nurse, Nurse-Midwife, Family Nurse-Midwife		\$15,303-Direct \$ 3,411-Indirect

\*This is an average of 9 and 12 month federally financed programs reflecting only direct cost (not possible to get indirect cost)

\*\*This reflects 12 months with direct and indirect costs separated  
Cost per Medical Student (AAMC):

Direct Cost (1978)	Including Indirect Cost (1978)
\$17,000	\$31,000



## A STUDENT'S VIEWPOINT

By Sister Ellen Hartung, R.N.,  
Graduate Family Nurse-Midwife

Being a student at FNS has to be one of the most unique experiences of life, coupled with the weariness of a totally challenging job. I think most students feel that if you can get through this program, you've got to be a fine practitioner — be it family nurse or midwife or both. And it's worth every minute of time and every ounce of energy, as far as I'm concerned.

I came to FNS two years ago as a practicing anesthetist for eight months prior to being accepted as a student. After fifteen years of dreaming about the nurse on horseback and the wild country she traversed, I finally got the opportunity to complete my life's dream of becoming a midwife. (Being a member of a Religious Community sometimes delays a dream when educational opportunities have to be parcelled out according to available finances. However, my opportunity did come and here I am — now a fully-graduated family nurse midwife. But the dream of the nurse on horseback in the wild country is slightly altered from reality).

The educational experience in a nutshell — WOW! What first attracted me to this program was the rural setting and the emphasis on clinical practice. Having been away from formal education for sixteen years I was more comfortable having my fingers in the pie, so to speak, and putting into practice what theory taught was very valuable for me. Supervision was always available to us so patient care was never second best. The family nurses and midwives were excellent role models. There was always an acceptance of individual talents and abilities and a chance to make decisions when each student felt ready. The Medical Directives were our second best friend and the physicians were as close as the telephone when we needed help for more comprehensive patient care.

During my concentrated midwifery months, I had a chance to work with a young couple preparing for their first child. We worked as a team and captured our preparation process, and the finished product, on film through the efforts of Gabrielle Beasley, which we are using as a teaching tool for future expectant parents and new midwifery students. Portions of the film are also being

used in a documentary of FNS to be aired through Louisville Educational TV in January-February 1979. The opportunity as a student is as broad as one wants to make it and as a graduate the field is wide open. I am convinced that the health care of the world will be better because of what we have to offer in preventive care — and I am glad to be a part of that.

Since our class was the first group accepted with a one year post-graduate work committment, we are pleased to be able to use our new expertize toward the care of those wonderful people who have helped in our learning growth. We indeed owe a lot to our instructors but we owe as much, or more, to the people of this community who have entrusted their health care to us. Personally, I look forward to being a district family nurse-midwife at the Beech Fork Clinic (the Jessie Preston Draper Center) to begin January 29, 1979.

. . . . .

P.S. As a beginning student over a year ago we were asked to write our idea of a family nurse. The following I share with you — because I still believe it:

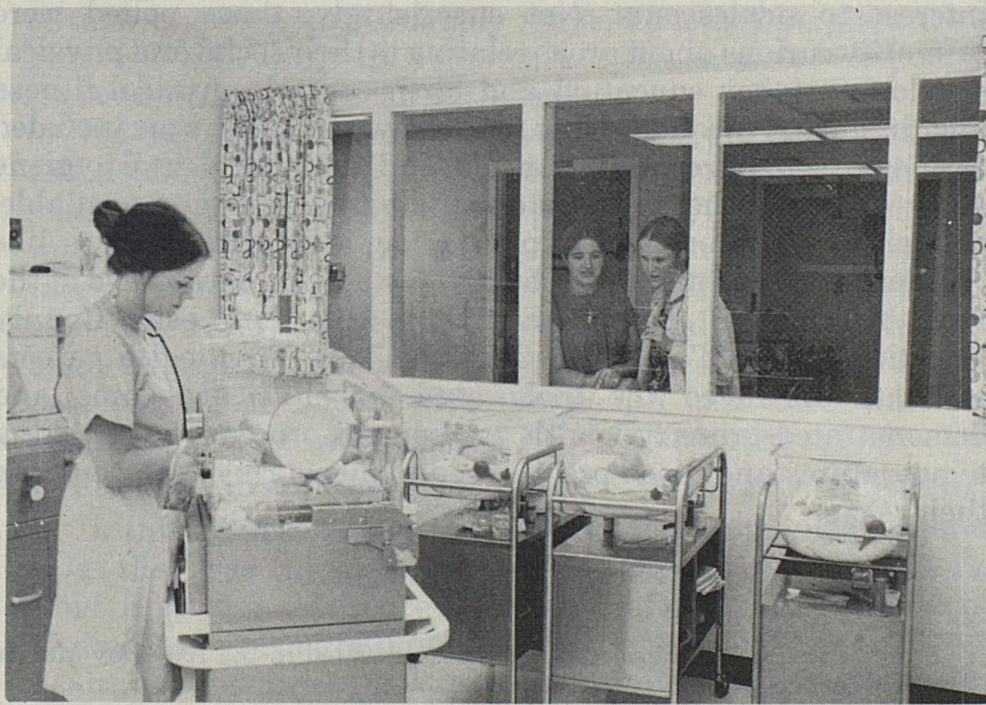
### **What is A Family Nurse?**

Family nurses come in assorted sizes, shapes and personalities. Their abilities vary with training, ingenuity and committment. Basically, they all have the desire for service to the general public, and, in particular, to the individual members that make up that marvelous unit, the family. Here she shares with, is concerned about, participates in and sometimes treats for — in a process called family health maintenance and prevention.

The family nurse is a marvelous character. People expect her to have the stamina of a steam engine, the patience of Job and the knowledge of God Himself. She knows her limitations, however, and easily succumbs to the demands of her supervisor, the physician on call, the Medical Directives, and her patients' specific requests. She does her best in whatever happens — always ready to ask for another opinion, a clarification of terms and an occasional day off. The family nurse is a gentle, generous person — she wants to serve you and your family. She **cares**.

Do you have a Family Nurse?





## STUDENTS ARE TEACHERS FOR A DAY

By Tony Horwitz

A Health Fair at the Leslie County High School was one of the highlights of the fall trimester at the Frontier School of Midwifery and Family Nursing. The Fair was organized by Family Nurse students as a community health education project—a requirement of the FNIA curriculum. These projects help prepare the students for the kinds of community health problems they are likely to encounter in their future practice. Equally important is the chance these projects provide for the students to meet the local community outside the hospital setting. With the heavy workload required of Family Nurse students, it is easy for them to become insulated from the non-FNS world. Community health education is, therefore, a welcome respite from their work and study in the institutional environment.

Each student involved in the Health Fair was responsible for a booth on one of many health-related topics. The subjects for these exhibits were chosen after a survey of the Leslie County High School students to determine which health matters are of most interest to adolescents. Not surprisingly, those polled were primarily curious about areas relating to their social and physical development: sex education and birth control, physical fitness and drugs and alcohol. Other topics covered at the Fair included cardiopulmonary resuscitation, diet and nutrition, dental hygiene and respiratory therapy. Posters and pamphlets were available, as well as films on health, plus a couple of golden oldies like "Hyden Gets A Hospital".\* The FNIA students were joined at the Fair by the 4-H Extension Office and the Leslie County Vocational School's Health Careers Class. The health careers students displayed the tools used in physical exams and demonstrated primary health assessment procedures by taking temperatures and blood pressures, and measuring and weighing their peers.

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\*Film made in 1928 by Miss Ruth Huston and edited in the 1960's by Marvin Breckinridge Patterson

### **Nurses Shed Their White Coats**

The Health Fair was not only an educational event but a social happening as well. Marsena Howard, who undertook the unenviable task of coordinating everyone and everything involved, felt that personal contact with the high school students was one of the principal desires of the FNIA students. All were impressed by the enthusiastic cooperation of those who attended the event. Students swarmed around the booths, asking questions and taking part in demonstrations that called for their participation. Ruth Lokey, co-monitor of a drug exhibit provided by the hospital pharmacy, was dismayed to discover that the worldly high school students knew more than she did herself about many of the drugs contained in the glass-covered, locked case. She said that her knowledge of street drug names doubled, though she is still pondering over "jelly reds" and the mysterious "STP"—an acronym which she never suspected to be anything other than an innocent motor oil. (STP is an hallucinogen not unlike LSD.) Other FNIAs learned the limits of their educational efforts. In many areas, such as birth control, and diet, the family nurse can do no more than offer information, or demonstrate procedures—it is the individual who must decide whether he or she will make use of their knowledge. The family nurse, nonetheless, plays a vital part by providing the resources necessary for responsible decision-making on health matters.

The high school students, as well as FNS, profited greatly from this meeting between nurses and county youth. The high school students had an opportunity to meet the FNIAs as real people, rather than knowing them only as women in white coats who rarely set foot outside the hospital. Equally valuable for these students was the exposure to professional role models. In an attractive and entertaining manner, Leslie County's young people were presented with the health care field, and more specifically, with work at the FNS as a potential career.

#### **Farm Club for the FNS Team — Homegrown Talent**

In this respect, it was the participation of the health careers class that was the most encouraging aspect of the Health Fair. This three year old program at the Vocational School now boasts 22 students—about half of whom will continue their education in health-related areas (most to seek training as RNs). Betty Huff, who heads the health careers class, feels that the Health Fair was

a great boost to her efforts. For one thing, it was the first time her students had a chance to display their talents in public, and their self-esteem undoubtedly profited from the admiring, and somewhat awed, attention of their peers. Moreover, the Fair as a whole served as an effective advertisement for the health careers class.

Impressed by the success of the Health Fair, Mrs. Huff recommended that similar efforts be initiated in the grade schools. She also hopes to forge closer ties with the hospital by sending students to work as apprentices at MBH. Needless to say, this news is greeted with great good cheer by anyone concerned with the future of FNS. Four of Mrs. Huff's former students are already full-time employees at the hospital as aides and LPNs. With an able work force so close to home, FNS may no longer need to go over the mountains to solve its long-range recruitment problems.



## REFLECTIONS ON A RURAL HEALTH EXPERIENCE

By Gail A. Wolf, RN.,M.S.

I first heard of FNS twelve years ago while in my undergraduate nursing program at West Virginia University. One of our maternity nursing instructors had spent some time at Hyden and filled our disbelieving ears with tales of innovative nurses riding horseback through the mountains of Kentucky. Over the years I remembered the stories. When as a graduate student in the University of Kentucky's Family Nurse Practitioner program I was offered an opportunity to spend the summer at FNS for my rural health experience, I jumped at the chance.

My arrival found Hyden much the same as I had imagined it. Oh, of course there were some modernizations from the stories of years before — the perils of fording a stream of fast water had been replaced by the perils of dodging fast coal trucks and driving down Wendover's hill, for example. But the essence of FNS — the people, the comradeship, and the sense of pulling together had remained intact.

I was more fortunate than most in that I did not have to spend much energy coping with "culture shock". Having just lived for ten years in southern West Virginia it felt like I had merely moved over a few mountains. What I was not prepared for, however, was the impact of the role shock! I had read all about F.N.P.'s, and had even finished a year of study learning how to become one, but I truly did not appreciate the knowledge base, responsibility, and autonomy of the Family Nurse in a rural setting. Learning to function in this role seemed at times an overwhelming task. But with every faltering step there was someone there ready to lend a hand, or an ear, or a shoulder, or a brain. And by the end of the summer "I had come a long way, baby" as the saying goes.

They say a person should not evaluate an experience without adding some Tincture of Time. It has now been several months since I left Hyden to complete my final semester of study in Lexington. In looking back, I am most appreciative of the high caliber nursing role models which enabled me to see where I was going and what I still needed to get there. I am most impressed by the high quality of health care offered at FNS which I feel is due to the interdependent roles that physicians and nurses share. And I am most grateful to all of those who made me feel so welcomed and at home throughout my stay.

## THOUGHTS ON FAMILY NURSING PRACTICE

By Deirdre Poe, M.S.N., F.N.P.

Pace Graduate School of Nursing in New York offers a two-year master's program set up to teach basic and family nursing to college graduates with no previous nursing training. Believing that life experiences with people and problems should be as valuable to nursing as book-learning, I entered the Pace program. Because of its relatively short clinical component, graduates wanting a certificate in Family Nursing were required to complete an approved internship. This led me to FNS.

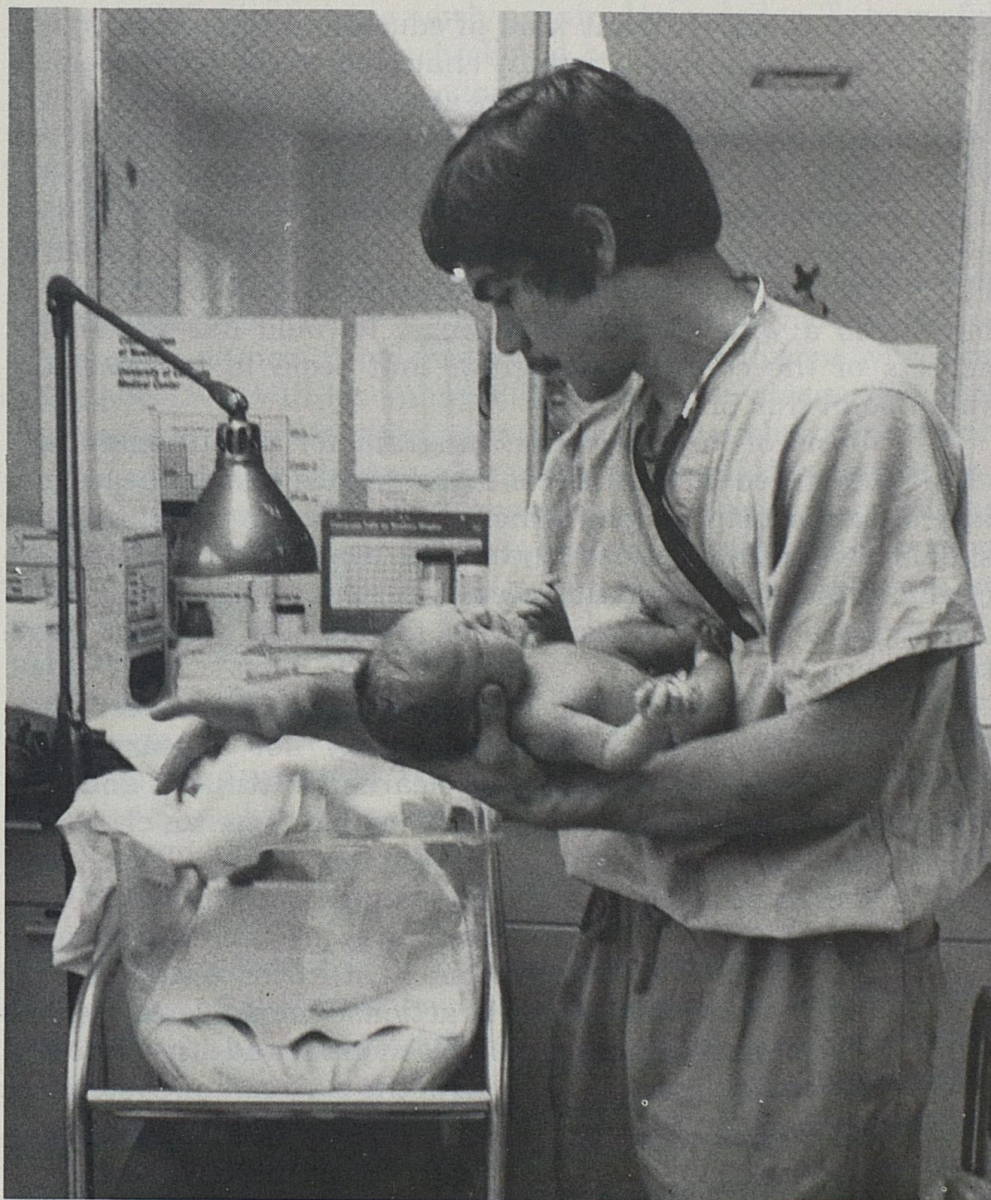
Once here, I spent a limited time doing hospital nursing which (for me) probably made the transition to Family Nurse easier. At least it helped improve my technical and organizational skills. You learn fast when there is a three-year old wheezing in one room, a pre-op getting blood in another, and someone else on the cardiac monitor! It also gave me a sense of the difference in norms, values and expectations between school and work. As a Family Nurse Intern, I began to see that at least the goal of the two — improving individual patient care and improving health care — should be the same.

The most salient feature of my internship at FNS was the preceptor, Dr. Anne Wasson, who loves nurses, works hard and gives from experience. Working with her means simply and directly taking care of people together. Her friendly way with patients teaches something special about nursing and its responsibility for caring. The foundations of the nurse determines the character of the care. The foundation and its assimilation are based on education. Education goes on in many places, both in and out of structural learning situations. Book study helps you be able to observe more, recognize changes and use other people's practical experience, but mostly, I think, you learn from your patients and from doing it.

After two years as a Family Nurse, I'm just beginning to develop a conception of my role in both a real and a theoretical sense. I'm affecting peoples' lives and trying to practice an art which involves much more than treating manifestations of illness. It demands caring and feeling while still thinking logically and taking responsibility. Caring with responsibility

can be difficult and can be not enough.

For those who nurse, nursing must become part of being human — an evolutionary responsibility which requires something beyond care and even action. Maybe change. Maybe if we change and bring about change, we can find our way home. Come on home, nursing.



Family Nurse, Marty Bledsoe with newborn

## EDUCATION FOR TOMORROW

By Phyllis J. Long, M.S.N., C.N.M.  
(Former staff nurse-midwife, clinical instructor, and  
Coordinator of Nurse-Midwifery Education and Service)

Can a nurse-midwifery school meet the needs of students bound for both the urban medical center and the rural clinic in a developing country? What kind of educational program equips practitioners to fit into a rapidly changing world where medical technology is expanding, frontiers are shrinking, and consumers are voicing their desires? I've pondered these questions during my years on the faculty of F.G.S.M. as well as from the perspective of a nurse-midwife in clinical practice in rural Ethiopia and modern medical centers in the U.S.A. I believe the education program at F.N.S. has and does prepare practitioners who are able easily to move into a wide variety of settings. I would like to identify aspects of the education program that seem to be especially valuable in this preparation.

The basis of any education program for practitioners is a clearly identified theoretical content designed to help the learner internalize principles upon which to build her practice. Content should be continuously reviewed and evaluated in relation to changing health care patterns and new knowledge. Revision of content is a joint responsibility of faculty, learners and practitioners.

As important as sound, up-to-date theory are several less tangible components which may or may not appear on the syllabus. A clinical approach, a learner's attitude, and role identity are three such components which I see as crucial in preparation for clinical practice in the real world. These items may be presented to the student in a planned and structured way, but I think they will be internalized as they are absorbed from the learning environment. The development of attitudes, approaches, and values are affected by interactions among learners, the clinical environment, instructors, role models, and other resource people. To parallel periodic revision of the curriculum, systematic examination of the learning environment should be carried out. The type of clinical practice students witness and become involved in will speak louder than anything presented in the classroom or textbook.



One basic element of clinical practice is the approach to clients, patients or problems. "Management framework" and "problem solving" are terms describing ways to approach situations which include a systematic process for finding out what the problem is and implementing a solution. The approach should fit all kinds of situations and allow for creativity and individualized care. The particular approach taught provides the student with a framework for organizing newly acquired knowledge. To be useful to the learner this approach should be the basis of practice by health care providers in the clinical setting, and should contain a mechanism for evaluation of management decisions. The approach is a clinical skill and with other basic skills should be practiced repeatedly so the student may develop confidence and comfort in their use.

A learned systematic approach is the basis of safe and efficient clinical practice. The practitioner with a built in mechanism of response to clinical problems will have a way to cope with new situations. She will be equipped to fit new knowledge, different options or unfamiliar cultural patterns into her clinical practice.

A learners attitude is another tool for successful and satisfying clinical practice. The practitioner who has become a life-long learner will continuously evaluate her own practice and find ways to improve as well as keep up with changing trends. Change is not seen as a threat by the person who looks at life from the perspective of a learner.

Students may need help to analyze their own learning skills and begin to assume responsibility for their learning goals, directions and methods. The modular curriculum adopted by the Frontier School of Midwifery and Family Nursing has helped the faculty and students focus on the learning process and more effective individual use of learning resources.

Role identity is another important component of the nurse-midwife's education. By role identity I mean more than a knowledge of the function and responsibilities of a Certified Nurse-Midwife. I see the student getting into the shoes of a C.N.M. early in her program, and, as she progresses, actually assuming more and more responsibility for patient management with C.N.M.s as colleagues and resources. The chief benefit of a service-learning program such as that at F.N.S. is the opportunity for students to be responsible and accountable for providing health

care, under real-life conditions of stress. This kind of experience gives the graduate confidence in her ability to perform clinically and to cope with new situations. A sound role identity allows the practitioner to communicate this role to others clearly. A positive role identity gives the C.N.M. a vision for her own practice, a pattern or ideal to work toward in providing care in different settings.

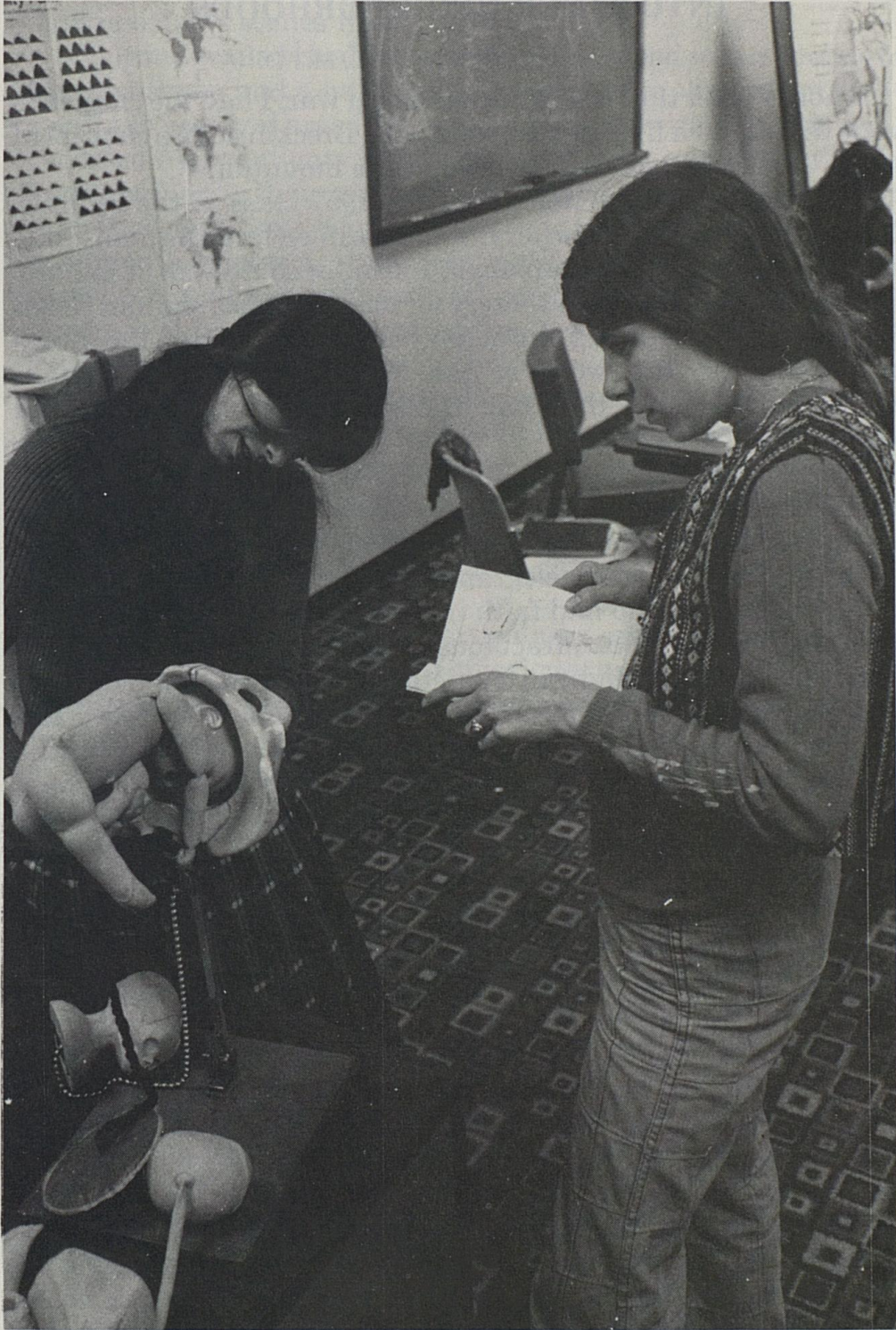
I feel that F.N.S. Graduates are well equipped to meet the changing needs and environment in health care today. Continual exposure to a wide variety of real clinical experiences in an environment supportive of clinically focused education is a special attribute of F.N.S. This experience provides the student with a beginning competence in the use of clinical skills as well as confidence in her ability to manage in the practice setting. Experience within an organization committed to comprehensive health care and responsible service to the community communicates a valid role identity and a worthy vision for a career of clinical service.

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### **The National Foundation-March of Dimes**

The National Foundation-March of Dimes played a prominent part in the fight against polio. More recently, its efforts have been focused on the prevention and treatment of birth defects. In pursuit of this goal the Foundation has been very generous to the Frontier Nursing Service. With the help of the local chapter of the March of Dimes, the National Foundation donated a fetal heart monitor to the O.B. floor of the Mary Breckinridge Hospital. In addition, a scholarship was provided for a student in the Frontier School of Midwifery and Family Nursing.

We would like to thank the National Foundation-March of Dimes for its generosity.



## INTO WIDER NEIGHBORHOODS

By Molly Lee, R.N., C.N.M., M.T.D.

Shortly after the East-West Pakistani war, I had the chance to view first-hand a living example of Mrs. Breckinridge's concept of improving rural health far "beyond the mountains".

My friend, Greta Wiseman, of the 1957 class in the Frontier Graduate School of Midwifery, was holding a large annual clinic in the little village of Stuntzabad, 160 miles southwest of Lahore. Greta had been ill with dysentery for months. Also, she and Helen Fehr, her 71-years young and active companion, were in the throes of passing on the work of the Mission to their Pakistani counterparts, whom they had trained through the years, and leaving for the U. S. A.

It was nothing short of a miracle that I ever got under way in time for the clinic and mass x-ray examinations. The deadline for a visa had passed and plane reservations cancelled when, out of the blue, came a cryptic telegram from Greta: "COME". Brownie and Dr. Beasley, who had faith in Greta, gave me their blessings and said, "GO", and miraculously, all the plane reservations except the internal flight in Pakistan could be reclaimed.

I was driven to Cincinnati in a snowstorm by Pam Love and my plane reached Karachi twenty-four hours later. I was under the wing of a Pakistani Bishop who knew all the people to whom I was going. After an unexpected five hours sleep, I caught the next plane to Multan and was able to surprise Greta at the Multan airport.

My initiation into Eastern culture was profound. We visited the Multan Mission Hospital and saw some of Greta's village TB patients. We collected medical supplies and stores and a few patients returning home, and set off for fifty miles of the most fascinating sights I had ever seen: loaded camel trains — sometimes with a man asleep across the load; bicycles — often with a woman side-saddle and children on the handlebars; laden ox carts; tongas, (horse-drawn vehicles, gaily painted) — with veiled Muslim women; highly decorated buses — bursting with humanity; donkeys with multiple riders; trucks and cars of all vintages. All this and villages flanked with bazaars straggling all over the road selling goods to children and adults. My eyes could not take it all in quickly enough — the ancient ox-operated water

wheel, the water buffalo, the people in their flowing robes, and mud houses — scenes right out of the Bible.

The mud-walled Health Centre in Stuntzabad was my home for the next seven and a half weeks. It had a large clinic room with a small lab., several areas for care, and a room with two beds and a cot, used for inpatients when necessary. The inpatients were fed and cared for by their own relatives and I was given a fair insight into the conditions which Greta had treated over the years: pneumonia, malaria, dysentery, malnutrition, cuts and burns, camel bites, and a follow-up TB program. Then there was the preventive work — immunizations, pregnancy care, labor and deliveries, well-child and maternal care.

Greta gives so much credit to her experiences at FNS in general nursing and in the clinic in the old hospital where nurses gave most of the patient care as there was only one doctor — the Medical Director for the whole Service. It was at FNS that she learned to manage medical situations, to improvise with the limited facilities that we had, and, sometimes, to do without a doctor on hand.

The midwifery training, particularly under Dr. Beasley who knew first-hand the needs of missionary nurses in developing countries, helped her to adapt to the unusual situations that she met overseas.

Raising premature babies was one of her most demanding challenges. In developing countries a bottle at home spells "death" from infection. Feeding these infants day and night until she eventually got them fully on the mother's breast — even at two or three pounds weight — was a necessity.

A lay midwife cared for most of the normal deliveries, calling Greta for any problems. Greta very much appreciated and used her FNS knowledge of the Vacuum Extractor for difficult deliveries, sometimes in Muslim villages beyond her own, when called to a home.

Patients would be brought to her by ambulances of all kinds — in ox carts, on camels, on a rope litter (*sharpi*) carried by hand, by bicycle or on the bus, or by walking across the desert to the village. Sometimes she would have to transport the patient 60 to 160 miles to Mission Hospitals and that was the reason that one of my main jobs was to teach one woman, the girls' school principal, and three men to drive a car before we left for good. I spent every spare

minute with them out on the desert trails until they finally graduated to the perilous one-and-only black-top road where vehicles and animals alike travel at night without lights!

Three days after my arrival the mobile x-ray equipment truck came from Lahore. Over a thousand people were x-rayed in four days. My job was to chaperone the women and girls. The wet films were hung to dry in the living room. They were read after dark by Dr. Dave Williams from the U. S. and two other doctors who came from Lahore for the clinic. Patients had been screened for medical problems by Greta before the clinic, and one rare, fatal neurological disease was discovered.

In the middle of all this, there was a 20-week miscarriage breech delivered, and while I was specializing a lady with a reaction to a streptomycin injection, I got called to deliver a premature three pound baby, whose mother, a 37-year old Muslim primigravida, had patiently waited her "turn" in clinic rather than tell a male attendant that she was in labor. I took the baby into our house and slipped it into Greta's lap to surprise her. The mother and baby became my responsibility and despite the absence of word communication we managed to get the baby fully on the breast and discharged home in ten days. They returned two weeks later, still doing well.

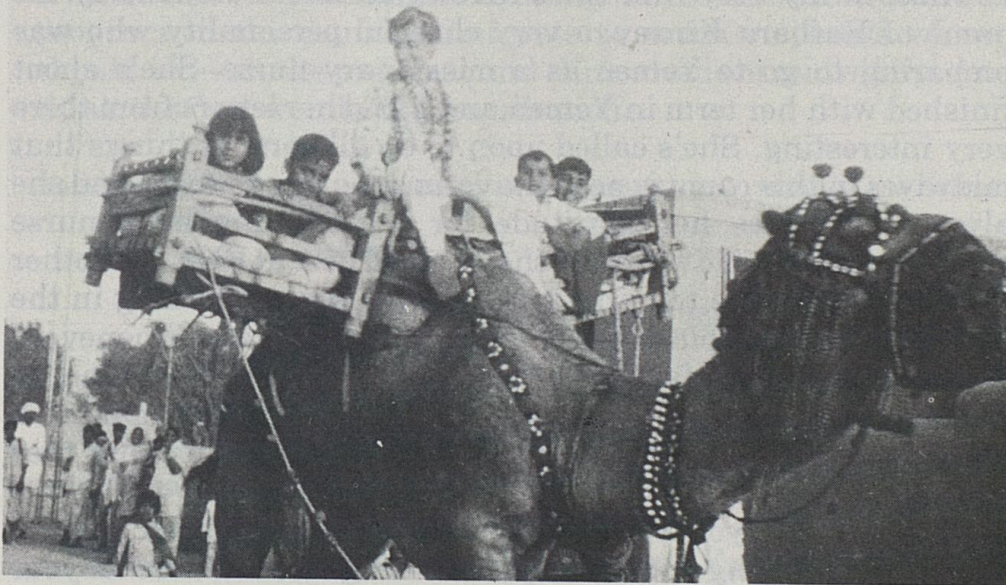
Throughout all this time the life of the Medical Centre was intertwined with ours: a baby with malnutrition was housed on the porch with his mother; children with pneumonia stayed beneath an improvised steam tent; a baby with a minor degree of club feet came for a plaster change; and a toddler with burns of the face stayed most of the time with us.

The biggest medical highlight and achievement for Greta in those last weeks was her success in obtaining 30 pints of blood for a young man whose only chance of life was liver surgery, and this in a land where blood is seldom offered. In this instance, the donors received oranges and a certificate!

Other Mission outreaches were in agriculture, in order to obtain better crops and healthier animals. The Health Centre, combining the medical work and adult education, led up to Easter with film strips of the Passion story in their daily devotional time.

The night before Palm Sunday young men paraded all night through the village singing "Hosanna", and the night before Easter Sunday they sang "Christ is Risen".

We left this setting, with people still clothed as in Biblical times and little changed in village life, on Easter Sunday. The healthiness of Stuntzabad village children compared with others seen elsewhere brought home the truth of Mrs. Breckinridge's belief — that if you begin with the unborn child and center on the family, good health care can raise the status of a remote, rural people.



## AN INTERVIEW WITH DR. E. FIDELIA GILBERT

Question: Dr. Gilbert, what are some of your fondest memories of FNS, or of things you remember about students you've taught since coming here?

Answer: Perhaps my fondest memory is of my first day of orientation here. We had a very high-risk delivery which occurred at about one or two in the morning. And I was amazed — the pharmacist, the surgeon, lab. techs. — everyone was there to help save this patient's life. I had been in Bangladesh for 33 years and I had heard repeatedly that at American hospitals the staff didn't really care about patients. Well, that experience on my first day showed me that people really did care and I think that was a challenge and a comfort to me.

Also, in my very first class here there was a student by the name of Barbara Kinsey, a very cheerful personality who was preparing to go to Yemen as a missionary nurse. She's about finished with her term in Yemen and I find her letters from there very interesting. She's called upon to do all sorts of things that midwives in this country never have an opportunity to do, and she always expresses her gratitude for the training as a nurse practitioner and midwife that she received here at FNS. One other student who comes to mind is a girl who is now working in the Harrisburg area, a place where I visit now and again. Whenever I go there I hear very favorable comments about her and it makes me feel that it is hard-working girls like her who are making a good name for nurse-midwifery, and it's that kind of work that gets the support of doctors.

Question: Did you work with midwives in Bangladesh, and did that have anything to do with your coming to work here on your return to the States?

Answer: Yes, I did work with midwives over there and that's why I wanted to come here. Of course, Bangladesh was part of old India and when the British were there they'd started midwifery training. I always used to say that the midwives in our hospital saved my life because they took the brunt of the hours and work. Therefore, I felt that I owed my life to midwifery and that I should come here when I finished abroad. And then there was an American nurse who came to work with me who had not had any



training in midwifery. She used to say that when she went on furlough she'd have to stop off in England to take midwifery. I said no, she shouldn't, because there was a school of midwifery somewhere in Appalachia that I had read about in a medical magazine. So one evening we sat down and went through piles of old medical journals until we found an article by Dr. Nicholson J. Eastman, a very well-known obstetrician from Johns Hopkins, in which he talked very favorably about midwifery and the Frontier Nursing Service. So I told her she must write there and apply. She did get her training here, in 1955-1956, so that was another thing that made me think about coming to FNS. Her name was Beth Beers.

Question: What are your feelings about the importance of a training hospital?

Answer: I feel that FNS's greatest contribution to medicine as a whole can be in the area of training. There is no other midwifery program in the country that puts so much emphasis where it should be — on the practical and clinical side of midwifery. And I think that's a wonderful contribution.

Note: Dr. Gilbert is an obstetrician and physician instructor in the School of Midwifery.

## DIPLOMAS GRANTED 1939 — 1978

### Frontier Graduate School of Midwifery

*Nurse-Midwives	359
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### Frontier School Of Midwifery and Family Nursing

*Nurse-Midwives	6
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*Family Nurse-Midwives	104
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Family Nurses	64
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(includes 16 students who  
were certified nurse-midwives  
before taking family nursing)

Family Nurse Associates	3
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*Total Eligible for Certification as Nurse-Midwives:	469
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## A FAMILY PHYSICIAN SPEAKS

I came to the Frontier Nursing Service in 1969 as a volunteer to lecture in the midwifery school. I became "medical director" as the previous physicians had left two weeks before I arrived. At that time the district nurses were asking for in-service lectures on various subjects and I enjoyed providing this continuing education for them.

In April 1970, I outlined the possible curriculum for the family nurse course, at the request of Dr. Beasley, and family nursing was added to nurse-midwifery in June, with Dr. Ed Dodge in charge. I volunteered again for three months in 1970, to work on a task force for establishing the curriculum, and joined the medical staff in December. Since that time I have worked as an instructor in Family Nursing.

My clinical work is totally aimed at improving the family nurses' skills in providing careful, safe, well thought-out care for individuals and families in the clinic situation at the hospital and on district and also in the homes of the patients. The FNS and the unique service it provides would be lost without the educational services offered in these three areas.

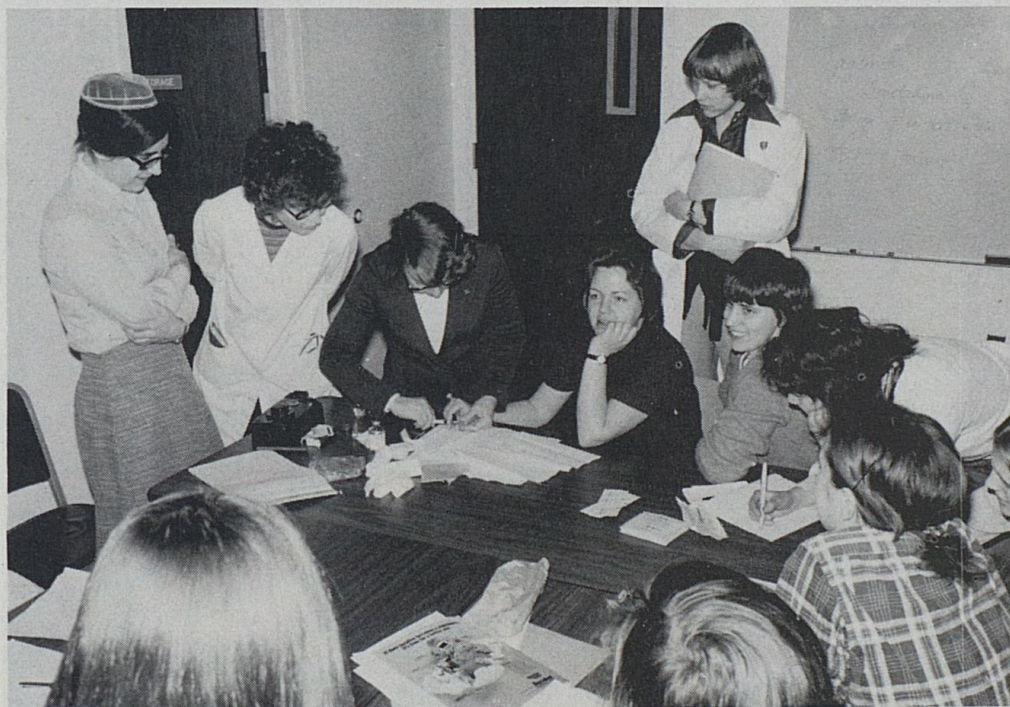
My professional aims at this time in my career, as in 1970, are to extend to others, who will provide service in the future, sound principles to work from, a method of observation for early disease detection, an opportunity to provide education toward health and wellness by preventive measures, and an economic approach to treatment of disease entities for patient and family care. Teaching is my main interest, since I had had the opportunity and satisfaction of years of patient contact, care and control in my own private practice.

I have a second interest and that is in management methods to provide organization of services in a smooth, economic way which will provide satisfaction for the patient (our main concern) and for all those who work in patient care — the clerks and aides as well as other professionals. I enjoy working in systems analysis and time productivity studies; and management methods for the growth of the hospital, the district and the School provide great interest for me.

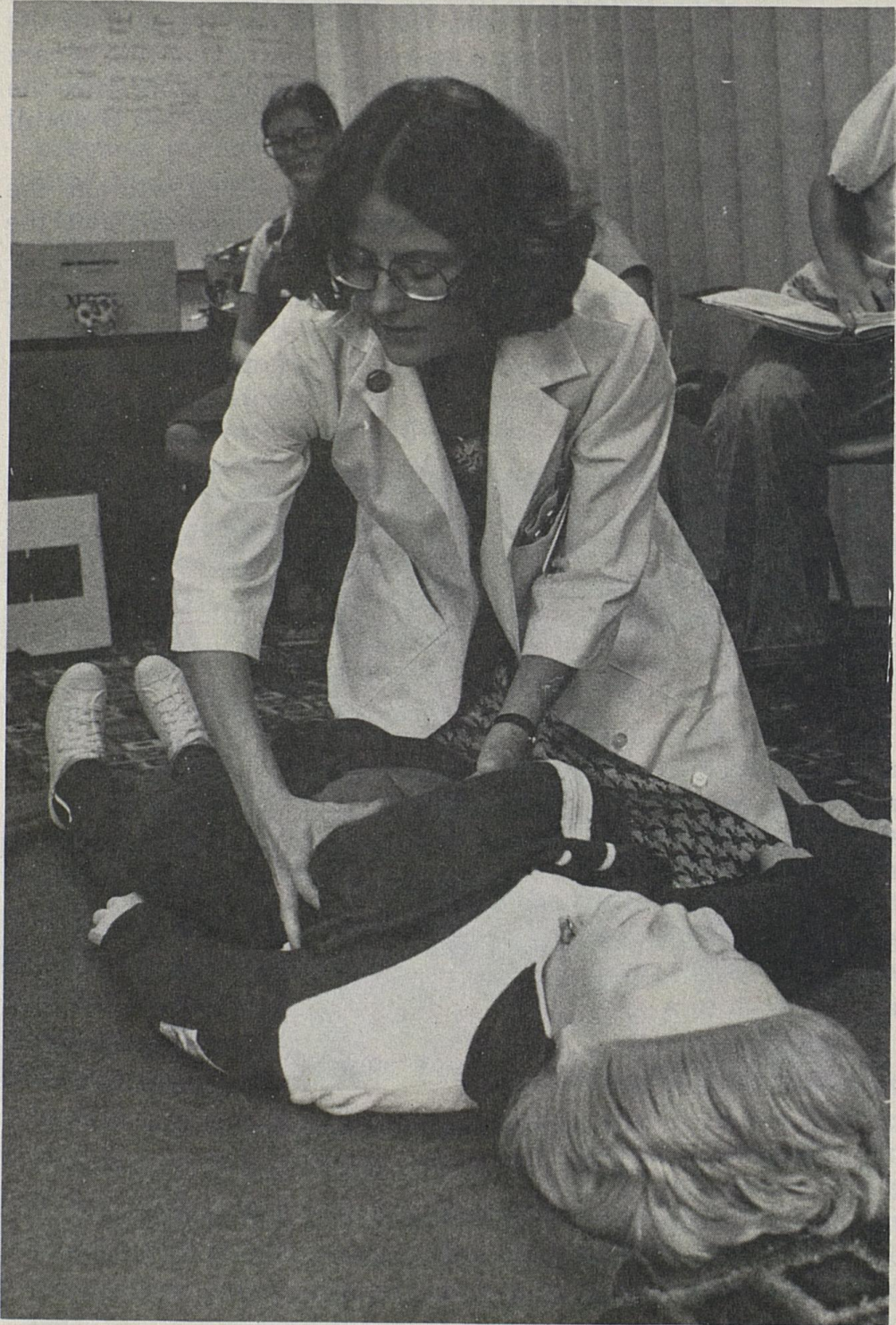
The FNS, as an organization, would lose much if any part of its fascinating structure were lost. We cannot survive without the School, in my opinion, nor can we lose the district concept of care for which we are so well known. We can do much to organize the present structure to ensure a stronger, unique service if we all work together.

I would not have come to the FNS in 1969 without the opportunity to teach. I would not have stayed without the opportunity for input into the education system.

—Anne A. Wasson, M. D., A.B.F.P.



Dr. Wasson and an inservice class





## THE HUSBANDS, BLESS 'EM!

By Susie Palmer

They may be seen building houses, playing music for local churches, working with Scouts or 4-H Clubs, teaching, taking care of their children. They have not invaded Leslie County in large numbers but their presence is certainly felt. They are the men who accompany their wives to Leslie County as their wives work with FNS or enter the Frontier School of Midwifery and Family Nursing. Over the years, nurses married to doctors, or to other nurses, have both had job commitments with FNS. Outside the traditional patterns, however, and involving greater change, are the nurses whose husbands have come, often without an idea of the jobs they may be able to find, simply to support their wives as these women pursue their professional goals. For those who have children, this "support" means assuming the major portion of the parenting role. Looking at their circumstances, and at what these men do in Leslie County, can show something of the changes occurring within FNS.

Bill Weaver left his New Jersey printing business to come with Mary to Hyden. After both their children were in school, and their new home had been built, Bill set up the FNS print shop and became active in P. T. A. Paul Kelly's major interest is music and his has become a familiar face around town. Besides taking care of Charlie, he has made an important contribution by teaching piano and he may be seen playing for a county-wide Christmas service, singing with the Leslie County Men's Chorus, or helping with the music for a high school play. John Snead found no market for his degree in comparative religions so he learned a new skill, committing himself to the crafts of the area. He learned to make furniture with Cecil Morgan and is now helping Peter Baker and Frank Bouche build a house. These two young men — Peter, from New York State and Frank, from California — are both experienced carpenters and they have found that such a premium craft/skill is much needed in the county. Frank has also remodelled the Upper Shelf at Wendover as a home for his family, Michele and Jesse, for the next two or three years.

Jim Willis had a farm in New York but he is also a writer and he continues to write here. His work with the Cub Scouts is a special contribution because it is always hard to find volunteers for

Scouts. Gil Fuchs, a lawyer, found employment with a legal group in an adjoining county, while Mary was with the FNS Home Health Agency. Keller McDonald began teaching as a substitute at the Leslie County High School and then was hired full-time when a vacancy occurred. He has had to do some adjusting since the job available was not in his exact science specialty — chemistry — but he has strengthened ties with the community by helping coach football. Russell Kenefick brought a variety of skills from rough carpentry to work in early childhood education. He believed he could find a job and he did — as a County Extension Agent for 4-H. A Master's of Divinity degree helped Larry Easterly find a job with Mental Health as an Alcoholism Counselor. From here he and Sylvia plan to go to the mission field.

The men who come, accompanying their wives, add much to FNS and the community. They extend the connection between FNS and the county as they learn crafts, teach, build houses, work in community services and counselling, and they bring skills which are valuable and much needed here. Those with children often have even further connections in the community. All make life-long friends among the people of Leslie County. These couples also are valuable to FNS because they give balance and a wider perspective to student body and staff. More and more for all its staff and students the organization has had to cope with the idea that people coming here, though willing to work hard, have lives outside their work and need time for private pursuits. The couples and families give focus to this idea for everyone because their need sometimes seems more obvious than that of a single person.

There are, of course, problems which couples and families face, the same problems faced by many who live here but accentuated when faced by a family. Housing is a major problem. Some are lucky but many live in inadequate houses. There is some lack of variety for social life and since the jobs/school require so much time, it is hard for couples to get away to Lexington, Louisville or Knoxville. It is sometimes hard for the men to find appropriate jobs for long-term work. There is also concern that a broad variety in experience and education is not available for the children. All the couples and families are amazingly self-reliant and accept a different environment with relatively good cheer for the short term, but these problems often keep people, who might otherwise stay, from committing further years of their lives to FNS and

Leslie County.

These couples choose FNS, as do single students, because they believe this School — long established — offers them a better program than many others, and because FNS offers one of the best places for nurses to use their professional skills. The rural setting appeals to many, as does the option of a Certificate or Master's Program. Some couples come, even with the risk, because they feel their lives to be God-directed and this to be an appropriate step in their lives.

Many of the men stated their strong belief in what their wives were doing, and they were willing to come even if they, personally, sacrificed something to do so. Most of the couples did not feel themselves to be doing anything strange in allowing the women's professional goals to direct the move here. For several of the couples, the next move will be made on a mutual basis, or the men will have the greater part of the choice. All seemed to feel that the joint effort would balance out in their lives.

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### SCHOOL QUESTIONNAIRE REPORT

In November, ten percent of FNS subscribers, chosen at random from the current mailing list for the Quarterly Bulletin, were asked in a letter from the Director to comment on the education and service programs of FNS. Respondents were asked to reply to two questions:

1. Do you think FNS should continue to try to support its education program?
2. Do you think FNS should allocate its funds to service alone?

We are told by "the experts" that one can only expect about a 10% response on a voluntary questionnaire. We are most gratified to report a 46% response through December 31, 1978!

Of those replying, 80.2% answered question number one in the affirmative. Ten point four percent (10.4%) indicated a primary interest in the service aspect of FNS by answering question number two "yes". An additional 9.3% elected not to answer the questions specifically but many of these friends wrote most thoughtful comments, as did other respondents who explained their choice.

We thank you all for your cooperation and interest.



## CHARLIE'S STORY

By Paul and Charlie Kelly

From the standpoint of one casual observer, life in Leslie County is a most encouraging setting for bringing up young children. While I still sometimes feel like a visitor in a foreign country, my wife happens to work at a sort of embassy called FNS, and our association with its people and the local folk has proved to be the most interesting and vital experience of our lives — Charlie's life, at least, since he has spent nearly all of it here.

Why don't I let him tell you about it. The "Ian" he mentions is the young son of our neighbors, John and Laurie Snead. Laurie has gone to school with my wife, Kathy, and both are full-time midwives. A mutual child-swapping agreement allows John and me to work part-time, John as a carpenter and I as a piano teacher.

"I'm two and three-fourths, but when all my friends come over to our house for a birthday party in January, I'll be three!

"What day is it? On Saturday, daddy goes to piano lessons and on Sunday we go to church. I can walk all the way because I'm a big boy, but when I was little my daddy and mommy pulled me through the snow on a sled, and on the way back home I usually fell asleep.

"On Monday we take mommy to work so she can help other mommies have their babies. Then we go to the laundromat and then to the library to play with puzzles.

"On Tuesday Mrs. Keen comes over [the home visitor from Early Childhood Development sponsored by the Red Bird Missionary Conference]. She helps me make things for our house and she lets me pick out a new book to read every week. Wednesday she and Carol pick me up on the bus and take me to school [E. C. D.]. There are lots of kids to play with, lots of toys, and we usually learn songs and stories and games.

"Thursday we'd better go to the post office to see if any letters are in box 477. Four is for mommy, 7, is for daddy, and 7 is for me! That's in Hyden but really I live in Thousandsticks, by Will Begley's store (in case I get lost).

"On Friday someone might come over for us to babysit. We'll probably make flour into bread and carrots into soup and apples into applesauce, like we did at school. When Ian comes, I share my toys, and when I go to Ian's house, John reads us books and

washes the dishes. Or we all go to the grocery store and look at lots of machines and trucks on the way."



Charlie

## THE SCHOOL: IN SUMMARY...

*(Excerpts from a Faculty-Student Report to the Frontier Nursing Service Board of Governors, December 1978.)*

When the Frontier Graduate School of Midwifery was begun in 1939, the location of the "Midwifery Training Department" (MTD) in the Hyden Hospital helped in establishing a tradition of an integrated service-learning approach. Service in district clinics and in homes strengthened decentralized clinical educational experience.

The new Family Nurse program was also built around the concept of service-learning, and this was supported by its location, first in the Hyden Hospital, and, later, on the third floor of the Mary Breckinridge Hospital. In fact, the addition of family nursing to the nurse-midwifery program was an additional reason for building a new facility; and clinical training was identified, in the grant application for the Frontier Nursing Service Clinical Training Center, as a vital part of total curriculum, which would require close supervision as well as additional resources.

Fifteen years ago almost half of the FNS midwifery graduates sought employment outside of the United States. Many graduates were, of course, interested in the mission field but employment opportunities for nurse-midwives in this country were limited. This year, at least 70 requests for graduates to fill job opportunities have been received by the education office. The requests for Family Nurse Practitioners (FNP) and Certified Nurse-Midwives (CNMs) come from all over the United States and abroad. This change has come about because of greater legal and public acceptance of nurse-midwives and family nurses, and a trend toward primary care. Increased government financial support for practitioner programs underlines this alternative as feasible in fulfilling manpower shortages.

According to the Division of Nursing (DHEW), 198 programs in primary care for nurse practitioners are offered in the United States, of which 124 programs are certificate and 74 are at the master's level. Of the 20 nurse-midwifery programs, 11 are certificate programs.

In 1977, the American Nurses' Association Council of Family Nurse Practitioners estimated there were 2,094 recognized nurse-

practitioners. As of 1977, the American College of Nurse-Midwives survey showed there were 2,011 nurse-midwives, which is not sufficient to meet growing demands.

On the average, most FNP or CNM programs educate between 6-12 students. A few programs produce more graduates, and FNS is among the latter, producing 20-24 graduates per year. Thus FNS is considered a major resource in educating practitioners.

The FNS program is one of the few which offers an opportunity to any type of R.N. (given appropriate experience and academic qualifications) to become a nurse practitioner/nurse-midwife. It accepts Diploma, A.D., B.S.N. and master's level nurses. As indicated in a recent survey, students noted that this feature of FNS was a reason for applying and coming to FNS. Because of its rural location and service-learning approach, the program has helped attract highly motivated and committed students.

The School continues to demonstrate that organization and concepts of the program are not unique to the FNS or for this geographic region. This program format has increasing relevance in all regions of the United States and abroad. Every year the FNS receives visitors from other countries and from nursing programs across the United States. Recently consultation has been provided to visitors from Seaton Hall University, St. John's University in Newfoundland, California State University, the Asia Foundation, Project HOPE and U.S.A.I.D.

The School has a considerable impact on the service program of FNS. The quality of medical services is maintained and enhanced by virtue of having to meet accreditation standards for the School. It is believed that the School is a factor in attracting high caliber practitioners who, in turn, attract others to come here. An inquisitive atmosphere contributes to better quality care. The School makes a major contribution to staffing of Frontier Nursing Service. Nine out of eleven district nurses are graduates of the program and the other two did their graduate internships at FNS. In the Primary Care Center and hospital, nine of sixteen of the staff are graduates of the program. It is evident that with the one year work commitment for graduates of the School and with the program itself, the School still serves a major function of recruiting staff for FNS services.

The goals and objectives for this combined program, as outlined in 1969, have been partially met. Recent changes in the

Nurse Practice Act, reimbursement policies and consumer interest in health service are giving greater support for what we are doing. We are reaching a point, now, where we, as a School, have gained enough experience to feel confident in doing what is useful and educationally worthy. The only reason for closing the School in the foreseeable future would be purely financial, not failure in meeting our objectives. Indeed, we have reached the point of making significant progress and we do not wish to cut short success.

Sr. Dorothy Dalton, M.S.N., C.N.M.  
 Karen A. Gordon, M.P.H.  
 Marsena Howard, B.S.N.  
 Lillian Link, B.S.N.  
 Elsie Maier, M.S.N., C.N.M., C.F.N.C.  
 Carolyn Miller, M.S.N., C.N.M.

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### THE DEANS

#### Frontier Graduate School of Midwifery

*Nora Kelly	1939-41
Dorothy F. Buck	1941-49
Eva Gilbert	1949-50
Helen M. Fedde	1950-52
E. Jane Furnas	1952-53
*Eve Chetwynd	1953-54
*Eileen Rayson	1954-56
*Jane Carpenter	1956-57
*Marion Hickson	1957-58
Carolyn Banghart	1958-63
Katherine Vandergriff	1963-64
Carolyn Banghart	1964
*Margaret I. Willson	1964-67
Carolyn Banghart	1967-69
*Molly Lee	1969-71

#### Frontier School of Midwifery and Family Nursing

Gertrude Isaacs, Director of Education	1971-77
*Molly Lee, Dean of Midwifery	1971-77
Elsie Maier, Dean and Director of Education	1977-78
Sr. Dorothy Dalton, Dean and Director of Education	1978-

\*British

## FNS GRADUATES: WHERE ARE YOU?

By Karen A. Gordon, M.P.H.

Is it true that one can travel to any corner of the world and meet an FNS nurse? Our recent survey shows that FNS graduates live and work on every continent except Australia and the Antarctic.

To gain a better insight into the value of education and clinical experience at FNS, to find out where graduates are working, and to discover whether or not they are performing in the capacity for which they were educated, a detailed survey of the 1970-78 graduates is being conducted.

In September a questionnaire designed by Dr. Frances Dalme (College of Nursing, University of Arkansas) and Karen Gordon was mailed to 164 graduates. To date we have received 95 responses and have just started computer tabulation. Some graduates may have misunderstood the request to send in responses by November, thus not responding at all. Everyone is welcome to reply, even if the answer sheets are late, since the information can be included later. The mail routes between Hyden and Nepal or the Sudan may be so circuitous that some responses may not be received until spring!

The central focus of the questionnaire is to obtain information about the extent of the graduates' professional employment as practitioners and nurse-midwives and to discover if they are working in primary care services in rural areas. We are also interested in current employment characteristics related to legal status, practice settings and collegial relationships, range of skills used and the degree of autonomy, type of clientele, salaries and job satisfaction. As feedback for the education program, part of the questionnaire focused on preparation for the **role** and whether or not the FNS classroom and clinical experiences were adequate.

From the 95 responses received thus far, we have learned that 25 graduates are not presently working in any nursing field. Among those employed in nursing, 76% are functioning in a practitioner role as family nurses and/or nurse-midwives. Approximately one-third are working in southern states, including Kentucky. Ten percent are working outside the U. S., which is a dramatic change from the early 1960's when a majority of nurse-midwifery graduates went overseas to work. Our preliminary

tabulation shows that approximately 89% of the graduates think the FNS experience in class and clinic is quite acceptable.

We look forward to completing the analysis and reporting to you in a 1979 Bulletin.

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### OFF-CAMPUS EXPERIENCE

The School has been fortunate, through the years, in having other agencies which have been willing to provide clinical experience for its students. Currently, two agencies are contributing greatly to our education program.

The nurse-midwifery students receive labor and delivery experience in Cleveland, Ohio, under the guidance of Patricia Lupe, M.S.N., C.N.M., and her staff at the Cleveland Metropolitan General Hospital. This group of nurse-midwives make a special effort to accept FNS students because of their personal dedication to nurse-midwifery education.

Another association of great value has been the opportunity for both family nursing and nurse-midwifery students to spend a week at Brookwood Medical Center in Birmingham, Alabama, where Dr. Don Palmer and other members of the staff have provided varied experiences in newborn and well-child care.

—Sr. Dorothy Dalton, M.S.N., C.N.M.

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### FUND-RAISING DINNER FOR MIDWIFERY SCHOOL

On December 15, 1978, the Leslie County Telephone Company sponsored a fund-raising dinner at the Appalachia Motel for the Frontier Nursing Service School of Midwifery. Some twenty-three local businesses were represented at the dinner.

Frontier Nursing Service is deeply grateful for the generous donation of \$3,600, and for this expression of interest in nurse-midwifery education.



## THE NAVAJO NATION

WINDOW ROCK, NAVAJO NATION (ARIZONA) 86515

PETER MACDONALD  
CHAIRMAN, NAVAJO TRIBAL COUNCIL

WILSON C. SKEET  
VICE CHAIRMAN, NAVAJO TRIBAL COUNCIL

October 09, 1978

Rogers Beasley, M.D., Director  
Frontier Nursing Service  
Hyden, Kentucky 41749

Dear Dr. Beasley:

Thank you for your cooperation in providing consultation to the Navajo Nation's Ambulatory Care Planning Council. Ms. Elsie Maier proved a most valuable resource through her F.N.S. experience and philosophy on rural health delivery. Your willingness to donate Ms. Maier's time (on such short notice) shows a sincere concern for the promotion of better systems for Indian health care.

Ms. Maier suggested possibilities for future cooperative efforts between our organizations. I will be suggesting these possibilities to tribal health leaders over the next few months.

Again, my sincere thanks to you & F.N.S. If I may be of any assistance in the future, feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "David W. Antle".

David W. Antle, Director  
PREVENTIVE HEALTH BRANCH-DHHS

DWA/ac



## ELSIE MAIER



Elsie Maier came to FNS from Brooklyn, New York, in 1962 as a staff nurse at the old Hyden Hospital. After becoming a nurse-midwife, she spent some years as a district nurse-midwife at the Red Bird Center, before returning to Hyden to join the faculty of the Frontier School of Midwifery and Family Nursing. In 1972, Elsie took a leave of absence to work with a former FNS colleague in Zaire, followed by a year at Vanderbilt University where she obtained a master's degree as a family nurse clinician. During her two year tenure as Dean and Director of Education of the Frontier School of Midwifery and Family Nursing, the formal affiliation with the University of Kentucky was completed, and the development of a well-qualified faculty continued. But of perhaps more importance, Elsie's love and concern for FNS and its Object has been an example for every member of the staff, faculty, student body and Board of Governors of Frontier Nursing Service.

Our best wishes go with Elsie on her present leave of absence, and we eagerly await her return to Kentucky and the FNS.

## URGENT NEED: A PUBLIC RELATIONS VOLUNTEER

The FNS is in urgent need of a public relations volunteer **now**, for a minimum of six months and preferably for a year. Some previous experience is desirable, but not absolutely essential, as long as the candidate has writing skills. The PR "person" has the responsibility for writing articles on a variety of subjects and getting them in the newspaper, for enhancing relations between FNS and the community by participating in community activities, for radio and TV "spots" about health and health-related issues, for assisting the audio-visual technician with the material and equipment used by staff and students, for helping with articles for the FNS Quarterly Bulletin.

The most recent incumbent, Tony Horwitz, a junior at Brown University, provides a "job description", as follows:

### Coming Out of the Closet

#### Confessions of a Public Relations Volunteer

by Tony Horwitz

As the day of my departure from Hyden approaches, I find myself daydreaming about how I will view my stay here six months or a year from now. Sometimes I picture the dreaded day when I will be forced to fill out yet another summer job application. Inevitably, there will be the three dotted lines allotted for "last work experience," and I will dutifully scrawl something like the following:

Last fall, I took a semester off from college and worked as a public relations volunteer for the Frontier Nursing Service in Hyden, Ky. My job was to disseminate information about hospital and health matters. At my disposal were the local media — radio, newspaper, and television — and any other resources that could be used to educate the community, i.e. health fairs or classes at nearby elementary schools.

I guess that's what I've been doing here for the past few months. But somehow, it's a very incomplete picture of my experiences at FNS. So, I've devised my own job description. It won't improve my employment prospects, but at least it will arm me for the coming encounter with inquisitive friends ("what were you doing down there in Kentucky anyways?")

... first day on the job ...

I am fumbling with the key to my "office" and becoming increasingly disconcerted by the information posted on the door of room 320A. Why does the plaque read "supply storage"? Are they putting me in a closet? Worse still is the snapshot just above the knob. It shows my predecessor being carted away by men in white coats, and the caption reads, "Jonathan Fried Leaves Hyden." Will I, too, be fit for the funny farm after working here? My worst fears are confirmed when I open the door. Tapes, films, and slides to the right of me, complicated looking audio-visual equipment to the left (do they expect me to be a T.V. repairman as well?), and straight ahead lies a cluttered heap of Frankenstein-like manikins, replete with nylon hair and detachable heads and limbs. In the words of a recent visitor to this chamber of horrors, "this is a room that breeds insanity."

... my introduction to local character ...

It is later in the same week, and I am taking vital signs in the emergency room as part of my orientation. In hobbles an aged woman with a snakebite on her foot. After being treated, she is entrusted to my care for the wheelchair journey to a bed upstairs. The spunky patient's response — "Listen here, little feller, I reckon that after chasing that rattler all over the yard after he stung me, I can manage them steps on my own two feet."

... hydenitis ...

It's still the first week and strange splotches begin appearing all over my body. Never, I repeat, never contract mysterious ailments while working at a hospital. I was examined fifty times — with as many diagnoses. Nurses and over zealous medical students would stop me in the hall and tell me to unbutton my shirt or open my mouth for examination. The verdict shifted from day to day, leprosy, scabies, german measles, poison ivy — you name it, I had it. I spent my free time waiting for my nose to fall off, or flipping through gruesomely illustrated dermatology books looking up the latest diagnosis. Finally, a consensus was reached — Hydenitis.

... pronounced dead at the Beech Fork Carnival ...

I am roaming the halls of the Beech Fork Elementary School, stethoscope around my neck, trying to lure youngsters away from the haunted houses and into a room full of educational health games. I accost an agreeable looking second grader and put the stethoscope in his ears and on my chest. Unaware that the

instrument is broken, I question him, "Well Doc, how does the old heart sound?" A grave expression comes over his eight year old face as he turns to his mate: "I don't know about you, buddy, but I think he's dead."

. . . the mad woman of Wendover . . .

Would a description of this job be complete without mentioning my impressible workmate, Gabrielle Beasley? It is time to tape some radio spots and, muttering about how much noise people make in this hospital, Gabrielle instructs me to close the door and put a sign on it reading "Do not disturb — taping." We are doing a short message about the "holiday blues" and Gabrielle is getting very wrapped up in her part. Finally, she breaks into song, belting out the lyrics to "Keep the Sunny Side Up" in a broken soprano. Half way through, a student bursts into the room and tells us to shut up because we're disturbing a final exam being given next door. Another great musical career is stifled at its start.

Actually, such anecdotes could go on forever — there is no shortage of interesting and inane happenings around here. And the best thing about my job here is that it allows me to butt my nose into almost all areas of FNS. While most folks here are quarantined inside an office, clinic, or lab, I am free to roam the halls, and hills, in pursuit of the information encounter I need to complete an assignment. This is not to say that I don't spend a good many hours behind a typewriter, or at my desk trying to turn illegible notes into grammatical articles. But somehow, such penpushing is not so tiresome when the afternoon may be spent doing an interesting interview, teaching nutrition at a local elementary school (showing the memorable 'flic', "Joey Gets the Worms", to a packed house), filming a coal mine for a T.V. spot on black lung, or performing a puppet show on the lofty theme of tooth decay.

Well, my time is almost up here in Hyden. Each day I listen fearfully for that knock on the door when the men in white coats will come to take me away, as they did poor Jonathan. But it hasn't happened yet, so maybe it is possible to be a PR volunteer at FNS and maintain your sanity at the same time (though I'll tell you, one of those manikins has been giving me the evil eye ever since I got here).

### Urgent Need: Volunteers for the Oral History Project

The Frontier Nursing Service Oral History Project needs volunteers to do transcribing of the interviews. We need people — male or female — who are interested in the oral history of FNS, of the late Mrs. Mary Breckinridge, and of the Leslie-Clay County area, who can volunteer for a minimum of four weeks.

Candidates must have good typing skills and the ability to hear electronic sound and transcribe from tapes; and have a good knowledge of spelling and punctuation, and know how to use punctuation to indicate meaning. We need people who can perform with a minimum amount of supervision and are willing to work a forty hour week on a flexible schedule which may include some evening and weekend work. The flexible schedule has the advantage of allowing volunteers to become involved in other aspects of the project and to learn something about Frontier Nursing Service, as time, desire and ability permits.

Room and board will be provided by FNS for volunteers.

Interested candidates should write Dale Deaton, Oral History Project, Frontier Nursing Service, Wendover, Kentucky 41775, or telephone Dale at 606-672-3280, to discuss the project and the time when it might be convenient for them to come to Kentucky.

. . . . .

### FIELD NOTES

In presenting a Bulletin featuring the Frontier School of Midwifery and Family Nursing, we have tried to cover all facets of the education program. In so doing, a sizeable issue has resulted, and we are deferring two of the regular columns — **Old Courier News** and **Old Staff News** — and presenting this much-abbreviated **Field Notes**. We will catch up on the field, courier and staff news in the next issue.

## IN MEMORIAM

Miss Olive Bunce  
North Tawton, Devon, England  
Former Staff Member

Miss Rose McNaught  
New York, New York  
Former Staff Member

Mr. Lewis Clark  
Washington, D. C.  
Washington Committee

Mrs. Parker Barrington Poe  
Thomasville, Georgia  
Trustee

Mrs. Allen Gay  
Versailles, Indiana  
Former Bowlingtown Committee Member

Mr. Thomas G. Spencer  
Rochester, New York  
Rochester Committee

These friends, these Trustees, Committee and former staff members, have departed this life in the past few months. We wish in this manner to express our sympathy to their families and acknowledge their contribution to Frontier Nursing Service.

## Memorial Gifts

**Mrs. Maude Morgan Bobbitt**  
Miss Kate Ireland

**Mr. "Candy" Joe Morgan**  
Mr. and Mrs. Eddie J. Moore  
and Family

**Mrs. Franklin P. O'Brien**  
Mrs. M. Bowman  
Dr. and Mrs. Howard B. Barker

**Mr. G. M. Burke**  
Mrs. John S. France  
Mrs. William G. Deas  
Mrs. James T. McIlwain  
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**Mrs. Marguerite Burwell Meade**  
Mrs. Annabelle L. Rhinehart

**Mrs. Mary Belle Gay**  
Mr. and Mrs. Ralph Ferguson

**Miss Hope Fletcher**  
Mr. and Mrs. Roger L. Branham

**Mr. Ernest R. von Starck**  
Mr. C. B. Rogers

**Mr. Jimmy Brown**  
Mr. and Mrs. W. T. Cahoon

**Mrs. Rebecca Turner**

Mr. and Mrs. Eddie J. Moore

**Mrs. Kate Swearingen**

Mrs. Annabelle L. Rhinehart

**Mrs. Joseph Burge**

Mrs. Abner E. Norman

**Mr. George Heathman**

Mrs. Margaret J. Timmer

**Mrs. Mary J. Biddle**

Mr. William G. Biddle

**Miss Margo Squibb**

Mrs. William P. Delafield  
Dr. and Mrs. Lloyd C. England

**Mrs. Florence M. Cooksey**

Mrs. Jerome H. Coe  
Mrs. Ruth T. McGibney  
Mrs. Rica O. Moore  
Ms. Anne L. Minahan  
Mrs. Ralph Hall  
Mr. and Mrs. Robert C. Wirka

**Mr. D. S. Setzer**

Mrs. Joanne L. Collins

**Mr. Sam Collins, Jr.**

Mrs. Joanne L. Collins

**Mrs. Frances Whitney**

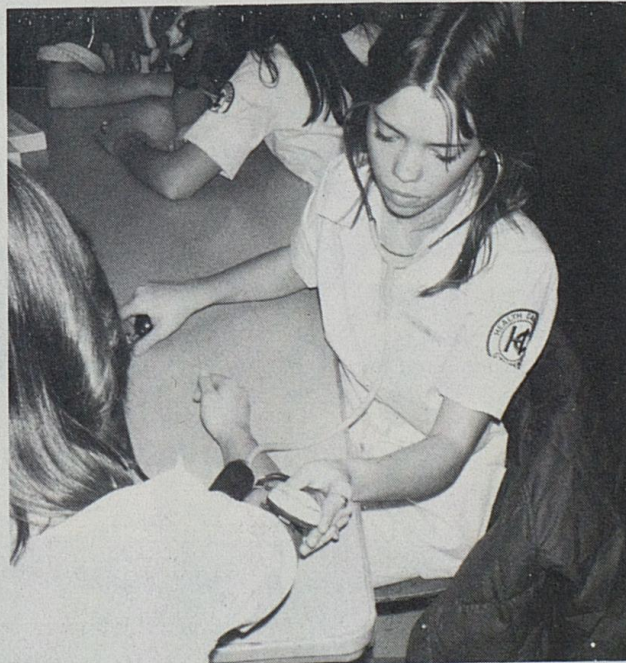
Mr. and Mrs. Roger L. Branham

**Miss Catherine Corbitt**

Dr. Don Palmer

**Mr. John B. Hollister**

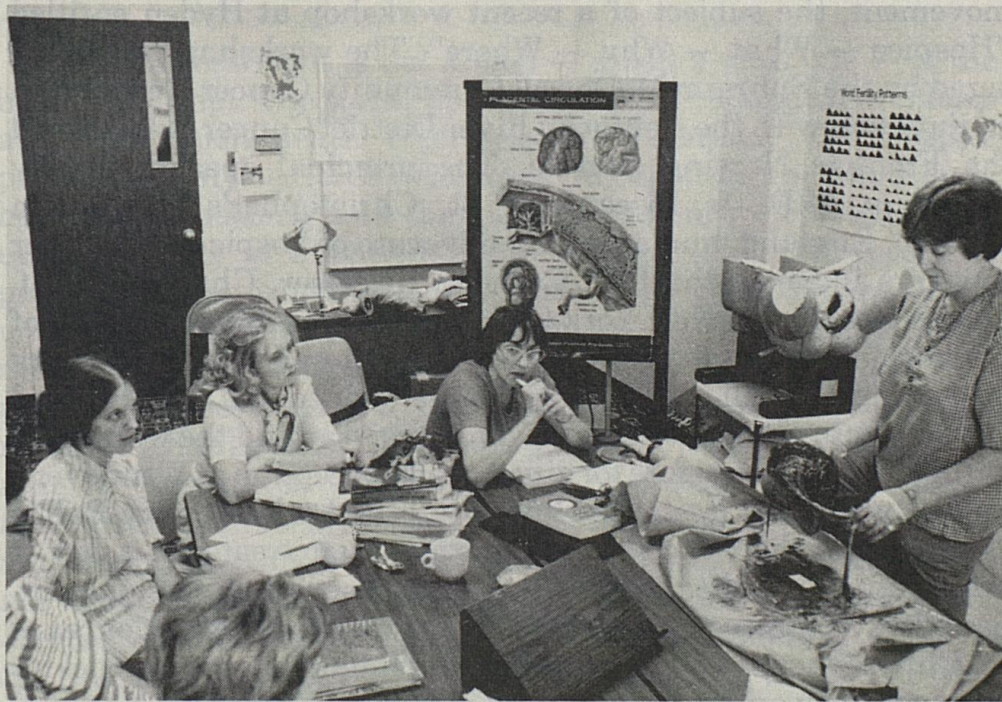
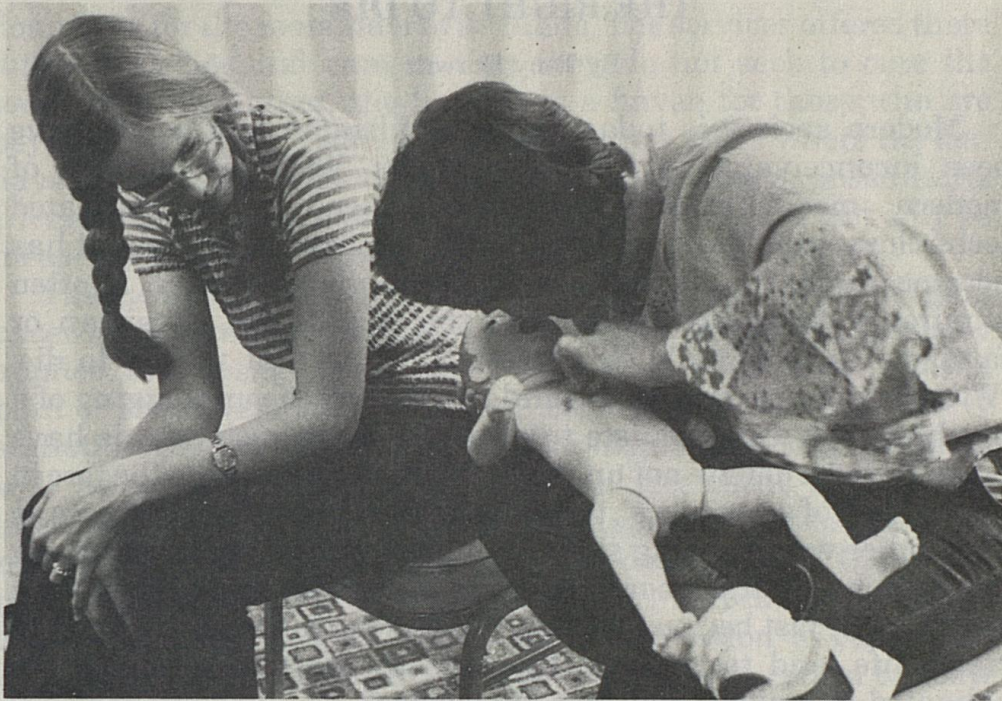
Miss Renee T. Beauregard



Health Careers Student Deanna Lewis takes a blood pressure







## THE RIGHT TO DIE

By Tony Horwitz

Modern society is today facing a dilemma that would have been inconceivable to past generations. With the miracles of modern medicine and the development of sophisticated technology capable of prolonging life almost indefinitely, it has become decidedly difficult for people to die any more. It often requires a conscious decision on the part of the physician or family of a terminally ill patient to allow that person to die. (Witness the case of Karen Quinlan in which the unplugging of a machine was a prerequisite to death.) Powers such as this have precipitated a debate not unlike that which has come to the fore in other fields of science, i.e., test-tube babies. The question arises as to whether we are losing sight of important human values in our blind rush towards more and more scientific know-how. More specifically, just because we now possess the means artificially to create life, and to prolong it beyond the natural term, are we obligated to make use of that knowledge?

It is questions such as these which underlie the hospice movement, the subject of a recent workshop at Hyden entitled "Hospice — What — Why — Where". The workshop was sponsored by the Ephraim McDowell Community Cancer Network, in conjunction with the Kentucky River District Cancer Council and the Frontier Nursing Service. The principal speaker, Cicely Saunders, M.D., is Director of St. Christopher's Hospice in London, England, and a leading advocate of hospice care. Other speakers included the Rev. Carleton Sweetser, Chaplain of St. Luke's Hospital in New York City, and Dr. Ann Blues, director of the hospice program for the Ephraim McDowell Cancer Network in Lexington. All three participants, joined by FNSers and visitors from all over the state who came to attend the workshop, gathered the night before for dinner and a reception at Wendover.

The workshop itself was hosted by the Leslie County Public Library, and the 100-odd people present were treated to a day of informative speeches, slide shows and discussion sessions. Dr. Saunders' comments were primarily devoted to her experiences at St. Christopher's, a 62-bed facility which has become a model for hospices the world over. Financed in part by England's National

Health Service, St. Christopher's relies on private grants and donations for the remainder of its funds. The services offered there differ from hospital care in that they do not seek to cure the terminally ill. Rather, the hospice is a haven for those who are beyond the help of medical treatment; it is a place where the last days of life are made as comfortable and rewarding as possible. As Dr. Saunders commented, the value of these last days can only be measured in terms of their depth, not length.

The medical care at the hospice centers on controlling the pain caused by terminal diseases. Pain-killing drugs are liberally applied, and dosage is increased to keep pace with new levels of pain or the development of tolerance. With the aid of extensive statistics, Dr. Saunders illustrated the success of this program, as well as deflating the myth that such treatment leads to an unending spiral of dosage increases (apparently, most patients reach a plateau). While hospices are designed for the dying patient, entrance to the hospice is not an irrevocable warrant of death. Patients are kept under close observation in case of an unanticipated improvement in their condition. A return to acute care is then arranged, and Dr. Saunders was able to point to a number of cases where remission, and even full recovery, had occurred.

Medical treatment is but a part — albeit a vital one — of the hospice concept. The social, spiritual and psychological problems attendant upon death receive equal attention. The hospice provides family-centered care, involving spouses and children in both the counseling and the support system which will be an essential part of a patient's treatment. Whenever possible, patients are returned to their homes to be cared for by family under the supervision of a visiting nurse. For hospice inpatients, the emphasis is on creating a home-like setting, replete with personal possessions and the constant company of friends and relatives (thanks to flexible visiting hours). St. Christopher's is a religious institution which attempts to provide spiritual solace through frequent services and private meetings between patients and clergy. But this is by no means a rigid program, and patients are left to confront death on their own terms if they so desire. The diverse services which together comprise the unique offerings at St. Christopher's require a network of devoted personnel from many fields — medicine, nursing, psychiatry, religion and social

work. In addition, volunteers are involved in visits to the family of the deceased for as long as the bereaved feel in need of such help.

Following Dr. Saunders was Chaplain Sweetser who quoted extensively from the diary of a St. Christopher's patient which detailed the dying man's spiritual struggle and the strength he gathered from the hospice community. Dr. Blues then spoke about the Kentucky Association of Hospices, the first such state organization in the country. FNS has recently become a member of the KAH, and plans to integrate hospice care into the services now offered at FNS are presently under consideration. Dr. Beasley's introductory remarks attested to the need for increased attention to the problems which the hospice confronts. "Speaking as an old general practitioner in this country," he stated:

"For many years my profession has been addressing itself to saving peoples' lives, and to keeping them alive to the last gasp. We really have failed to look seriously at the problem of the reality of dying, and how to help individuals and families, and our own profession, to be skilled in the process. We spend a great deal of time preparing people to be born, but we haven't spent much time on this other process."

To those present at the workshop, there could be little doubt as to the inestimable value of hospice care, care which utilizes all that is known about pain, illness and loss, in an attempt to preserve a degree of dignity in the patient's life — and death.



Dr. Cecily Saunders with Miss Betty Lester at a Wendover reception the night before the hospice workshop.

### MISS SAMANTHA'S CHRISTMAS PARTY

Two days before Christmas the family of Samantha Wooton held its second annual Christmas party in the Leslie County Library. Miss Samantha is one of FNS's most devoted friends. The friendship is of long-standing from the early days of the Service. Nine of her children are FNS babies, as are several of her grandchildren and great grandchildren. Numerous friends from the county attended the party and seven of the children and their families were introduced — Ruth Bowling, Nadine Shepherd, Margaret Morgan, Jerry Wooton and Joyce Fortney, all of Hyden, Lillian Judd from Ohio and Aileen Hawes from Louisville. The grandchildren put on a Christmas Pageant and entertained with songs and dances. Santa Claus gave a treat of apples and candy to **everyone** present and, finally, the children gave Miss Samantha their Christmas present which, at her request, was a gift to FNS. This Christmas gift will be used for something FNS needs for the pediatric ward in order to extend more services to FNS babies at the Mary Breckinridge Hospital. It will carry with it the love and affection of Miss Samantha and her family for the mothers and children in this county.

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### BEYOND THE MOUNTAINS

In October we were invited to attend a special announcement in the White House concerning rural health. Vice President Mondale introduced a three step policy "to reverse the neglect of rural America". This is a policy to support accessible health care. This first step is a cooperative effort of the Departments of Agriculture and Health, Education, and Welfare to finance construction and renovation of three hundred rural health care centers. The second step provides for the Departments of Labor and HEW to support additional training of rural personnel and place more Job Corps trainees in rural centers. The third step plans a conference to explore techniques on retaining health personnel in rural areas. These are three helpful initiatives which we are pleased to learn about.

The group invited to attend the announcement was limited and we are gratified that FNS was included.

We thought it would be of interest to our readers to see a list of comparative charges made by a group of Appalachian hospitals as presented by Blue Cross and Blue Shield of Kentucky. These costs are based solely on amounts billed to Blue Cross and Blue Shield, including the amount paid by the patient. It is part of our objective to provide services of high quality at a price people can afford. This table, unsolicited by us, seems to confirm that we are achieving that part of our object.

. . . . .  
COST PER DAY

Hospital	No. of Beds	Room	Ancillary	Total
*Jenkins Hospital Jenkins, Ky.	85	\$49.75	\$ 37.47	\$ 87.22
*Mary Breckinridge Hospital, Hyden, Ky.	40	64.11	60.28	124.39
*Pineville Community Hospital, Pineville, Ky.	187	72.63	54.67	127.30
*Methodist Hospital Pikeville, Ky.	174	66.23	66.46	132.69
*Our Lady of the Way Martin, Ky.	39	68.98	73.15	142.13
Memorial Hospital Manchester, Ky.	63	84.30	58.23	142.53
*Highland Regional Prestonsburg, Ky.	137	78.02	102.88	180.90

\*Approved by Joint Commission for Hospital Accreditation

. . . . .

In the coming year we will be interested (and trust you will be, too) in a piece of national legislation concerning "swing beds". Our Mary Breckinridge Hospital is licensed for acute care. When patients no longer require acute care but have progressed to a level of intermediate or skilled nursing care, it becomes necessary to transfer them from our acute care beds to another institution. It means, in rural areas, that additional nursing homes have to be built to provide this "intermediate care". While there are good reasons for some individuals to be offered prolonged care in a

nursing home, not uncommonly it would be appropriate to "swing" an acute care bed for a period of a few weeks to use it as an intermediate care bed. For example, occasionally an older patient may have a broken hip which can be pinned and repaired in the Mary Breckinridge Hospital, and during convalescence the time needed for retraining in walking may outlast the legally authorized acute care time. So in order to continue using the medical card, the patient has to be transferred. Legislation needs to be passed to authorize an acute bed, occupied by a hip fracture patient, or some similar condition, to "swing" to an intermediate bed for a time. After the patient has fully convalesced, the bed returns to acute care use. In allowing a bed to be used for a double purpose, it reduces the overall cost of care.

. . . . .

The National Chairman, Kate Ireland, and I flew to Philadelphia in early October where that committee was having a reception for the benefit of the Service. We were met by Mrs. Ernest von Starck at whose country home the Philadelphia Committee had held such a charming party to auction its rug last year. I was enchanted to be the house guest of Mrs. Lewis C. Scheffey. Many years ago, in 1958, Dr. Sheffey had spoken at Wendover to the American Association of Nurse-Midwives on the subject of family planning. As one of the country's leading obstetricians, concern with population control in the 1950's was very avant garde. As a reporter on the *Kentucky Post*, her grandson, Tom, wrote significantly on behalf of the nurse practitioner at the time of the last Kentucky General Assembly at which the Nurse Practice Act was changed.

Following a pre-reception luncheon given for several FNS friends by Mrs. Cranston Hodupp and Mrs. von Starck, we went to Appleford, an elegant 18th century estate where a large number of FNS friends gathered to see paintings and to hear a contemporary report on the Service introduced by the Philadelphia Chairman, Mrs. Robert S. Gawthrop. Both the National Chairman and I spoke on the services provided by this rural health demonstration and on the significance of training rural family nurse-midwives.

Later in the month I attended the meeting of the American Public Health Association and was pleased, as Director of FNS, to represent the Maternal and Child Health Section on the gover-

ning council of the entire public health association. Several of the scientific sessions were devoted to nurse-midwifery and alternatives in childbirth. The Maternity Center Association of New York held a reception for the nurse-midwives at the convention.

My wife and I took advantage of being in Los Angeles to visit with our Trustee, Miss Margaret Gage. Many years ago Miss Gage had met Mrs. Breckinridge while teaching dramatics at Bennett College. On one visit to FNS, when my children were in the second and third grades, she entranced both grade and high school students by her solo productions of scenes from *Romeo and Juliet* and *The Taming of the Shrew*. A very unusual Trustee indeed!

In November the New York Committee held its annual meeting at the English-Speaking Union. The Chairman, Mrs. R. McAlister Lloyd, presided and introduced Miss Dorathea Eberhart who reviewed the year's work at the Bargain Box and presented FNS with a handsome check. The National Chairman and I made our annual report, replete with slides of the latest work. We were so glad to see many old friends on the committee, including Miss Barbara Wriston who had recently visited Kentucky, Claire Hodupp Irving, whose mother had entertained us in Philadelphia, and my Sewanee classmate, Bill Donoho.

Kate and I enjoyed a sumptuous dinner at the Union Club, hosted by old courier Brooke Alexander, a former Governor, and twenty-four hours later found ourselves in Boston at Pine Manor for a new experiment by the Boston Committee. This vigorous group, having put on a Christmas Preview for so many years, elected this year to take an educational approach and invited their sponsors to a wine and cheese party, followed by a panel discussion on the FNS. The panel featured nurse-midwives and physicians who formerly were on the staff, as well as some presently on staff. The contribution of FNS was presented and responded to by Dr. Kenneth Ryan, chairman of obstetrics at Boston Womens Hospital. Following the "Evening of FNS" the consensus of the guests at a dinner party given by Mr. and Mrs. Ronald Moir was that it had been a success indeed. Many congratulations are due to Chairman Robb for her leadership in this innovation by the Boston Committee.



The Kentucky Primary Care Association, at its annual meeting for the election of officers, took a strong position supporting the need for a more rapid implementation of the Rural Health Clinics Bill in this area. This position will be presented to the Certificate of Need and Licensure Board of the state. Karen Gordon and I attended this meeting.

. . . . .

An FNS Trustee, Grady Stumbo, M. D., and his associate Dr. Benny Bailey, were honored in early December with a \$10,000 Rockefeller Public Service Award in recognition for their work in founding the East Kentucky Medical Services Center near Hindman, Kentucky. Governor John D. Rockefeller IV, of West Virginia, speaking at the presentation dinner in Washington, said it was to recognize such initiative, drive and achievement that his father had established these awards. In addition to his medical administrative duties at the Knott County clinic, Dr. Bailey is the retiring president of the Kentucky Primary Care Association.

*W. B. Rogers Beasley*

W. B. R. Beasley, M.D.

## FRONTIER NURSING SERVICE, INC.

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## MARY BRECKINRIDGE HOSPITAL

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G. Bradley Gascoigne III, M.D.  
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Anne A. Wasson, M.D., A.B.F.P., Chief of  
Special Services  
E. Fidelia Gilbert, M.D.  
Stephen Thorngate, M.D., F.A.C.S.  
Yvonne Imbleau, M.D.  
Mark Buchanan, M.D.  
Jack Lewis, M.D.  
Sister Dorothy Twellman, M.D.  
Joseph A. Levine, D.D.S.

### Nursing Staff

Patricia Campbell, R.N., Hospital Nursing  
Care Coordinator  
Bernadette Hart, R.N., C.N.M., Midwifery  
Coordinator  
Susan Albritton, R.N., A.A., C.N.M., F.N.,  
Assistant Nursing Care Coordinator—MTD  
Margaret H. Jones, R.N., A.A., Assistant  
Nursing Care Coordinator, Medical-  
Surgical Unit  
Patsy Tyson, R.N., B.S., Assistant Nursing  
Care Coordinator—Maternity  
Mary Weaver, R.N., A.D.N., C.N.M., F.N.,  
Assistant Patient Care Coordinator—  
Primary Care Center  
Mable R. Spell, R.N., C.N.M., F.N.,  
Assistant Patient Care Coordinator,  
Primary Care Center Extensions  
Cynthia Sherwood, R.N., C.N.M., C.F.N.P.,  
Hospital Night Supervisor

### Administrative and Supportive Services

Kenneth Palmer, M.B.A., Hospital  
Administrator  
Joe R. Lewis, R.Ph., Pharmacy  
Gary Worley, M.T. (ASCP), Laboratory  
Phillip Reppond, M.S.W., Social Work  
James Click, L.P.T., Physical Therapy  
Susan Swartz, R.T., X-Ray  
Betty Helen Couch, A.R.T., Medical Records  
Mae Campbell, Food Service Manager  
Lillie Campbell, Housekeeping  
Nannie Hornsby, Purchasing  
John C. Campbell, Maintenance

F.N. indicates nurses who have completed post-graduate education in Family Nursing  
C.F.N.P. indicates family nurses who have taken and passed the national certifying examinations.

## Director

W. B. R. Beasley, M.D., M.P.H., D.T.M. & H.,  
Hyden, Kentucky 41749

### Director of Nursing

Elaine Pendleton, R.N., B.S., C.N.M.

### Administrative

Peggy G. Elimore, B.A., Administrative  
Assistant

Ron Hart, B.A., M.Div., M.R.E.,  
Administrative Assistant for Primary  
Care Administration

Pasco Capuano, M.B.A., Director of Finance

David W. Keen, B.S., Assistant Controller

Mary Combs, Bookkeeper

Ann Browning, Billing Supervisor

Darrell Moore, B.A., Personnel

Ruth O. Morgan, Donor Secretary

### Frontier School of Midwifery and Family Nursing

Sr. Dorothy Dalton, R.N., M.S.N., C.N.M.,  
Dean and Director

Carolyn Miller, R.N., M.A., C.N.M., Nurse-  
Midwifery Education Coordinator

Marcia MacDonald, R.N., M.S.N., F.N.,  
Family Nurse Education Coordinator

Molly Lee, R.N., C.N.M., M.T.D., Assistant  
Director and Senior Nurse-Midwife

Lillian Link, R.N., B.S., F.N.

Sandra Sanchez, R.N., M.S.N., C.N.M.

Cynthia Kaufman, R.N., M.S.N., C.N.M.

Janice Tobey, R.N., B.S.N., P.N.P.

Karen Gordon, M.P.H., Research Assistant

Alice Whitman, Registrar

## DISTRICT NURSING SERVICE

District Nursing Care Coordinator—  
Position Vacant

Nancy Williams, District Records

Jessie Preston Draper Memorial Nursing  
Center (Beech Fork)

Christina Guy, R.N., A.A., F.N.M.

Sr. Ellen Hartung, R.N., B.S., F.N.M.

Caroline Butler Atwood Memorial Nursing  
Center and Clara Ford Nursing Center  
(Red Bird-Flat Creek)

Susan Hull, R.N., A.A., F.N.

Nina Redgrave, R.N., B.S.N.

Bob Fork District (Betty Lester Clinic)...

Lynne Pethel Parker, R.N., F.N.

Gail Alexander, R.N., A.A., F.N.

### Oncida Center

Mable R. Spell, R.N., C.N.M., F.N., Assistant  
Director

Wanda T. King, R.N., C.N.M., F.N.

Diane Alvies, R.N., F.N.M.

### Wooton Center

Sharon D. Koser, R.N., B.S.N., C.F.N.P.

Carol Read, R.N., B.S., F.N.

## HOME HEALTH AGENCY

Sr. Diane Maroney, R.N., B.S.N., Nursing  
Care Coordinator

Diane Wilson, R.N.

Amy Eversman, R.N., B.S.N.

Kathryn Gerhardtstein, R.N., B.S.

Sandra Gross, R.N.

## FORM OF BEQUEST

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

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

### HOW ENDOWMENT GIFTS MAY BE MADE

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

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

. . . . .

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



## 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.

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

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

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Gifts of stock should be sent to

FRONTIER NURSING SERVICE  
Mr. Homer L. Drew, Treasurer  
First Security National Bank & Trust Co.  
One First Security Plaza  
Lexington, Kentucky 40507

Gifts of money should be made  
payable to

FRONTIER NURSING SERVICE  
and sent to  
Office of the Director  
Frontier Nursing Service  
Wendover, Kentucky 41775

## STAFF OPPORTUNITIES

### **Two Family Practitioners —**

To work in the Mary Breckinridge Hospital Primary Care Center, the Emergency Room, and in District Clinics

### **Nursing Coordinator for the Medical-Surgical Floor —**

Medical-Surgical Clinician preferred; faculty appointment available

### **Coordinator of Couriers and Volunteers —**

Possibly the most responsible position in FNS

### **Public Relations Volunteer —**

See Tony Horwitz's article

### **Development Director —**

An urgent need

### **Oral History Volunteers —**

For transcription of tapes and experience in other aspects of the Oral History Project



THE STATE OF CALIFORNIA

1911

The Board of Education of the State of California, in and for the County of Santa Clara, do hereby certify that the following is a true and correct copy of the original of the same as the same appears in the files of the Board of Education of the State of California, in and for the County of Santa Clara, at the office of the Secretary of the Board of Education of the State of California, in and for the County of Santa Clara, at the City and County of Santa Clara, California, this 1st day of January, 1911.

Secretary of the Board of Education

State of California

County of Santa Clara

City of Santa Clara

California

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