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SIXTY-FIRST ANNUAL REPORT



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Cover: This early photo shows the beautiful but challenging terrain covered by Bertram Ireland and her assistants in their famous survey of Appalachian health needs in 1925. Miss Ireland's account of the survey, reprinted from the second issue of the *Quarterly Bulletin*, begins on page 5 of this issue. Photo by Caufield and Shook.

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*Editorial***“NOTWITHSTANDING”**

“Notwithstanding” — it is a word defined as “in spite of” and expresses determination, dissatisfaction with the status quo — even defiance. It was the very first word Mary Breckinridge wrote to the readers of the first FNS *Quarterly Bulletin*: “Notwithstanding” advances made in health care, she said, the United States had an unacceptably high rate of mortality in childbirth, and something had to be done about it. And that is primarily why she founded the Frontier Nursing Service.

In an unexpectedly prophetic way, that initial “notwithstanding” set the tone and direction of FNS. It said, and still says, that “notwithstanding” the best of accomplishments — our own and others’ — the job is never done. It points to a way ahead. It recognizes the past and present, but only as a base from which to move forward.

Today, FNS has reached a place where, “notwithstanding” its successes, it must make changes in order to fulfill its missions in an ever changing health care environment. In this issue of the *Quarterly Bulletin*, we describe a very significant change that has been in process since the fall of last year — the *restructuring* of FNS. Let me elaborate on this.

“We’re going to restructure the organization!” Saying those words can bring immediate questions to one’s mind: Why is it necessary? Will it mean new directions? Will it alter the mission? Will it bring about changes? The answers are both yes and no. Certainly, yes, we will see change and reallocation of resources and functions to improve our various programs and services. But, no, our basic traditional purposes will be maintained —and, I feel, even enhanced.

For over 61 years, FNS has demonstrated and pioneered innovative ways to provide decentralized, family-centered primary care to its patients in and around rural Leslie County, Kentucky, as well as to various parts of the United States and the world, through the dedicated efforts of its graduates from the Frontier School of Midwifery and Family Nursing. This will in itself not change, but through a total restructuring, the traditional and new missions of Frontier Nursing Service can and will be carried out in ways that will allow increased responsiveness to patient and community needs and greater flexibility to react to opportunities in providing programs and services outside our usual service area, especially as it relates to birthing centers, clinics, clinical training sites, and even potential alternate campuses for portions of the school’s curriculum.

The rationale for corporate restructuring of FNS and how it will function from a “macro” viewpoint was discussed in my report given at the corporation’s annual meeting held on June 13, 1986 and reprinted in this

issue. The “micro” aspect of the different roles of the new corporate entities and how they will interact and, most importantly, cooperate in moving our common efforts forward into different or expanded programs will be one of the most difficult tasks before us over the next few years.

To me, organizations are like humans in that they have a beginning, a lifetime, and an end. But, unlike humans, organizations can live on beyond our lifetimes by adapting and changing to meet new and ever changing demands, requirements, and challenges.

The life cycle of the Frontier Nursing Service is still moving ahead. Its past missions and traditions will continue to drive us and require our adherence to the high purposes established by Mary Breckinridge throughout the still young history of this most unique and important organization.

And so, FNS must once again sound Mrs. Breckinridge’s heraldic “notwithstanding” — but in two senses. “Notwithstanding” its history of service, it must look for new ways to serve. Yet, “notwithstanding” its new circumstances, it must never give up its commitment for caring that Mary Breckinridge proclaimed years ago. It will be a challenge to reconcile these two objectives — but FNS has made a career of meeting challenges.

— *David M. Hatfield, Director
Frontier Nursing Service*

A typical Appalachian cabin, much like those visited by Bertram Ireland in her 1925 survey.



THE BIRTH OF THE FRONTIER NURSING SERVICE — THE FIRST WORDS, THE FIRST STEPS

For the sixty-first time, the *Quarterly Bulletin* presents, in this issue, the annual report of the Frontier Nursing Service. But this report is different. It is the last one that reflects FNS' traditional organizational structure. As FNS Director David M. Hatfield has noted in his editorial, and explained in his "State of FNS" address to the annual meeting, the Service has decided that, in order to meet the changed needs of the times, it has become necessary to "restructure" the FNS organization.

It seems a fitting time to look back to the beginnings of the Frontier Nursing Service, and we have chosen to do this by reprinting excerpts from the first two issues of the *Quarterly Bulletin*. We begin with the very first words of the first edition, which was published in 1925. These are from an "Introduction" written by Mary Breckinridge, which presents the rationale for creating the Frontier Nursing Service in the first place.

We follow that with an account of the famous survey made that same year by Miss Bertram Ireland (known as "Ireland of Scotland"). Miss Ireland, assisted at times by others, rode through the "hollers" and over the mountains of Leslie County and the surrounding area, interviewing the mountaineers in order to determine their health needs and to provide information that would guide Mrs. Breckinridge in planning the health services that would be needed. The article we reprint is Miss Ireland's report on how that survey was carried out. It was originally published in the second issue of the *Bulletin*. We feel it is especially interesting today, not only because it is an adventure story of a special kind, but also because that survey was a remarkable demonstration of research, problem-solving, and planning, paralleling the kind of research, problem-solving, and planning that FNS is doing today, in a very different environment, and with very different means.

Yet both undertakings had the same objective — to determine how best to serve the health needs of the community. Taken together, they reveal both the timelessness of the FNS mission and the very natural process by which organizations, like people and civilizations, perpetuate themselves through rebirth and renewal. We feel that these two articles, written sixty-one years ago, provide a valuable perspective on FNS' mission in Appalachia, both then and now.

From the *FNS Quarterly Bulletin*, Vol. 1, No. 1, June 1925:

INTRODUCTION

[by Mary Breckinridge]

Notwithstanding the advanced public health work done in many parts of the United States, which has resulted in the prolongation of human life and greatly decreased mortality from preventable disease, statistics show that our mortality from childbirth is higher than in any other civilized country. The sixteen other countries that have lower death rates have no better medical and nursing service than ours, but they all

have what we conspicuously lack, a large body of qualified midwives, trained and supervised. Although we also use midwives for about thirty per cent of our confinements, we have not brought them abreast of the times except in one or two of the large cities. So that while we could not conceive of eighteenth century surgery for our young soldiers, we continue to supply eighteenth century obstetrics to our young mothers, and have lost more women in childbirth in our history as a nation than men on the field of battle, and over a hundred thousand of our youngest and most defenseless citizens pass annually from one dark cradle to another with hardly a gap between.

The same system that has effected such marked reductions in the maternal and infant death rate in other countries, viz: that of substituting trained and supervised midwives for untrained ones, could effectively be used in meeting the needs in our isolated rural areas, especially as carried out in Great Britain with its similar language and traditions. In England the Queen Victoria's Jubilee Institute for Nurses had a maternal death rate in 1923 of only 1.4 per thousand, in the 54,554 confinements attended by their nurses — who are trained as midwives — the lowest rate on such a large scale in the world. Splendid work of this character is also being done under the Scottish Board of Health, in the Highlands and Islands of Scotland.

In many parts of rural Kentucky are to be found pure Anglo-Saxon folk, living under conditions similar to their kins-people in the British Isles, but entirely lacking the trained service described above.

Mrs. Breckinridge's "Introduction" leads, in that first issue of the *Quarterly Bulletin*, into an account of the first meeting of the Kentucky Committee for Mothers and Babies — the name under which the Frontier Nursing Service was originally founded. It is an interesting narrative, and we wish we had space to reprint it. However, we feel that the report of Miss Ireland's survey is of greater interest today, and we reprint it in its entirety, preceded by several introductory paragraphs written by Mrs. Breckinridge.

From the *FNS Quarterly Bulletin*, Vol. 1, No. 2, October 1925:

THE SURVEY

[by Mary Breckinridge]

This [i.e., the survey] was placed under the direction of Miss Bertram Ireland, of Scotland, who has been so highly endorsed by Sir Leslie Mackenzie for similar work in the Highlands, and was lent to us for the summer by the Committee on Maternal Health in New York. In all, six other workers carried on this task under her directions and have just brought it to a close, after covering every inhabited creek and branch in

the county, and crossing every inhabited mountain — visiting every house and 1,635 families. The data has just been turned over to the State Board of Health and when Mr. Blackerby and his statisticians have it tabulated we will know, as accurately as it can humanly be determined, the birth and death rate for our unit of ten thousand native born American mountaineers, and more especially the maternal and infant death rate.

It would be hard to exaggerate the difficulties of this survey. Often those making it slept wherever darkness overtook them in rooms crowded with other people, but in homes too hospitable to turn them off after nightfall. Because of the drought and failure of crops there was not the usual variety of food — corn bread and apples being actually the only fare in one cabin — and horses' feed so scarce that in one part of the county we had to have it hauled twenty-five miles from the railroad in advance of our survey. The horses met with many mischances. One worker hitched her horse, Sandy, above a precipice to the only tree and continued an ascent she judged too steep for him, only to turn and see Sandy and the tree disappearing over the mountain together. Another, dismounting at a rough gap, stepped on a long snake, who, liking the contact as little as she, they quickly parted. To her horror she stepped on him again, and then a third time in her hurried retreat, so that, in her own words, she "danced a jubilee on that old snake all the way down the mountain."

MISS IRELAND'S REPORT

[by Miss Bertram Ireland]

The mountain county selected to be surveyed (Leslie) measures about 376 square miles, and comprises about 10,000 inhabitants; but the only sure way of understanding the distribution of the population and the nature of the country is by scrutinizing the detailed map issued by the Geological Survey Department a few years ago. On it is marked, with a high degree of accuracy, every contour, river, fork, creek, branch and house. There is no large community in Leslie County, the chief being 300 inhabitants in Hyden (the county seat) and the next being 100 at Wooton, which means that the bulk of the population is scattered up and down the valleys and on the hillsides. The only means of transport is by horse or muleback riding, mule wagon, or by walking, as roads, bridges, and railways are unknown in the county.

Largely because of such conditions, complete registration of births and deaths has never been achieved, and it was in order to supplement

the information obtained during the last fifteen years that the present survey was undertaken. Then on its completion, with the cooperation of the State Board of Health, the data desired by your Committee with regard to the number and causes of deaths among mothers and babies will be available.

As we found, it was quite impossible to estimate with any degree of accuracy, just how long it would take to survey the county. Skilled city census takers, judging largely by the number of families to be seen, thought that it could be done within two months, while the local residents consulted said, either pessimistically, "It is no work for a woman; it is a lifetime job you've got" or optimistically, "Oh, it won't take too long." Very quickly it was realized that, there, the unexpected happens so frequently as to be almost monotonous. It was an unusual day that did not present a special problem, and the heart-easing philosophy and self-protecting humour of the mountaineer were not to be attained by us all at once. We had not learned to say with those who live under the soothing influence of the eternal hills "I'm in no hurry today" and it was only after many such incidents as finding that someone had mistakenly gone off with our horse blankets or even our horses, that the mail wagon had not been able to make room for our anxiously expected equipment, that rain very quickly made our chosen route impassable, or that our and the local ideas of distance were not compatible, that we began to acquire the requisite placidity and balance of spirit. In my first week, there was a "tide" due to flooding, and while it was a highly welcome opportunity for the loggers to get their timber down to market before prices fell during the summer, it confined me on a small island for four days and allowed of not more than half a dozen families being visited. Later owing to shortage of oats, my horse was given a "green feed" which, together with his being out in a severe hail storm the same day, gave him colic so badly that he could not be ridden for two days. At other times, new horses reckoned on for immediate work, turned up "barefoot," which involved waiting until the soreness had gone before they could be ridden. And it was wonderful how the horses' feet always seemed to need some special attention just where blacksmiths were not. I had been warned that although it was not dangerous were a hind foot shoe to become loose, it was highly dangerous if a front shoe lost any of its nails, as the hind foot might catch in the loose front shoe, so you can imagine my feelings while at work one morning, when on hearing a strange noise, I saw half of Rick's right front shoe swinging from his hoof. His feet had been overlooked the day before; it was a very wet morning, the nearest blacksmith was "away to the railroad", and there were two mountains

to be crossed before dark. But back we turned, down the stony creek, until a man was found who mended matters with his pocket-knife, some nails and a hammer, using the emergency shoe always carried in the saddle bags.

From my twice having mentioned rain storms, you may think it was a wet season, with rivers and fords running high. On the contrary, it was said to be the dryest, hottest summer experienced by living mountaineers, and water for drinking and washing became scarcer every day. Most of the branches and creeks and wells were empty by the time I "came out of" the mountains, and, on my last ride of sixteen miles to the railroad, my horse scorned the stagnant, green water of the Middle Fork. One of the saddest features of the drought, apart from burned up corn and stunted fruit, was the insufficiency of water for the canning of winter supplies. And at the mission center which exchanged clothing for vegetables and fruit (used in its Dormitory) it was feared that the "traders" families might go cold during the winter as they felt they had so little to exchange and were apt, therefore, to discontinue trading.

This feeling of fairness, or nothing for nothing, impressed us as we went about the county. When it became known that there was the probability of an increase in the number of nurses in the county, we were almost embarrassed with offers of land and timber and workers if only we would establish a nursing center "right here on this creek." True enough, it was needed "right here", almost everywhere, but all we could say was "eventually, there will be a center for each neighborhood. Meantime will you give us the information that will help to make our plans a success?" And in return for that, we tried to give satisfaction to those who were sufficiently interested to remark "I don't think I'm acquainted with you, I guess you are a stranger in this country?" "Where do you stay?" or "You don't look like you were married?" or "Mebbe you get \$100 a month for doing this"; or "Did you ever have to hoe corn?" or "I'll bet you never carried wood on your back?" Yes, we carried wood, drew water from the well, saddled and groomed our horses and took stones from their shoes, all under the critical eyes of the practised mountaineer, but never quite up to his way of thinking, I imagine!

At this point, it should probably be explained that after about three weeks' work, it was obvious that I could not complete the survey in the two months at first thought ample. In the first week, the "tide" was accountable for a certain amount of delay, next week the heat made progress slow, and the third week Rick's colic held me up, but we were

learning that similar happenings would have to be reckoned with in the future. It seemed advisable, therefore, to seek help if the survey were to be finished during the summer and we were indeed fortunate to meet Miss Zilpha Roberts, a mountain teacher, born in Leslie County, who gladly gave us two months of her time. Miss Roberts has an intimate knowledge of the more remote parts of the county, and is a quick worker, so gave inestimable assistance; but even she, after a few weeks' continued surveying, practised rider as she is, said that "the next census should be taken by aeroplane and parachute!" But I do not know, with a little experience of both, whether aeroplaning would be any less rough than riding up and down the creeks and branches of Leslie.

"It's a rough country this, and we're a poor people, but there ain't a cleverer on the face of the earth" was a phrase we heard almost daily, and heartily endorsed. With regard to the first part of the phrase, there was no denying it, so far as the travelling was concerned; but, frequently, in conversation, I compared the good fortune of the mountaineers in having such abundance of timber, coal, fruit and sunshine, etc., with that of the Scotch Island Highlanders, whose existence depends so largely on the season's supply of fish. That drew forth not a few expressions of envy, such as that voiced by a thin, tired, hungry-looking mother who had lost two sets of twins and had a living family of seven, "Oh, I should like that, I haven't had a mess o' fish in years." These mountain people seemed to enjoy hearing of mountaineers of another country and other ways, and I believe I convinced some of them that theirs was not the poor country they felt it to be. To the phrase in regard to their "cleverness" we had nothing but assent. It was apparent that locally the term "clever" retains its old meaning of generous, hospitable, or ready to help, and as I look back on the number of questions we asked (many of them necessarily bringing back sad memories) and on the number of people interrogated, I cannot recall one instance of anything but consideration, patience and helpfulness. (True, I retired hastily from a house where a man approached me while drawing out his huge pocket knife, but, on looking back, I saw him attacking — a cabbage!) To recall dates — days and months and years — of events covering a period of 15 years is no easy task for anyone, but especially difficult where calendars and diaries and marriage lines and birth certificates and burial permits and newspapers and vacations and even clocks are sufficiently uncommon as to be of little help in marking the passage of time. Where the births and marriages and deaths had been "sot down" in the family Bible (not the one that "had



Although Marvin Patterson did not record this scene until several years after the Ireland survey, it is doubtful that it is much different from what the surveyors encountered in their travels throughout Leslie County and the surrounding area.

not been used for 10 years”) our interviews went along quickly enough, even though each page had to be scrutinized in case of a stray entry; but where some loose sheet of paper or an old notebook or even a store catalog had to be hunted up from a certain old box kept in the depths of a trunk, or when memories had to be relied upon and consultations with the whole assembled family were necessary, we had to try to forget our fear of not getting over the next mountain in daylight. The memory of tales of dark nights when wild cats cast themselves on the heads of tired travelers, or of snakes seen to be slithering along the bridle paths, always plagued me on such occasions! But sooner or later, the details wanted were forthcoming and the forms supplied by the State Board of Health were duly filled, and the interview invariably closed with the invitation “don’t be in no hurry, I’ll fix you a bit o’ dinner and then you’ll make the night with us.” Many a time, the invitation was gladly accepted, and, on other occasions, the non-acceptance was excused only on our explaining that the more speed we made, the sooner the county would have its new nurse-midwives. I shall never forget the quiet spontaneity and cordiality with which I was treated, especially on one occasion. I had attempted to cross a mountain by a path unmarked on the map and known only to those living near. After repeated directions I missed the path twice, once in time to return to get renewed instructions, but the second time, several miles from any habitation. Fallen trees were everywhere, the mountain was steep and

stony, and a snake fence seemed to surround me. The branches were so low and so thick that I had to dismount, and lead the horse, and, oh! the spiders' webs and hissing in the grass! On and on we wandered until, most reluctantly, I decided to try to retrace my steps so as to gain the valley path; but that was easier said than done, and, to add to my feeling of fallen pride, I let a branch swing back very hard hitting the horse in the eyes. Poor Rick, however, took that blow as patiently as he took all my other amateur handling, and soon after we turned to go back, the path in the right direction became apparent. So down we went, until we came to a house where I was only too glad to comply with the hospitable greeting "git down, come in and git ye a char, I'll hitch your nag". Then followed much kindly conversation. I was given a hearty meal and the horse had food and his eyes bathed — all of which cheered and refreshed us and made us entirely fit to "carry on."

Towards the end of July, Miss Caffin and Miss Rockstroh, the Committee's first nurses who are to be stationed in Leslie County, joined us and at once consented to help with the survey before beginning their own particular work. Unfortunately, it was necessary to ask this of them; but the statistics sought were required partly as a basis for their activities, and partly as a basis for their location, as, by means of the survey, it was possible to judge of the most necessitous districts, of the most appropriate sites for the first nursing centers, and of the existing disease and death conditions. Numbers of families within a certain area, facilities for reaching these, distance from railroad, availability of good water, all were noted and considered, and will weigh with the Committee in its decisions. By this time, the whole county was interested in the proposed scheme and everyone was eager to give assistance. One of the most immediately valuable offers came from Miss McCord, Head of the Presbyterian Board for Home Missions' Community House at Wooton, who generously loaned two of her workers and two of her horses for a week to take the census of Beech Fork. A very considerable area was covered by these two workers, and we have every reason to be grateful to Miss McCord and to them. Of all those six then engaged on the survey, it was probably hardest on the nurses — the reason being that they most quickly recognized sickness and suffering which, however, they were powerless to alleviate. They carried few remedies, it was not the time for them to work professionally, and, in many cases, "follow-up" visits were necessary (but impossible) to bring about desired results. But it was perfectly wonderful how they managed to give advice, bandage sores, bathe wounds and suggest procedure while traveling rapidly from one house to another gathering statistics.

Until the final results are prepared by the State Statisticians, it is impossible to give anything but the most general facts as to the health conditions in the county. It was obvious, however, that malnutrition, anaemia, hookworm, tuberculosis, typhoid, and other diseases have to be contended with all the time, that serious accidents happen fairly frequently, and that there is immense need for more general knowledge on the subject of hygiene and sanitation. Leslie County is blessed with invaluable material resources; its people are possessed of unique hereditary advantages. In many ways, time has passed them by. That cannot persist. The outer world is encroaching; the automobile is approaching; the railroad is nearing; the mail is more frequent. The people of Leslie County are aware of all this and only too anxious to cooperate with the Kentucky Committee for Mothers and Babies in its effort to ensure for them a healthy, happy progeny to perpetuate their high ideals and deep love for home and country, and to equip the mountaineer for his coming encounter with industrial competition.

W. Bertram Ireland

LOUISVILLE COMMITTEE VISITS FNS

by Sharon N. Hatfield

In mid-June we enjoyed a very special visit from members of FNS' Louisville Committee and their invited guests. Because this was a first on-site visit for most of the 22 women, their two-day stay was filled with activities that would provide a comprehensive overview of the FNS health care system.

Highlights included a bus tour (with Kate Ireland serving as tour guide) to the Pine Mountain Clinic, where the ladies had an opportunity to discuss the role of the district nurse with Sharon Koser, FNP, and to the Frontier School of Midwifery and Family Nursing for a visit with Dean Ruth Beeman. A tour of Mary Breckinridge Hospital with Administrator Doug Taylor concluded the visit.

Two members of the group, Mrs. Hugh Williams and Mrs. James Rawleigh, have long-standing relationships with FNS, and it was good to welcome them to Wendover. Mrs. Williams is the chairman of the Louisville Committee, and this tour was result of her efforts. Mrs. Rawleigh was a courier in 1942, and she continues to support FNS as a member of the Louisville Committee.

FNSer's who took part in the visit were impressed with the energy of these ladies who bravely traipsed up and down our hills and on and off their bus. Their enthusiastic response to the Frontier Nursing Service was very gratifying.

**“HEALTH SYSTEM CLERKSHIP” — FNS AND UK
JOIN IN A PROGRAM OF FIELD WORK
FOR HEALTH STUDENTS**

by Sharon N. Hatfield

Once again this past May, FNS served as host site for the University of Kentucky's "Health System Clerkship." This exciting program is part of the university's College of Allied Health Professionals. It attempts to remedy that frequently neglected gap in the traditional educational process — effective communication. UK has recognized that our educational system tends to turn out people who are technically competent in their chosen field but who often find they lack the skills needed to work cooperatively with others. This program is designed to help them identify and work through the problems that inevitably arise in every working arena. Also part of the same dilemma is the tendency to educate students in the isolation of their own discipline, neglecting to help them see themselves as one link in a very complex system.

In light of this, the three-week required clerkship seeks to give the student experiences that address these issues. Each of our seven students (Jeff Jolly, physician's assistant; Lee Beck, health administration; Carol Gertsch, Jacqueline Foulkes, and Valarie Fields, physical therapy; and Susan Huffman and Robyn Parks, medical technology) interviewed, and observed at work, persons in their own and other disciplines. Among them they covered every major FNS department, the Leslie County Health Department, and Red Bird Medical Center. They also chatted with a number of local citizens who use these health services and support them through their volunteer efforts.

Through their questions and observations, the students sought to discover how each individual fits into the entire health care system. They looked at problems that existed within departments, and at issues that developed as one discipline extended outward to interact with other departments and related community organizations.

Another important facet of the experience was the opportunity to observe a variety of FNS staff meetings. Here the students saw in action representatives of the various disciplines sharing, sometimes through heated discussion, their own special expertise in order to solve a common problem. It became very clear to the students that one cannot work or make decisions in isolation — that, indeed, the actions of one department reverberate throughout the entire organization.

By the end of the program, the message had come through loudly and clearly: What we do affects others. To be effective, we need to communicate, and that means *listening* as well as talking.

Although this was a very intense and demanding three weeks, there were some relaxing moments. All the students agreed that their afternoon with Betty Lester and her stories was a joy and an inspiration. A visit to a coal mine was a first for all but one of the team. It proved to be a very worthwhile adventure, combining excitement, learning, and a touch of anxiety. The general feeling as we emerged from our one-mile journey into the mine face was gratitude — for the sun, and for those who are willing to dig our coal for us.

At the final evaluation session, the students were enthusiastic in their praise of the UK program and their field work at FNS. As so often happens, they found they had acquired some learning that was not built into the experience. They confessed that they had expected that the level of health care delivery in the hills of southeastern Kentucky would be quite inferior to the university hospital setting in which they were trained. But after their experience here, they all agreed they would feel perfectly safe in the hands of FNS staff. One student summed it up for the group when she said, "In addition to really excellent care, FNS people, from the top on down, give something more — something I don't see often in the big city atmosphere: real dedication, and a very personal kind of caring."



University of Kentucky students dressed for their visit to a Leslie County coal mine. *Standing, from left to right:* Lee Beck, Robyn Parks, Jeff Jolly, Carol Gertsch, Sharon Hatfield (of FNS), and Barbie Roberts. *Kneeling:* Susan Huffman and Jacqueline Foulkes.

BEYOND THE MOUNTAINS

by Ron Hallman

"The results are in" on the three successful Kentucky Derby Day benefits sponsored by the FNS Philadelphia, Boston, and Washington Committees!

The idea of capitalizing on Kentucky's best-known sporting event as the annual theme for the FNS fund-raising benefit was initiated by our Washington, D.C. Committee in 1981 and has been duplicated with great success in Boston and Philadelphia (as you will notice by comparing the following results to our Annual Report found later in this *Bulletin*!).

Co-chairmen Mrs. E. Townsend Moore (FNS trustee and former courier) and Mrs. John J. Hodge (chairman-elect) directed that \$3,500 be sent to Kentucky from the proceeds of their first FNS Kentucky Derby Day event. Not only does this amount represent a substantial increase from the 1985 benefit, but it also has additional significance — I quote from a letter from long-time committee member Mrs. Robert S. Gawthrop.

It is with great pleasure that we send this amount in honor of Kate Ireland's 35 years of dedicated, competent, loving service to FNS.

In Boston, what began three years ago as a "modest get together" at the farm of Sally and Dudley Willis has been transformed into a gala celebration for 350 friends of FNS!

Committee Chairman Mrs. Hanson C. Robbins (newest member of the FNS board of governors) proudly forwarded a contribution of \$12,000 — their largest ever — to support our important work here in the mountains. We have indeed been most fortunate to have had the talents and dedicated efforts of Whitney Robbins as the Boston chairman for three years.

Missy Kelly, FNS governor, and treasurer of our Washington Committee, also included an enthusiastic message to our director, David Hatfield, with a check to FNS for \$14,400! As Missy stated:

It is the largest single amount that we have ever mailed to Kentucky.

Under the direction of Chairman Joan McPhee, and through the hard work of so many loyal Washington Committee members, more than 200 supporters were welcomed once again into the home of our honorary national chairman, Mrs. Jefferson Patterson.

It is encouraging beyond words for those of us working to help advance the cause of Frontier Nursing Service from our Kentucky headquarters to know that we can count on our friends "beyond the mountains" for the charitable support which is vital to our efforts.

FORGOTTEN FRONTIER REISSUED

In our last issue, we announced that *The Forgotten Frontier*, the celebrated film about FNS' early days that was made by Mrs. Jefferson Patterson nearly sixty years ago, has been revised to add Mrs. Patterson's spoken commentary and a musical background. We do not yet have details on the distribution of the new version but will announce them when we have that information.

HONORS PRESENTED TO KATE IRELAND, RUTH LUBIC, AND DAVID HATFIELD

Honors have been awarded in recent months to three of the best known and most widely respected members of the "FNS family."

Kate Ireland, National Chairman of the Frontier Nursing Service, has had two honors of note: On April 17, The Visiting Nurse Association of Cleveland named her National Health Professional of the Year, and the following month, Cumberland College awarded her an honorary degree of Doctor of Humanitarian Pursuits.

Dr. Ruth Watson Lubic, General Director of the Maternity Center Association, New York City, and member of the FNS Board of Governors, was awarded the degree of Doctor of Science, honoris causa, by the University of Medicine and Dentistry of New Jersey in May.

David M. Hatfield, Director of the Frontier Nursing Service, was named District Vice Chairman (Cumberland District) of the Kentucky Hospital Association, as of July 1.

The Frontier Nursing Service itself feels honored by these honors, and it offers its warmest congratulations.



Elsie Maier Wilson, who for 16 years was a valued member of the FNS staff, was given a Special Achievement Award on May 5 by Florida's Healthy Mothers and Healthy Babies Coalition for her work at the New Life Birthing Center in Tallahassee, which she founded and continues to direct. She is shown here with her husband, Jack, after receiving the award.

NOTES FROM THE SCHOOL

All of our students are back from a brief end-of-trimester vacation, and several new faculty are now in place. Everywhere you look there is activity. The library seems to be busy around the clock, while the learning lab offers all sorts of interesting glimpses of newly emerging nurse-midwifery skills. It's reassuring to note that laughter rings out regularly from the classroom, so I have the impression of happy students and confident faculty. Along with all this, all of us are trying to add computer skills to our clinical skills, and days are never long enough for all we want to do.

Meanwhile, as director, I stay busy with the countless details of administration. As part of the FNS administrative team, I have been very involved this summer in our corporate restructuring. It is also rewarding to be able to begin to introduce Dr. Nancy Clark, our newly appointed assistant dean and director, to so many of the friends of FNS. Mid-October, she will travel with me to Boston to begin to get to know the ACNM program directors at our annual meeting. Later, she will go with me to meet the faculty of the Frances Payne Bolton School of Nursing at Case Western Reserve University. That visit will also allow us to visit Nancy Fishwick, who is on leave this fall to continue her doctoral studies, and Erica Goodman, who has transferred full time to teach, and also to continue with doctoral study. Several of our students will join them later to complete their master's degrees with additional study on the Cleveland campus.

Our clinical nurse-midwifery faculty has also had an extraordinarily busy summer. Our newly decorated birthing room continues to attract families who travel up to 100 miles to experience the family-centered nurse-midwifery care FNS has been famous for these last 61 years. Some days we wonder if we will be able to meet all the challenges such fame can bring. One of our nurse-midwives delivered 14 babies in 5 days — surely a record, at least for her.

We continue to enjoy a host of visitors — graduates and their families, friends, and supporters of FNS, as well as professional colleagues. This summer we had the privilege of a week's consultation by Dr. Marie Scott Brown, a noted pediatric nurse educator and researcher, who helped us review our content on care of the newborn. Dr. Lillie Shortridge, a member of our National Nursing Council, spent several days with us to review our family nursing content. Their visits help reassure us of our unique role in the preparation of very special graduates. We're excited about the possibilities we see ahead — but more of that in the next issues.

— Ruth Beeman



**FNS MOURNS FRED BRASHEAR,
ASSISTANT TREASURER
AND LONG-TIME FRIEND**

In small rural communities, such as Leslie County, Kentucky, the president of the local bank is more than someone to be admired for his prestigious position — he is the neighbor who helps your family buy a home — the friend who listens with compassion and wisdom as you share your hardships and dreams.

Such a man was Mr. W.F. Brashear of Hyden. He was greeted simply as “Fred” by everyone who stopped him on the street or met with him in his modest office at the Hyden Citizens Bank. You were always assured of a warm, sincere smile and firm handshake.

Fred Brashear became a trustee of the Frontier Nursing Service in the summer of 1962 and has served as a member of our Board of Governors since 1970. His counsel and work on behalf of our Service as assistant treasurer, and as a member of the FNS Executive Committee, were invaluable.

We at the Frontier Nursing Service share in the deep sense of loss which is felt throughout our community and wish to express our condolences to his wife, Mary Kay, and his sons, W.F. Brashear II and Leonard.

**RON HALLMAN RETURNS TO FNS
AS DEVELOPMENT DIRECTOR**

Ronald G. Hallman, who served FNS as its Director of Development from 1982 to 1985, has returned to FNS to resume his former duties. He takes over from Judy Jones Lewis, who, after a year of valuable service to FNS, resigned in June to rejoin the *Lexington Herald-Leader*, one of Kentucky’s major daily newspapers, as head of a newly created regional office in Hazard, Kentucky.

Ron returns to FNS with his new wife, Heidi Sulis, MPH, who is joining the Service as administrative assistant to FNS Director David M. Hatfield.

IN MEMORIAM

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

MRS. ELIZABETH McLIN CAMPBELL

Naples, Florida

MISS GLADYS M. GRIFFITHS

Lansdowne, Pennsylvania

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

MRS. T. KENNETH BOYD

Evanston, Illinois

Generous and active supporter of FNS
for 53 years. Honorary Executive Chicago
Committee member and former trustee

MR. W.F. BRASHEAR

Hyden, Kentucky

FNS Assistant Treasurer and
Member of FNS Executive Committee

MRS. HUGH W. NEVIN

Sewickley, Pennsylvania

Member of Pittsburgh Committee and
former courier (Eleanore George, '39)

MRS. ETTA JANE WALTERS

Rushville, Illinois

Mother of alumna and former staff
Judy Kay Hameloth

MEMORIAL GIFTS

We wish to express our deep appreciation to these friends, who have shown their love and respect for the individuals named below by making supporting contributions in their memory to the work of the Frontier Nursing Service:

Miss Peggy Elmore

Mr. and Mrs. Dwight E.
Heffelbower

Mrs. T. Kenneth Boyd

Mrs. Wayne R. Bellows
Mrs. John W. Pocock

Mr. J.E. Elmore

Mr. and Mrs. Dwight E.
Heffelbower

Mr. Mitchell R. Guthrie

Mrs. Mitchell R. Guthrie

Mr. Guy Robinson

Mr. and Mrs. W.T. Cahoon

Mr. Mack Huff

Mr. and Mrs. Eddie J. Moore

Mr. Earl Sizemore

Mr. and Mrs. Eddie J. Moore

Miss Jane Mengel Allen

Mrs. Coleene Hamilton

Mrs. James N. Rawleigh, Jr.

Mr. and Mrs. Bodley Booker, Jr.

Mr and Mrs. Clinton W. Kelly III

Mrs. Hugh W. Nevin

Miss Caroline F. Holdship

Mrs. Benjamin F. Jones III

Mrs. William N. McDuffie, Jr.

Mr. Richard Lee

Mr. and Mrs. David M. Hatfield

Mrs. Ruth Nickell Evans

Mrs. Annabelle L. Rhinehart

Mr. Gil Fuchs

Ms. Deborah M. King

Mr. Robert Luce Wilkins

Mr. and Mrs. Edwin W. Hall

Miss Emily R. Poynter

FIELD NOTES

The summer tends to be a very busy time for most people, and here at Wendover it was no exception.

On June 2, Mrs. Jane Beshear, wife of Kentucky's lieutenant governor, arrived at Wendover for the night. A dinner was held in her honor, with approximately 20 people in attendance. On June 3, she went on a tour of the hospital, the Frontier School of Midwifery and Family Nursing, St. Christopher's Chapel, and Community Health Center. She also met with Beth Stallard, director of the Home Health Agency.

The annual Old Timers' Dinner was held at Wendover on June 13, with 27 people in attendance. The Old Timers' Committee voted authorization for committee funds to be spent on new bedspreads, linens, towels, and pots and pans for the Big House.

On June 16, Wendover hosted an open house attended by 21 ladies from FNS' Louisville Committee. A dinner for 42 people was held on the evening of the 16th. After dinner the guests viewed the film *The Forgotten Frontier*.

On June 17, Ms. Ilene Mack attended a luncheon at Wendover with Miss Kate Ireland, Mr. David Hatfield, and Mr. Howard Hook. Ms. Mack is with the William Randolph Hearst Foundation in New York City.

On the 21st of July, Marie Scott Brown (RN, PhD) arrived at FNS to critique the Pew Grant neonatal modules (used in the Frontier School's educational program) with Margie Sladek of the school. Dr. Brown is an expert in pediatrics, and currently works at the Oregon Health Sciences University in Portland, Oregon. A dinner for ten was held on the 21st in Dr. Brown's honor.

On July 30, Dr. Lilly Shortridge arrived at Wendover for two days. Dr. Shortridge is the director of the FNP program at Pace University. On July 31, a dinner for Dr. Shortridge was held at Wendover, with 19 people in attendance.

On August 12, Mr. Cyril Sithombe Phakathi of Ulundi, South Africa came to Wendover for lunch, along with his host from Washington, D.C., Mr. Tom Knowlin. Diane Baker guided them on their tour through Leslie County. David Hatfield and John Gilman represented FNS at the luncheon.

On the 11th of August, Wendover hosted a dinner for seven people from Vanderbilt University who were participating in the Appalachian Health Study Tour '86. The purpose of the study tour was to give some first hand experience to students who are interested in working in areas of community and rural health.

On August 15, seven people from the University of Pennsylvania came to FNS for a tour of the hospital, Beech Fork Clinic, and the Frontier School. They also stopped at Wendover to have some lunch and a tour.

On August 19, Senator Mitch McConnell stopped at Wendover with some of his aides while on a tour of Kentucky. While they were here, Kate Ireland and David Hatfield presented Senator McConnell with one of the traditional kerosene lamps used at Wendover before the installation of electricity.

Also on August 19, several of the couriers helped with the Leslie County High School Health Fair, which was held in the Richard M. Nixon Center.

The couriers have been busy providing valuable help to the various departments. The couriers who came here over the summer were: Susan Kaftan (Boston, Massachusetts), Julia Wright (West Simsbury, Connecticut), Anne Vaillant (Norwich, Vermont), Christine Ameduri (Youngstown, Ohio), Laurel Montgomery (Stamford, Connecticut), Karen Watnick (Longmeadow, Massachusetts), Susan Buckey (West Simsbury, Connecticut), Millicent Branch (Titusville, Florida), Marge Schmidt (Minneapolis, Minnesota), John Good (Hopwood, Pennsylvania), and Susanne Johnsson from Skelleftehamn, Sweden. Also working as a volunteer photographer at FNS was Ralph Alswang from Bennington, Vermont.

FNS welcomes these new employees: Jane Harris, RN; Anna Mae Couch, nursing assistant; Wanda Collett, nursing assistant; Charlene Baker, front desk clerk; Susan Wilder, RN; Sherry Collins, RN; Lisa Osborne, data entry clerk; Frances K. Feltner, nursing assistant; Ronald G. Hallman, Director of Development and Promotion; Heidi Sulis, administrative assistant; Mary Ann Osborne, nursing assistant; Donna Roberts, nursing assistant; Mary M. Caudill, LPN; John Markovitz, FNP (CHC); Lisa Chappell, pharmacy technician; Carol Etta Collett, front desk clerk; Belinda Burns, nursing assistant; and Ronnie Farmer, maintenance man.

We also send our best wishes to these employees who have left us recently: Teresa Couch, transcriptionist, Home Health Agency; Erica Goodman, CNM; Judy Jones Lewis, Director of Development; LaDonna Napier, RN; Joaquin M. Valdes, MD; Phyllis A. Lewis, MD; Martin Bledsoe, CFNP, administrative assistant; Deirdre Poe, CFNP, CNM, nurse-midwifery instructor; Maureen O. Brown, MD; Sr. Kathryn O'Meara, CFNP, family nurse education coordinator; Andre Lijoi, MD; Lynne Morgan, pharmacy technician; and Donnie Adams, maintenance man.

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

Following is the text of the Report of the Director of the Frontier Nursing Service, as presented by FNS Director David M. Hatfield at the annual meeting of the Service, held June 13, 1986 at Spindletop Hall, Lexington, Kentucky.

Last year my remarks included comments about challenge, change and opportunity:

- The *challenge* addressed a 1.3 million dollar gross operating deficit and the necessary, though often unpopular, decisions required to correct it.
- *Change* referred to the environment within the health care industry which compelled providers to be responsive to regulation, competition, and consumer needs. Also, part of change was our need to be flexible — to be willing and able to make adjustments — both in terms of our operating practices and our long-standing missions.
- The *opportunity* lay in creatively planning the steps necessary to make those needed changes. A part of that process involved determining what role the Frontier Nursing Service should have with other provider organizations, such as the Appalachian Regional Hospital in Hazard and Red Bird Mountain Medical Center. In discussions with them, we explored a variety of relationships, from friendly cooperation to joint venture arrangements to the possible long-term leasing and operation of our hospital by others.

During this past year, the FNS board of governors has anguished over some very difficult decisions:

- How best can we provide health care to the people in our traditional service area?
- What is the best way to educate and train our students in the Frontier School of Midwifery and Family Nursing? And, finally,
- How can we best position the organization to respond effectively to an ever-changing health care field in the years ahead?

We are all too keenly aware that making wise decisions in a turbulent health care environment is a very complex process.

I have read that the difference between an optimist and a pessimist is that the pessimist has all the facts. Because I certainly do not have all the facts, or even a reliable ouija board, I must then be an optimist. So too are members of the board of governors, for last December, after much discussion, the board agreed to work toward a corporate restructuring of the Frontier Nursing Service. This decision was not made lightly. Most

health care organizations restructure because they are being impacted by a number of external pressures such as:

- ever-changing and increasingly restrictive laws and regulations
- aggressive competition among providers
- high financial exposure which places assets at risk in an age of "law suit fever"
- capital financing requirements which make it difficult to obtain funds for expansion and replacement

Simply stated, restructuring usually involves a rearrangement of assets and functions between a variety of newly created entities in order to achieve better results than if these assets and functions were located in only one corporation and thereby limited by traditional constraints.

Although restructuring has the inherent disadvantages of extra books to keep, additional efforts relative to administrative procedures, and the need for greater communication, the following advantages almost make reorganizing mandatory in the health care field today. It allows:

- greater protection of assets
- flexibility for future growth
- effective position of the various subsidiary corporations, to achieve economic benefits and increased operational efficiencies, and
- it allows non-regulated activities to be moved outside the highly regulated areas.

Once restructured, the Frontier Nursing Service will be in a better position to achieve goals related to:

- the sheltering of assets from governmental confiscation, contract, and tort claims.
- the enhancement of third party reimbursement
- the improvement of certain tax status
- improved fiscal and management accountability
- increased operating flexibility
- increased community involvement, particularly with the Mary Breckinridge Hospital
- the generation of additional revenues; and, finally,
- our survival in a competitive market place by undertaking a greater variety and scope of activities in terms of both entering new health care ventures and managing diverse interests.

All of the above requires understanding by the board members, the employees, and the public, for out of understanding will come support. There are elements of risk in making these changes, but they are, in my opinion, worth taking if we are to move forward. A Mr. F.B. Wilcox said it

well: "Progress always involves risks. You can't steal second base by keeping your feet on first!"

At your tables you will find a chart which graphically represents how the restructured Frontier Nursing Service will look (*see diagram on page 27*). There will be a not-for-profit parent holding company called **FNS, Inc.** Its role is to assemble the resources necessary to operate the subsidiary corporations and to deal with longer range corporate issues and planning.

FNS Ventures will be the for-profit subsidiary whose primary function will be to enter into a variety of money-making businesses. Their profits will be donated to the foundation.

The *foundation* will carry the name **Frontier Nursing Service**, as this has been the name that over the past has received gifts and donations. Its purpose will be to house the assets and serve as the fund-raising company.

A major change will be in the creation of a subsidiary corporation called the **Mary Breckinridge Hospital**. This will be a locally governed and administered not-for-profit community hospital providing a level of care, programs, and services that will be responsive and responsible to the community it serves. The board of directors for the hospital will be made up of dedicated men and women representing local business persons, professionals, and consumers who reside in our service area. This is one of the more exciting and challenging changes to come out of the restructuring.

Finally, there will be a subsidiary called **Frontier Nursing Service Health and Education, Inc.**, where the Frontier School of Midwifery and Family Nursing, as well as the district outpost clinics, will be placed to carry out the traditional nursing functions so important to our past and to our future.

The pre-restructuring process is well under way. A joint task force, chaired by trustee W.F. Brashear II, is composed of representatives of our current board of governors, FNS management, and local persons who have agreed to serve on the new board of the hospital. This group has been working diligently for two months planning:

- how the various programs and services of each corporation will interact
- how much autonomy will be necessary and/or allowed
- who will provide what services to whom
- how these services will be paid for
- what can be obtained from outside sources, and other like concerns.

Our corporate attorneys have been, and will continue to be, extremely busy doing what has to be done legally to bring the different entities into creation, along with their new articles of incorporation and by-laws. Our financial counselors, working with our fiscal staff, have been determining how best to allocate the financial resources to everyone's best advantage

and to start the process of developing budgets for each corporation. Management, in addition to being involved with the above, is wrestling with how best to staff these corporations with reallocated personnel.

As you can see, much work is yet to be accomplished before the restructuring actually takes place. At this time, we are looking to the September meeting of the board of governors as the time when all the changes necessary for restructuring will occur.

In my opinion, the future looks bright for the Frontier Nursing Service. Its Missions, both the traditional and the new, will be able to be carried out more effectively without the fear of "survival-itis." We will survive and we will move ahead. John Newbern once said that people can be divided into three groups:

those who make things happen

those who watch things happen, and

those who wonder what happened.

It is my sincerest belief that we are over the days of wondering what happened, and we, to our credit, have refused to just watch what is happening. Instead, the board of governors of the Frontier Nursing Service has made the monumental decision to restructure in order to make things happen.

I will now review the various operational components of the organization covering the period May 1, 1985 through April 30, 1986. The overall financial picture shows a marked turnaround from the previous year. Rather extreme cost containment measures were instituted to reduce our expenditures. At the same time, ways to increase revenues were explored and initiated if viable. So where we experienced a net operating loss of \$595,000 last year, we were able to achieve a \$49,000 gain this year. A net operating gain has only occurred once before since the advent of government payment systems such as Medicare and Medicaid — that being in the fiscal year ending 1984. Another way to look at how far we have come is that it cost us \$1.13 to earn one dollar of patient revenue five years ago; it now costs \$.94 to earn that same dollar.

The hospital showed a substantial decline in the average daily occupancy rate, going from 54.4% last year to 49.6% this year. This is another indicator that our financial future depends on providing increased and more innovative ways to provide preventive and outpatient care to our patients — a lesson FNS has been teaching others for over 61 years. The current strike at the Appalachian Regional Hospitals has resulted in Hazard physicians admitting many of their patients to our hospital. Over the last 60 days, most of our beds have been full, and all departments, especially nursing, have been extremely busy. We are urging the Hazard physicians to continue to utilize our hospital for their Leslie County patients.

Medical and surgical admissions were down slightly, by 2.4%; however, maternity admissions were up markedly, by 15.5%. The length of stay for all patients dropped from 4.1 to 3.6 days.

The district clinics experienced a small decrease of about 3.5% in their volume of patient visits, attributable in part to the closing of the Shopp Folk Clinic in Yerkes because of low patient use. The Hyden Clinic, with better utilization of exam rooms and personnel, was able to achieve some badly needed efficiencies, and their visits increased by over 20%.

Ancillary department statistics showed emergency room, X-ray, lab, and the specialty clinics experiencing increases, while respiratory and physical therapy departments, as well as EKG and the dental clinic, showed decreases. It should be noted, however, that both the dental clinic and physical therapy were closed during part of the reporting year.

The Home Health Agency had a year of modest gain, showing patient home visits increasing from 6,881 to 6,979.

Our development office activity sustained the growth pattern we have enjoyed over the past few years, which generates over 1/2 million dollars annually. Total general contributions this year increased by \$51,000, going from \$507,000 to \$568,000. The fund raising drive to achieve financial self-sufficiency for the Frontier School of Midwifery and Family Nursing began in the fall of 1982 and ended officially last September. The targeted goal of 2-1/2 million dollars was achieved, and even exceeded, with the market value of these funds at year end listed at 3.6 million dollars. We received two rather unique donations this past year. One was in the form of slightly used, and some new, office furniture from the Sperry Corporation, with a current market value of approximately \$25,000. Most of these furnishings have already been distributed throughout the organization. The second in-kind gift was 1,500 cases of Colgate toothpaste. Half were immediately given to our clinics and Home Health Agency — to the Leslie County, Pine Mountain, Buckhorn, and Red Bird schools — and to other appropriate agencies in order to achieve as wide a distribution as possible. The remaining half of this gift will be given out this fall.

Regarding the Frontier School of Midwifery and Family Nursing, it graduated its 96th class of 10 students this past Derby Day, May 3rd. The future plans for these graduates will take them all over the United States — to Massachusetts, Pennsylvania, Indiana, Arkansas, Wisconsin, Wyoming, Oregon, and California.

Last year, grant funds allowed representatives of our school, the Maternity Center Association, the National Association of Childbearing Centers, and the Frances Payne Bolton School of Nursing of Case Western Reserve University to develop a new program which will be implemented in 1987. This program will prepare nurse-midwives primarily for birth center practice, utilizing learning modules which permit most of the course work

to be completed through off-campus study. Clinical experiences will be individually arranged in community-based nurse-midwifery programs throughout the country. This "campus without walls" approach, cooperating with other educational facilities and clinical sites, provides the flexibility to effectively plan the "best" location and curriculum for our school and its students in the years ahead.

The couriers and volunteers continue to be needed and relied upon. This past year, we were fortunate to have 20 young adults on board to assist us in our work. They represented 17 states, 5 high schools, and 15 colleges or universities, and provided in excess of 2,700 hours valued at about \$10,000 had we purchased their services. Needless to say, we depend on, and enjoy, their presence with us.

As ever, Wendover's Big House provided outstanding "bed and board" for numerous guests, including visitors from Gambia, Malaysia, Sudan, Jordan, Palestine, Lebanon, and Australia.

Regarding staff changes, the retrenchment efforts eliminated two positions: the director of operations and the FNS director of nursing. Ron Hallman, director of development, left in July and was replaced by Judy Lewis; Danna Larson, coordinator of Wendover and the courier/volunteer program, left in October and was replaced by Elizabeth Wilcox. Doug Taylor was appointed administrator for the Mary Breckinridge Hospital, April first of this year. Four National Health Service Corps physicians will be leaving this summer, and to date, we have found three non-Corps replacements.

A grant-funded survey of the efficacy of the hospital's programs and services was conducted during the year by Kentucky-based consultants. Their report has provided our new administrator with recommendations to consider to improve our hospital operations, especially over the year ahead. Also included in the grant are provisions for an extensive marketing survey and needs assessment covering our entire service area. Meaningful and current data regarding how well or how poorly we are serving our population will provide us vital information in the development of a strategic marketing plan for our future efforts — especially with the district clinics — as well as with the hospital. The survey findings should be available in late August and will serve as an important resource to the joint task force and the new community hospital board.

And what of the year ahead? Certainly, the most significant occurrence will be the formal restructuring of the organization, which I've already covered in some detail. Last week our home care program relocated its offices to the first floor of Mardi Cottage (the second floor, by the way, has already been converted into two staff apartments); other areas targeted for completion next year will include a physician's office, located at the new shopping plaza now under development across the river just east of Hyden;

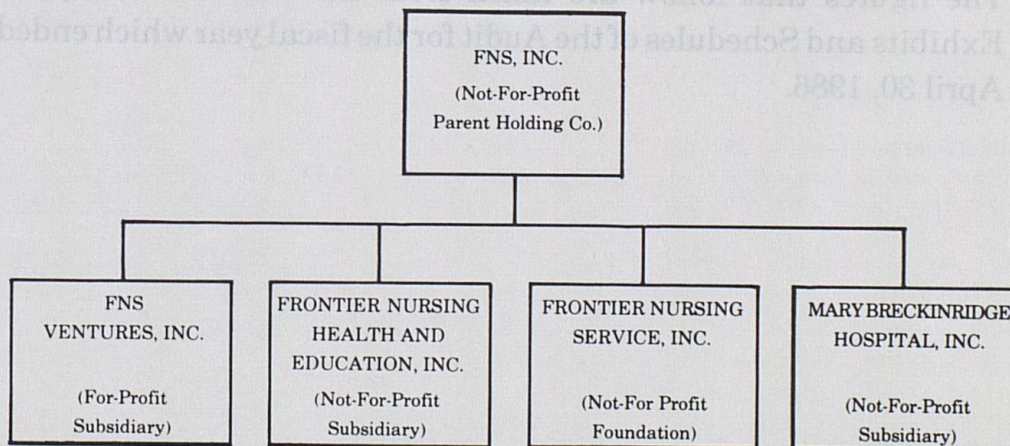
the Women's Clinic will move into the building which formerly housed home care — and this will allow the Hyden Clinic, in critical need of examination rooms, to expand into the space vacated by the Women's Clinic; and the Upper Shelf dwelling at Wendover will be completely renovated. In addition, discussions will accelerate with Hazard ARH and other hospitals or agencies, with the goal of developing midwifery services in these institutions.

Beyond next year, serious consideration must be given to investing in our future in terms of exploring and, if deemed appropriate, providing the capital funding to initiate new programs and services for our patients in and around Leslie County and elsewhere when the opportunity exists. New revenues must be generated from the newly created corporations. It is only through these means that continued growth, and ultimately our continued existence, will be achieved. The competitive environment in the health care field today and in the foreseeable future will absolutely require organizations such as ours to undertake reasonable risks to reach and fulfill their goals.

I feel very optimistic about our future. The restructuring will give us the means to move forward, and there is a new feeling of energy as the staff senses the possibilities for growth. So, we look ahead with pride, and just a little nervous anticipation, for a reorganized Frontier Nursing Service —one dedicated to maintain the positive ideals of the past and to aggressively search out and initiate new missions in the future.

In closing, I wish to thank our hard-working and loyal staff for their perseverance over a difficult year, our donors for their continued support, and the board of governors for their leadership, determination, and willingness to place the Frontier Nursing Service in a new and different configuration to better meet the challenges and opportunities that lie ahead.

Restructured Frontier Nursing Service



SIXTY-FIRST ANNUAL REPORT
of the
FRONTIER NURSING SERVICE, Incorporated
for the Fiscal Year
May 1, 1985 to April 30, 1986

PREFACE

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

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

I

FISCAL REPORT

The figures that follow are taken from the Balance Sheet, the Exhibits and Schedules of the Audit for the fiscal year which ended April 30, 1986.

Ernst & Whinney

1900 Meidinger Tower
Louisville Galleria
Louisville, Kentucky 40202

502/583-0251

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

We have examined the balance sheets of Frontier Nursing Service, Inc. as of April 30, 1986 and 1985, and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Frontier Nursing Service, Inc. at April 30, 1986 and 1985, and the results of its operations and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Ernst & Whinney

Louisville, Kentucky
June 27, 1986

FRONTIER NURSING SERVICE

BALANCE SHEETS

FRONTIER NURSING SERVICE, INC.

	April 30	
	1986	1985
<u>GENERAL FUNDS</u>		
CURRENT ASSETS		
Cash and short-term investments	\$ 186,194	\$ 223,513
Accounts receivable--patients--less allowances for uncollectible accounts of \$659,607 in 1986 and \$789,806 in 1985	785,618	1,025,061
Inventories--Note A	126,919	165,153
Prepaid expenses and other current assets	112,161	37,018
Current portion of Pension Fund	140,000	
TOTAL CURRENT ASSETS	1,350,892	1,450,745
PROPERTY AND EQUIPMENT--Note A		
Land	135,163	135,163
Buildings	2,713,548	2,700,123
Equipment	3,001,364	2,719,817
	5,850,075	5,555,103
Less accumulated depreciation	2,890,059	2,615,380
	2,960,016	2,939,723
ASSETS WHOSE USE IS LIMITED--Notes A and C		
Consolidated Fund	3,115,602	2,421,886
Depreciation Fund	467,100	472,279
Education Fund	2,891,171	2,369,568
Pension Fund, less current portion of \$140,000	285,667	
	6,759,540	5,263,733
	<u>\$11,070,448</u>	<u>\$9,654,201</u>
<u>RESTRICTED FUNDS</u>		
ENDOWMENTS--Notes A and C		
Cash and investments	\$ 683,087	\$1,027,830
Student loan receivables	105,394	108,325
	<u>\$ 788,481</u>	<u>\$1,136,155</u>

	April 30	
	1986	1985
GENERAL FUNDS		
CURRENT LIABILITIES		
Accounts payable	\$ 547,615	\$ 771,296
Accrued salaries and amounts withheld from employees	108,617	170,747
Accrued vacation expense	140,992	136,358
Unexpended special purpose funds--Note A	131,731	104,823
Payable to third party programs--Note B	77,000	80,092
Other current liabilities	156,570	66,351
Loan payable to depreciation fund	70,329	162,663
TOTAL CURRENT LIABILITIES	1,232,854	1,492,330
FUND BALANCE	9,837,594	8,161,871
CONTINGENCIES--Note F		
	\$11,070,448	\$9,654,201
RESTRICTED FUNDS		
FUND BALANCE	\$ 788,481	\$1,136,155
	\$ 788,481	\$1,136,155

See notes to financial statements.

FRONTIER NURSING SERVICE

STATEMENTS OF REVENUES AND EXPENSES

FRONTIER NURSING SERVICE, INC.

	Year Ended April 30	
	1986	1985
PATIENT SERVICE REVENUES		
Mary Breckinridge Hospital:		
Inpatient services	\$4,521,300	\$ 4,374,523
Outpatient services	1,854,154	1,805,235
Hyden Clinic	567,937	529,432
District Nursing Clinics	322,223	310,673
Home Health Services	365,266	381,976
	<u>7,630,880</u>	<u>7,401,839</u>
Less indigent care, contractual allowances, bad debts and other revenue deductions	2,247,198	2,326,748
NET PATIENT SERVICE REVENUES	5,383,682	5,075,091
OTHER OPERATING REVENUES	978,494	835,259
TOTAL OPERATING REVENUES	<u>6,362,176</u>	<u>5,910,350</u>
OPERATING EXPENSES		
Salaries and wages	3,397,805	3,453,048
Fringe benefits	484,095	453,586
Medical services and supplies	2,653,812	2,743,833
Facility costs	663,636	615,158
	<u>7,199,348</u>	<u>7,265,625</u>
TOTAL OPERATING EXPENSES	<u>7,199,348</u>	<u>7,265,625</u>
EXCESS OF EXPENSES OVER REVENUES FROM OPERATIONS	(837,172)	(1,355,275)
NONOPERATING REVENUES		
Unrestricted donations:		
Deposited into Education Fund	333,273	866,925
Deposited into Consolidated Fund	211,585	110,622
Retained for use in operations	491,850	431,830
Unrestricted income from endowment and other funds	379,595	103,332
Investment income from assets whose use is limited	480,854	390,338
Gain on sale of investments	180,776	462,503
Other	13,273	49,541
	<u>2,091,206</u>	<u>2,415,091</u>
EXCESS OF REVENUES OVER EXPENSES BEFORE EXTRAORDINARY GAIN	1,254,034	1,059,816
EXTRAORDINARY GAIN--Note D	359,779	
EXCESS OF REVENUES OVER EXPENSES	<u>\$1,613,813</u>	<u>\$ 1,059,816</u>

See notes to financial statements.

STATEMENTS OF CHANGES IN FUND BALANCES

FRONTIER NURSING SERVICE, INC.

	<u>Unrestricted Funds</u>	<u>Endowment Funds</u>
Balances at May 1, 1984	\$7,060,966	\$1,029,474
Excess of revenues over expenses for the year ended April 30, 1985	1,059,816	
Restricted contributions used for purchase of property and equipment	41,089	
Contributions restricted for specific purpose (additions to endowment)		100,970
Restricted revenue earned by specific purpose funds		<u>5,711</u>
Balances at April 30, 1985	8,161,871	1,136,155
Excess of revenues over expenses for the year ended April 30, 1986	1,613,813	
Restricted contributions used for purchase of property and equipment	36,910	
Donation of equipment	25,000	
Contributions restricted for specific purpose (additions to endowment)		675
Restricted revenue earned by specific purpose funds		1,587
Expiration of term endowment--Note C		<u>(349,936)</u>
Balances at April 30, 1986	<u>\$9,837,594</u>	<u>\$ 788,481</u>

See notes to financial statements.

STATEMENTS OF CHANGES IN FINANCIAL POSITION

FRONTIER NURSING SERVICE, INC.

	Year Ended April 30	
	1986	1985
Cash provided (used)		
OPERATIONS		
Excess of expenses over revenues from operations	\$ (837,172)	\$(1,355,275)
Charges to expense not requiring the use of cash--depreciation	<u>278,646</u>	<u>270,366</u>
	(558,526)	(1,084,909)
Working capital changes:		
Accounts receivable	239,443	29,414
Accounts payable	(223,681)	277,204
Current portion of Pension Fund	(140,000)	
Other--net	<u>(72,705)</u>	<u>263,698</u>
CASH USED IN OPERATIONS	(755,469)	(514,593)
Nonoperating revenues	<u>2,091,206</u>	<u>2,415,091</u>
CASH PROVIDED BEFORE EXTRAORDINARY GAIN	1,335,737	1,900,498
EXTRAORDINARY GAIN	<u>359,779</u>	
TOTAL CASH PROVIDED	1,695,516	1,900,498
FINANCING AND INVESTMENT ACTIVITIES		
Property, plant and equipment:		
Purchases and donations	(310,560)	(164,761)
Restricted contributions	61,910	41,089
Disposals	<u>11,622</u>	<u>822</u>
CASH USED	<u>(237,028)</u>	<u>(122,850)</u>
CASH PROVIDED BEFORE TRANSFER TO ASSETS WHOSE USE IS LIMITED	1,458,488	1,777,648
Net increase in assets whose use is limited	<u>(1,495,807)</u>	<u>(1,595,053)</u>
(Decrease) increase in cash and short-term investments	(37,319)	182,595
Cash and short-term investments at beginning of year	<u>223,513</u>	<u>40,918</u>
CASH AND SHORT-TERM INVESTMENTS AT END OF YEAR	<u>\$ 186,194</u>	<u>\$ 223,513</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

FRONTIER NURSING SERVICE, INC.

April 30, 1986

NOTE A--ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS--CONTINUED

FRONTIER NURSING SERVICE, INC.

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

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

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

Frontier Nursing Service, Inc. is also income beneficiary of certain trust funds which are not administered or controlled by the Service. Accordingly, such funds are not included in the balance sheets at April 30, 1986 and 1985. Income received from such funds was \$42,261 and \$115,481 for the years ended April 30, 1986 and 1985, respectively.

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

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

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

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

NOTE B--MEDICARE AND MEDICAID PROGRAMS

The Service participates in the Medicare and Medicaid Programs. Approximately 27% and 31%, respectively, of the Service's patient service revenues are derived from services to patients covered by these Programs.

NOTES TO FINANCIAL STATEMENTS--CONTINUED

FRONTIER NURSING SERVICE, INC.

NOTE B--MEDICARE AND MEDICAID PROGRAMS--CONTINUED

Medicare: Effective May 1, 1984, Medicare payments for inpatient services (excluding capital costs) are made based upon the patient's diagnosis (DRG), irrespective of cost. The diagnosis upon which payment is based is subject to review by Program representatives. The Program continues to reimburse the Hospital for capital costs, as defined, and outpatient services based upon cost. Such reimbursable costs are determined from annual cost reports filed with the Program, which are subject to audit by the Program.

Medicaid: The Medicaid Program reimburses the Hospital on a prospectively determined rate per patient day for inpatient services and a predetermined percentage of covered charges (80% through August 3, 1985 and 70% thereafter) for outpatient services.

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

NOTE C--INVESTMENTS

The carrying value and approximate market value of investments at April 30, 1986 and 1985 are summarized as follows:

	1986		1985	
	Carrying Value	Market	Carrying Value	Market
Investments recorded in:				
Assets whose use is limited:				
Consolidated Fund:				
Cash	\$ 303	\$ 303	\$ 105,622	\$ 105,622
U.S. Government obligations	18,349	18,349	76,719	76,719
Corporate bonds	1,287,375	1,747,204	1,239,584	1,362,906
Common stocks	1,777,504	3,209,703	1,186,366	1,795,577
Investments in common trust funds	218,476	234,153		
Due to Restricted Fund	(186,405)	(186,405)	(186,405)	(186,405)
	<u>3,115,602</u>	<u>5,023,307</u>	<u>2,421,886</u>	<u>3,154,419</u>

NOTES TO FINANCIAL STATEMENTS--CONTINUED

FRONTIER NURSING SERVICE, INC.

NOTE C--INVESTMENTS--CONTINUED

	1986		1985	
	Carrying Value	Market	Carrying Value	Market
Depreciation Fund:				
Government trust fund	86,771	86,771	309,616	309,616
Corporate note	310,000	310,000		
Receivable from working capital	70,329	70,329	162,663	162,663
	<u>467,100</u>	<u>467,100</u>	<u>472,279</u>	<u>472,279</u>
Education Fund:				
Cash	500	500	107,412	107,412
U.S. Government obligations	1,076,715	1,143,644	1,292,140	1,308,405
Corporate bonds	481,437	498,687		
Common stocks	1,332,519	1,975,850	970,016	1,073,669
	<u>2,891,171</u>	<u>3,618,681</u>	<u>2,369,568</u>	<u>2,489,486</u>
Pension Fund:				
Corporate bonds	189,681	191,490		
Investments in common trust funds	235,986	235,986		
Less current portion	(140,000)	(140,000)		
	<u>285,667</u>	<u>287,476</u>		
TOTAL ASSETS WHOSE USE IS LIMITED	<u><u>\$6,759,540</u></u>	<u><u>\$9,396,564</u></u>	<u><u>\$5,263,733</u></u>	<u><u>\$6,116,184</u></u>
Endowments:				
Cash due to General Fund	\$ (42,535)	\$ (42,535)	\$ (15,402)	\$ (15,402)
Short-term money-market certificates	46,238	46,238	42,930	42,930
U.S. Government obligations	201,863	229,760	240,518	249,070
Common stocks	291,116	645,877	407,529	760,406
Investments in common trust funds			165,850	159,574
Due from assets whose use is limited	186,405	186,405	186,405	186,405
TOTAL ENDOWMENT FUND	<u><u>\$ 683,087</u></u>	<u><u>\$1,065,745</u></u>	<u><u>\$1,027,830</u></u>	<u><u>\$1,382,983</u></u>

During 1986, term endowment funds of \$349,936 became available to the Service for general purposes. This amount has been included in nonoperating revenues and the funds are recorded in the Consolidated Fund in the accompanying financial statements.

NOTES TO FINANCIAL STATEMENTS--CONTINUED

FRONTIER NURSING SERVICE, INC.

NOTE D--RETIREMENT PLAN TERMINATION

The Service's noncontributory defined benefit retirement plan was terminated effective April 30, 1985 (expense for the year ended April 30, 1985 was \$70,642). Annuity contracts costing \$345,618 were purchased from plan assets in satisfaction of all accumulated vested benefit liabilities at termination. Excess plan assets totaling \$384,779 reverted to the Service and are reported as an extraordinary gain in the accompanying financial statements, net of estimated reimbursement effect of \$25,000.

The Service is currently in the process of establishing a noncontributory defined contribution retirement plan to replace the terminated plan. Tentatively this replacement plan will be effective January 1, 1986, cover substantially all Service employees and require employer contributions in the amount of 4% of eligible employees' salaries. For the 1986 plan year only, the employer contribution will be up to 8% of eligible employees' salaries to compensate for the eight month period from May 1 to December 31, 1985 when no retirement plan was in existence. Retirement plan expense for the year ended April 30, 1986 (\$100,000) was estimated and recorded by the Service on this basis.

NOTE E--RELATED ORGANIZATION

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

NOTE F--CONTINGENCIES

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

FRONTIER NURSING SERVICE, INCORPORATED**CONTRIBUTIONS PLACED IN TRUST****May 1, 1985 to April 30, 1986**

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

Nursing Education Enrichment Drive
William Waller Carson Fund in honor of
 Katherine Breckinridge Carson Breckinridge
Ann Allen Danson Memorial Fund
Anne Steele Wilson Memorial
Wilson Neel Memorial Baby's Crib
Lucie Wilshire Graham Memorial
Friends Fund
Mary Breckinridge Hospital Endowment
Branham Fund
Charles H. and Donald R. McLennan Memorial
Leona D. Smith Estate
Kathleen McClanahan Buckner Carter Estate
Dorothy W. DeLong Estate
William G. McMillan Estate
Katherine M. Silcott Estate
Elizabeth S. Morgan Estate
Martha C. Moss Estate
Irvin A. Kircher Estate

FRONTIER NURSING SERVICE, INCORPORATED

LEXINGTON, KENTUCKY

STATEMENT OF DONATIONS AND SUBSCRIPTIONS PAID

MAY 1, 1985 to APRIL 30, 1986

SUMMARY

	Contri- butions	Benefits and Bargain Box	Total
Baltimore Committee	\$ 1,621		\$ 1,621
Boston Committee	23,759	\$ 9,500	33,259
Chicago Committee	10,057		10,057
Cincinnati Committee	6,203		6,203
Cleveland Committee	81,703		81,703
*Daughters of Colonial Wars	7,787		7,787
Detroit Committee	20,518		20,518
Hartford Committee	1,304		1,304
**Kentucky:			
Blue Grass Committee	58,343		58,343
Louisville Committee	24,105		24,105
Miscellaneous State	13,473		13,473
Minneapolis Committee	1,933		1,933
New York Committee	89,205	3,000	92,205
Philadelphia Committee	36,116	2,600	38,716
Pittsburgh Committee	34,242		34,242
Princeton Committee	755		755
Providence Committee	353		353
Rochester Committee	3,836		3,836
Washington, D.C. Committee	25,885	14,000	39,885
Miscellaneous	97,419		97,419
TOTALS	<u>\$538,617</u>	<u>\$29,100</u>	<u>\$567,717</u>

Total Contributions Above

Restricted	\$ 75,866
Unrestricted	462,751
	<u>\$538,617</u>

*Donations from various state chapters.

**Total for Kentucky \$ 95,921 \$ 95,921

II

REPORT OF OPERATIONS

Comparative Analysis of Service Provided
In the Two Fiscal Years 1985 and 1986

HOSPITAL

	1985	1986
ALL PATIENTS (excluding newborn):		
Percent of occupancy	54.5%	49.6%
Patient days — total	7,961	7,237
Medical-Surgical Unit	6,547	5,684
Obstetrical Unit	1,414	1,553
Admissions — total	1,951	2,011
Medical-Surgical Unit	1,347	1,314
Obstetrical Unit	604	697
Average daily census	21.8	19.8
Average length of stay	4.1	3.6
NEWBORN:		
Percent of occupancy	19.2%	31.0%
Patient days — total	701	1,145
Admissions — total	431	498
Average daily census	1.9	3.1
Average length of stay	1.6	2.3
DELIVERIES — TOTAL	431	494
OPERATIONS — TOTAL	643	499
Major	198	159
Minor	445	330
In-patient	334	250
Out-patient	309	249
ENT	27	21
C-section	69	95
ANESTHESIA — TOTAL	640	496
Spinal	26	33
General	455	352
Local	159	111
DEATHS — TOTAL	30	19
Institutional (over 48 hours)	20	12
Institutional (under 48 hours)	2	5
Non-institutional (OPD/ER)	8	2
X-RAY EXAMINATIONS — TOTAL	5,954	6,683
In-patient	1,299	1,239
Out-patient	4,655	5,444

	1985	1986
LABORATORY PROCEDURES — TOTAL	80,271	73,333
In-patient	27,685	26,463
Out-patient	37,324	38,353
Referred in	15,262	14,857
Referred out (not included in total)	15,617	13,768
PRESCRIPTIONS FILLED		
Out-patient — total	46,782	47,517
Unit Dose (in-patient) — total	118,289	105,581
PHYSICAL THERAPY TREATMENT —		
TOTAL	10,874	7,627
(closed December 31, 1985)		
In-patient treatments	1,839	773
Out-patient treatments	9,035	6,854
Home Health treatments	0	0
Days of operation	256	170
ELECTROCARDIOGRAMS — TOTAL	2,649	2,324
In-patient	1,615	1,435
Out-patient	1,034	889
RESPIRATORY THERAPY — TOTAL	30,049	28,300
In-patient procedures	29,076	27,188
Out-patient procedures	973	1,112
Days of operation	256	255
MBH DENTAL VISITS — TOTAL	1,904	1,133
Average visits per day	7.4	6.7
Days of operation	256	170
HOME HEALTH VISITS — TOTAL	6,881	6,979
Average visits per day	26.9	27.4
Days of operation	256	255
EMERGENCY ROOM VISITS — TOTAL	6,201	6,353
Average visits per day	17.0	17.4
Days of operation	365	365
ADMITTED THROUGH EMERGENCY ROOM		
— TOTAL	879	876
MBH (HYDEN) CLINIC VISITS — TOTAL	22,895	24,952
General Clinic (including pediatric)	18,209	19,325
GYN (including MTD)	4,686	5,627
Average visits per day	89.4	97.9
Days of operation	256	255
SPECIAL CLINICS — TOTAL	471	533
ENT	182	86
Days of operation	2	1
Orthopedic	277	447
Days of operation	12	12
Ophthalmology	12	0
Days of operation	1	0

	1985	1986
DISTRICT CLINICS — TOTALS	14,743	14,602
Average visits per day	60.1	57.3
BEECH FORK CLINIC — TOTAL	4,934	5,093
Average visits per day	19.3	20.0
Days of operation	256	255
COMMUNITY HEALTH CENTER —		
TOTAL	5,069	5,220
Average visits per day	19.8	20.5
Days of operation	256	255
PINE MOUNTAIN CLINIC — TOTAL	1,950	1,907
Average visits per day	7.6	7.5
Days of operation	256	255
WOOTON CLINIC — TOTAL	2,143	1,718
Average visits per day	8.4	6.7
Days of operation	256	255
YERKES CLINIC — TOTAL	647	664
Average visits per day	5.0	6.3
Days of operation	130	106

SIXTY-ONE YEAR TOTALS — SELECTED DATA

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

However, because there continues to be interest in these figures, we attempted last year to reconstruct the essential information, updated to cover FNS' first sixty years of operation. The data has now been updated again to include the most recent fiscal year, and it is tabulated below. As we did last year, we point out that these figures should not be understood as audited totals. However, we do believe them to be reasonably close approximations of the actual figures, as of the close of the fiscal year that ended April 30, 1985.

Patients registered from the beginning (1925)	85,369
Children (estimated)	47,573
Adults (estimated)	37,796
Maternity cases delivered	21,326
Maternal deaths (9 puerperal, 2 cardiac)	11
Number of days of occupancy in FNS hospitals (including old Hyden Hospital, which opened in June 1928, and Mary Breckinridge Hospital, which opened February 10, 1975). Figures exclude newborn.	464,878

COURIER AND VOLUNTEER HOURS REPORT

August 1985 to May 1986

Areas Served	Couriers/ Volunteers (Hours)
Clinics	718
Hospital/Home Health	345
Administration/Promotion/Development	346
Community	94
Wendover	609
Transportation/Rounds	588
Other	59
Total Number of Hours Worked	2,749
Total Number of Couriers: 18	
Total Number of Volunteers: 2	

"BABY BLUES" STUDY PUBLISHED

In its Winter 1983 issue, the *FNS Quarterly Bulletin* published an article by Dr. Laurence Kruckman entitled, "The Baby Blues" — A Cultural Phenomenon." The author discussed the possibility that postpartum depression might be caused more by cultural factors than by inherent biological considerations. This article, which was described as a "preliminary report," reflected research and study done up to that point, including studies in the area served by the Frontier Nursing Service.

Now Dr. Kruckman, in collaboration with Chris Asmann-Finch, has published a more comprehensive study of the subject. It is entitled *Postpartum Depression, A Research Guide and International Bibliography*, and it is published by Garland Publishing, Inc., of New York and London. The major portion of the volume is a bibliography that contains 663 entries constituting what the authors describe as "an alphabetical listing of recent and important historical articles from all disciplines."

The book is of particular interest to many at FNS, not only because Dr. Kruckman was a familiar figure at Wendover and Hyden over an extended period during his research work, but also because some of the research reflected birth experiences in Appalachia. Dr. Kruckman now teaches in the Department of Sociology-Anthropology, Indiana University of Pennsylvania, in Indiana, Pennsylvania.

FRONTIER NURSING SERVICE, INC.

Director: David M. Hatfield, MBA, FACHE

ADMINISTRATION

Director of Finance: John L. Gilman, Jr. BBA
 Director of Development: Ronald G. Hallman, BA
 Medical Director: Kathy Nieder, MD
 Director of Support Services and Personnel: Darrell J. Moore, BA
 Administrative Assistant: Heidi Sulis, BA, MPH
 Administrative Assistant: Diana Fortney, CRT

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

Ruth C. Beeman, RN, CNM, MPH
 Dean and Director
 Nancy Clark, RN, Ph.D, CNM, FNP
 Assistant Dean and Director
 Wendy L. Wagers, RN, MSN, CFNM
 Nurse-Midwifery Education Coordinator
 Nancy J. Fishwick, RN, MSN, CFNP
 Acting Family Nurse Education Coordinator
 Deborah Browning, RN, MSN, CFNP
 Family Nurse Instructor
 Carol Hanus, RN, MSN, CNM
 Nurse-Midwifery Instructor
 Marjorie Sladek, RN, MSN, Neonatal Nursing Instructor
 Alice Whitman
 Registrar

MARY BRECKINRIDGE HOSPITAL AND CLINICS

Administrator: O. Douglas Taylor, MA

Nursing Staff

Hospital Director of Nursing: Mary Weaver, RN, ADN, CFNM
 Head Nurse, Med/Surg: Margaret Jones, RN
 Head Nurse, OB: Glenna Gibson, RN
 Nurse Anesthetist: Betty Childers, CRNA, BA
 Oncology Nurse: Patricia R. Campbell, RN

Hyden Clinic

William E. Atkinson, RN, BS, MBA, CFNP
 Ruth E. Blevins, RN, CFNM
 Barry Gibbons, RN, AA, AD, CFNP
 Mable R. Spell, RN, CFNM, FNP
 Coleen Atkinson, RN, BSN, MPH, CFNP

Women's Clinic

Carol Hanus, RN, MSN, CNM
 Marsena D. Howard, RN, MSN, CFNM
 Kathleen Isaac, RN, AD, CFNM
 Sharon Leaman, RN, BSN, GFNM
 Elizabeth A. MacMillan, RN, AA, CFNM
 Karen L. Poci, RN, AA, CFNM

Medical Staff

Ernesto D. Cordova, MD, General Surgery
 Paul Diamond, MD, Pediatrics

Richard Guerrant, MD, Internal Medicine
 Mohammed H. Kharsa, MD, Cardiology and Internal Medicine
 Kathy Nieder, MD, Family Practice
 James P. Parshall, DO, Obstetrics/Gynecology

DISTRICT NURSING SERVICE STAFF

Clinics Coordinator: Gertrude Morgan, BSW, RN, CFNP
 District Records: Nancy Williams

Jessie Preston Draper Memorial Nursing Center (Beech Fork):

Sue Lazar, RN, MSN, CFNP, Project Director

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

Susan Hull Bowling, RN, BSN, CFNP, Project Director
 John Markovitz, RN, FNP

Wooton Center:

Sr. Joan Gripshover, RN, BES, CFNP, Project Director
 Sharon D. Koser, RN, BSN, CFNP, District Float

Pine Mountain Center:

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COURIER NEWS

Susan Kaftan, '86, Boston, Massachusetts — "Well, here I am back in the North visiting my family in Wisconsin for a few days, and then I return to Boston. Been telling everyone about my wonderful visit to Kentucky."

Salley Santen, '86, Cincinnati, Ohio — "I thought fondly of you all yesterday as I said good-bye to Leigh (also a courier in '86). Saying good-bye is so sad. The summer is almost over, and for us, the school year will soon begin, and fall will come too soon. I prefer the carefree, loose schedules and free time of summer. . . . Leigh and I miss you a lot; something in each day reminds us of Wendover. It feels so much like a second home."

Erica Levy, '85, Philadelphia, Pennsylvania — "I'm working at a women's health clinic doing abortion counseling — it is very interesting work, relatively draining but satisfying. . . . School is getting closer — and now I can say I am excited. I feel like there are a lot of things to return to there — people and projects. . . . I miss Kentucky a lot, though — find myself dreaming about it."

STAFF OPPORTUNITIES

Because text for the *Bulletin* must go to the printer several weeks before publication, it is not possible for any issue to contain an up-to-date list of job opportunities. Instead, we list types of positions that are most likely to be available and invite anyone qualified and interested to write for current information.

FNS Staff. Openings may occur from time to time in both the professional and technical staffs, with opportunities for certified nurse-midwives, family nurse practitioners, registered nurses, family practice physicians, laboratory technicians, X-ray technicians, and others. For current information, write Darrell Moore, Director of Personnel, Mary Breckinridge Hospital, Hyden, Kentucky 41749 (phone 606-672-2901).

Couriers and Volunteers. This program has an ongoing need for all types of people, with all types of skills. The program is not limited to those interested in a health career. It encourages applications from anyone who is willing to volunteer for a 6- to 8-week minimum period and would like to be exposed to the work of the Frontier Nursing Service. ("You tell us what you can do, and we'll find a job for you.") For current information, write Elizabeth Wilcox, Coordinator of Wendover and the Courier/Volunteer Program, Wendover, Kentucky 41775 (phone 606-672-2318).

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 where there is inadequate medical service; to give skilled care to women in childbirth; to give nursing care to the sick of both sexes and all ages; to establish, own, maintain and operate hospitals, clinics, nursing centers, and midwife training schools for graduate nurses; to carry out preventive public health measures; to educate the rural population in the laws of health, and parents in baby hygiene and child care; to provide expert social service; to obtain medical, dental and surgical services for those who need them, at a price they can afford to pay; to promote the general welfare of the elderly and handicapped; to ameliorate economic conditions inimical to health and growth, and to conduct research toward that end; to do any and all other things in any way incident to, or connected with, these objects, and, in pursuit of them to cooperate with individuals and with organizations, private, state or federal; and through the fulfillment of these aims to advance the cause of health, social welfare and economic independence in rural districts with the help of their own leading citizens.

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