

**FNS**

**FRONTIER NURSING SERVICE**

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**QUARTERLY BULLETIN**



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**COVER: Reclaimed Strip Mining Site at Wendover, KY**

**Photo: Amy Behrens**

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### ***NOTES FROM THE SCHOOL***

In January 1992, we received notice that the Division of Accreditation of the American College of Nurse-Midwifery had granted the Community-Based Nurse-Midwifery Educational Program (CNEP) five years of continuing accreditation. I thought it might be a good idea to review the process of accreditation, how it works and just what this means for the Frontier School of Midwifery & Family Nursing.

Receiving five-years of accreditation means that the CNEP is recognized by our own professional organization (the American College of Nurse-Midwives, known as ACNM) as meeting the highest possible standards of excellence! Further, CNEP has successfully met the ACNM's criterion of creative innovation in nurse-midwifery education. Accreditation of the CNEP demonstrates that alternative pathways in professional education can, and do work. Accreditation acknowledges that it is possible to train well qualified nurse-midwives in greater numbers than ever thought possible!

The education of nurse-midwives in the United States can be traced back to the "School of the Association for the Promotion and Standardization of Midwifery", founded in 1932 by the Maternity Center Association in New York City. Mary Breckinridge, who just seven years later created the Frontier Graduate School of Midwifery, served on the Board of the Maternity Center Association. Rose McNaught, a public health nurse who had received nurse-midwifery training in England was "loaned" to the new School by Frontier Nursing Service. FNS started its own

program of nurse-midwifery education in 1939, continuing to expand upon the idea of combining education and clinical service. From the very beginning, both schools recognized the need to establish standards for the education of practitioners. Adhering to these standards assured the highest quality of care for mothers and babies, and won the confidence of other health care professionals and the general public.

In 1955 the American College of Nurse-Midwifery was formed and later joined forces with the American Association of Midwives (formerly the Kentucky Association of Midwives). One of the first tasks the new **American College of Nurse Midwives** achieved was to raise nurse-midwifery to the status of a "profession" by setting educational goals and defining criteria of excellence in performance. The process of evaluating educational programs according to these goals and criteria is known as *accreditation*. The American College of Nurse-Midwives (ACNM) is now our national professional organization. The ACNM serves as our accrediting body, identifies the core of knowledge and skills necessary for safe practice and evaluates how well educational programs prepare future nurse-midwives. There are two standards against which all nurse-midwifery schools are judged.

First, the ACNM Division of Accreditation looks at each educational program. The goal of the Division of Accreditation is to assure "...that the highest possible standards of scholarship and professional competence are maintained".<sup>1</sup> The ACNM recognizes that "...within the boundaries of sound educational principles and quality clinical experience, innovation and creativity to facilitate excellence in nurse-midwifery education are encouraged".<sup>2</sup>

The first step in the process of accreditation occurs when the ACNM Board of Review asks the Program under scrutiny to submit a self-evaluation report detailing all aspects of the curriculum, student and faculty selection, clinical training opportunities, etc. Then "site-visitors" from the Board of Review spend a few days at the School, validating the information included in the report. The site-visitors were able to interview students and faculty, administration and the Chairman of the FSMFN Board of Directors. The visitors worked almost around the clock, reviewing the documents and exhibits we had prepared, and making sure that all was in order. The visitors report their findings to the Division of Accreditation, which in turn makes the final recommendations. The Division of Accreditation awarded the CNEP its vote of approval.

The second measure of achievement for an educational program is the degree to which its graduates qualify for certification by the ACNM. To date, 20 CNEP graduates have sat for the National Certifying Examination and all have passed with flying colors! Our students are all pioneers, courageous and dedicated to the mission of the FNS. We believe that they are just the first wave of a new generation of nurse-midwives, one that will sweep forward to meet the goal of 10,000 by the year 2000!

*-Judith Treistman*

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In the Summer '91 Quarterly Bulletin, Catherine Croft wrote an article on Teresa "Tia" Casertano and her work in Guatemala opening and operating a Children's Home. We recently learned that Tia was among this year's recipient of the "Jaycee's 10 Outstanding Young American Awards". The awards recognize people ages 21 to 39 who exemplify the best attributes of the nation's adults.

*- Barb Gibson*

*Frontier School of Midwifery and Family Nursing  
Dr. Ed Hughes and students from Hazard Community College visiting the  
CNEP Program*



*Photo by - Gabrielle Beasley*

### ***GRADUATION OF THE FIRST CNEP CLASS***

Family and friends gathered on October 19th to join in the festivities as the first group of 22 students was graduated from the Community-Based Nurse-Midwifery Education Program.

The weather, unpredictable at this time of year, turned out to be a little on the cool side with the wind tossing leaves around throughout the entire ceremony. The sun did shine on us as the presentations were made. We were indeed happy to have ALL the faculty present along with several clinical preceptors, and two new Regional Coordinators. Kate Ernst ventured forth from Perkiomenville to see the friends she had made during the chicken-coop days of CNEP. As students and guests (infants, toddlers, parents and grandparents) arrived, we realized that it is probably a mistake to call our program "Community-Based." The CNEP is truly "Family-Based" education!

In lieu of a keynote speaker, representatives of the four founding institutions sent messages. We were especially pleased to welcome Rosemary Hogan, Associate Dean at the Frances Payne Bolton School of Nursing (CWRU), who brought greetings from Dean Joyce Fitzpatrick. The Burslems (Vicki, who announced that she is pregnant, and husband Rick) led us in an invocation. Deanna Severance, Director of FNS, invested (seated?) Kitty Ernst in the endowed Mary Breckinridge Chair of Nurse-Midwifery amid some off-key but enthusiastic singing. Faculty took turns presenting diplomas to the graduates as flashbulbs popped. Ruth Beeman delivered an inspiring closing address, recalling the dream that has now become reality.

- *Judith Treistman*

*CNEP students in Hyden*



*Photo by - Gabrielle Beasley*



## MY EXPERIENCE AS A COURIER

As I left New York City driving South, I thought of where I was going and why I was going there. The mountains of Southeast Kentucky. A Courier for the FNS. Vague impressions ran around my head of dirt roads, babies, and delivering mail. I really didn't know what to expect. My knowledge of Kentucky ran no deeper than good 'ole Kentucky Fried Chicken and the roadmap I had with me. As for the mountains, I knew that they would smell better than New York,



*Kristin Erickson*

but that's about all I knew. I was ready for anything. Having deferred my college admittance until September 1992, I found myself in September 1991 with the seasonal hankering to learn, and I couldn't wait to explore the limits of what I knew, to get to know people with backgrounds completely different from my own, to live in another part of our country, and to learn all that I could outside of a classroom.

Well, after a beautiful drive I arrived at Wendover where I spent the following three months. As Susie Hudgins (Courier Coordinator) explained the different possible areas of involvement for a Courier I soon realized that the problem was not going to be what to do, but what not to do. All Couriers must serve tea on Monday evenings, go on rounds delivering mail between the hospital and the clinics and be on call to pick up someone from the airport or transport lab to some other hospital. But, beyond that, we can with Susie's help, set our own schedules.

During the fall I tutored a woman who lives up the road from Wendover. She is learning how to read and write. ( She has a learning disability which hindered her in school and finally she is pursuing something she has wanted for a long time). She is sharp as a nail and her sense of humor always spiced up our lessons. At the end of November I began tutoring a 65 year old woman of great determination who is also learning to read and write. Being literate was something I had taken for granted my whole life, and it was exciting to share that tool with someone else. I've also learned that literacy and intelligence have little to do with each other; These two women that I tutored are two of the sharpest people I have ever met and has taught me more about life than I could possibly teach them about phonics or spelling.

I spent one day a week going on Home Health rounds with a nurse's aide, driving through the hills, visiting and bathing homebound patients. I have met wonderful people through Home Health, and heard some crazy stories coupled with nuggets of wisdom. After a while I even got a handle on Leslie County geography, as the names "Cutshin" and "Big Rock" became real places which I had visited. On the opposite end of the age spectrum, Sky Blackiston and I taught art to the first grade at the Hyden Elementary School and in December we started with the fifth and sixth grades. Those kids are full of excitement, and in every project we did they would surprise us with their ideas. And then, of course, there are assorted random jobs that are all part of the Courier experience; working in the food booths at the Mary Breckinridge Festival, judging an inter-school talent show, setting up a haunted house for the Halloween fair at Beech Fork Elementary School, selling candy bars at the hospital and organizing the Wendover Christmas Pagaent.

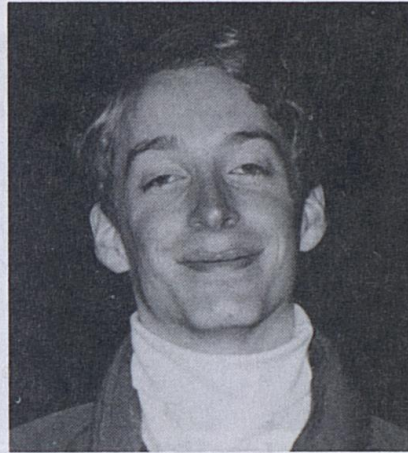
Wendover is a big part of Courier life. It is where we eat, sleep, bathe and come home to at the end of the day; where we read, play cards, and dance in the kitchen; where we stuff envelopes and help out with general work in the Development Office; where we bake breads and cook chili and sit around and talk, getting to know the Courier hodgepodge of individuals from all over the country.

Originally I had planned to leave for good at Christmas time, but, like many others before me, I find myself back at Wendover to pursue more thoroughly what I started in the fall. I know that I will never be "finished" here. I am not taking classes which end with the last paper or exam, and everywhere I turn there is something new to learn. I hope to do, give, and absorb as much as I can while I am here, and spend time with the people I have met, who have already taught me so much.

- Kristin Erickson

*MY EXPERIENCE AS A COURIER - continued*

I am from Greenwich, CT and have been a Courier at the FNS since last September. I have three distant cousins who were Couriers back in the '50s and '70s. I didn't find this out until after I had gotten here. I came here to have the opportunity to work with children. I wanted to be in a rural area so that I might experience a different culture from what I know.



*Sky Blackiston*

For the past three months that I have been here, I've been helping out in three different schools in Leslie County. I've been assisting the teacher with the first, second and third grades combined. I've also helped with the music classes and tutoring one-on-one with special education. I've taught Art to various age levels along with my regular Courier "duties" which include Courier rounds, and delivering mail and supplies to the four district clinics.

I think one of my most meaningful experiences has been teaching Art. I had never taught Art before, so at first I didn't know what I was in for. I took out a couple of books on Art Education at the local library and got some ideas. I also got some ideas from working with the Art teacher at one of the other schools. Now, after having taught a few Art classes, I've realized that it is not that hard and is quite exciting and rewarding.

Tutoring has been meaningful to me because I find that the kids I tutor have the same problems that I had in school. I think the kids can do their work, they're just fearful of it. They don't feel confident enough to do it on their own and they feel much better to have someone sit beside them and encourage them. I think the tutoring experience has been helpful to me as well as to the children because I have gained a new perspective in the learning process and about my own difficulties I had in school.

I plan on staying at FNS for two more months, then on to England or Scotland, and then to college. - Sky Blackiston

## Meet the Board of Governors

*The FNS Board of Governors is responsible for establishing the policies by which FNS is governed, as well as approving the annual budget and overseeing expenditures. Each member of the board brings unique gifts and personal history in involvement with FNS to his or her position of leadership; and each has a key role to play in the governance of the Service. This is another in our series of profiles on the members of the Board of Governors.*

James Klotter grew up and graduated from high school in Booneville, Owsley County, Ky. where his grandfather was a physician. He attended the University of Kentucky, served in the U.S. Army from 1970-71, and returned to UK to complete his Ph.D in history.



*James Klotter*

Mr. Klotter first learned of FNS while growing up in Owsley County, and then did research of FNS when he was in graduate school. He became a FNS Board Member in April, 1991. He also serves on the board of Hyden Citizens Bankcorp, Inc., and is chairman of the board of Farmers State Bank in Booneville, Ky.

Mr. Klotter had focused his research on Kentucky and Appalachia and has written or edited eight books, including *The Breckinridges of Kentucky* (1986), which devotes much space to Mary Breckinridge and the Frontier Nursing Service. Currently, he is writing a history of Kentucky in the 20th century.

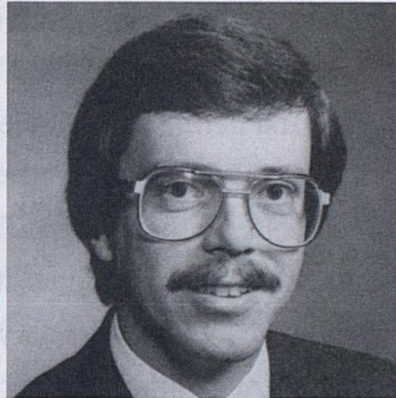
Mr. Klotter lives in Lexington, where his wife teaches school. They are the parents of three children. He is the State Historian and director of the Kentucky Historical Society.

Mr. Klotter has devoted much of his time to FNS and says that "all good organizations are usually in some stage of transition. As the FNS moves forward - as it must - into new frontiers, I want to make certain that the organization remembers its past and the spirit of the founders."

- Barb Gibson

### Meet the Board of Governors - *continued*

Dr. George Edward Hughes is the President of the Hazard Community College at Hazard, KY. Dr. Hughes first learned of FNS through Fred Brashear and Kate Ireland. He became a FNS board member in December 1989; Chairman of the Frontier School of Midwifery and Family Nursing in 1990; and a board member of the Mary Breckinridge Healthcare, Inc. during Jan. 1992.



*Dr. Hughes*

Dr. Hughes also serves on numerous other boards including the Executive Committee of Leadership Kentucky, Chair-President of the Hazard-Perry County Industrial Commission, the Region 12 Vocational Education Advisory Board, the Area Health Education Board, and is Chairman of the Election of Community College of Appalachia.

Dr. Hughes received his A.B. in Psychology from Catawba College, Salisbury, NC in 1972, his M.A. from Middle Tennessee State University, Murfreesboro, TN in 1973, and his Ph.D from Southern Illinois University at Carbondale in 1977. He also received an Award for Special Doctoral Assistantship in 1976-77.

Dr. Hughes is married and has three children; Laune 15, Jenny 13, and Lauren 10. His wife, Sarah, was the first Coordinator of the Kate Ireland Women's HealthCare Center.

Dr. Hughes says "the Frontier School of Midwifery and Family Nursing is on the cutting edge of delivering education to midwives through CNEP and this one area has impacted thousands of people throughout the world. We hope that by the year 2000 we will have educated and trained 10,000 midwives. The role of Frontier Nursing Service in this is as a 'model and a leader'. This is a very exciting time for the school. As a member of the local MBH board, I am committed to help keep quality providers and service to the people of Leslie and surrounding counties."

*-Barb Gibson*

### *Beyond the Mountains*

This February 28, 1992, I addressed the Missouri Perinatal Association at the Lake of the Ozarks. The issues of providing coverage to not only mothers and babies, but to all Americans, looms on the horizon during this presidential election year.

Frontier Nursing Service has been demonstrating since 1925 that the combination of well qualified family nurse practitioners caring for people in a holistic comprehensive way, backed up by competent physicians with links to secondary and tertiary care reduces the infant mortality rate and improves other health indicators.

Yet, the challenges continue. We face barriers established by ourselves, insurers, the Congress, the legislatures, professional associations, credentialing bodies, universities, other agencies and the like. These barriers are not unique to FNS. All providers face some or all of these barriers.

### **Health Care and Taxes**

Every individual has his or her own interest, their own personal belief. Often, legislators are elected on platforms reflecting their personal belief about education and taxes. The issue of health care delivery is a tax issue for the United States. How are we going to finance a health care delivery system which during the past decade experienced an inflationary factor which outranked that of the Gross National Product? I propose Americans will best be served through programs where employers enroll employees and dependents in private insurance plans or pay a tax which would cover their premiums in federal-state public plans. There must be incentives for small employers. The unemployed would be covered through a federal insurance program.

## Quality and Efficiency

Why do certificates of need so often fail to limit the duplication of services? One reason is because we as communities petition for these services. There appears to be conflict between the absolute knowledge that health care spending must be curbed and our desire as Americans for unlimited freedom of choice. I, too, do not want to give up choice in my personal health care, however, all providers and all services are not created and implemented under equally high standards of care. As a consumer I am left floundering when it comes to informed choices.

I sense an almost moral panic to find a neat and tidy, "us" versus "them" explanation for what is wrong with the American health care system. All health care ills cannot be blamed on the pharmaceutical companies, physician salaries, insurance companies, malpractice costs, and the like. It seems to me that we Americans must point a rhetorical finger inward. How many communities of less than 30,000 people have multiple CAT scanners? Do you want to have an intensive care unit within 30 minutes of your front door? Is more than one air ambulance system needed in most cities? Should all trauma units be created equal?

I wholeheartedly support the development of access and quality standards at the national level. Research should be funded to develop national practice guidelines. For professional, health care providers - physicians, nurse practitioners, physician assistants - I support national board examinations. Providers should be able to move freely across state lines. Technology assessment should be funded. Where advanced technology can be used more efficiently and cost-effectively, incentives should be created to encourage the implementation. For example, many diagnostic tests can now be performed miles away from the site of the physician through electronic imagery. It is not cost effective to have an obstetrician travel around rural American administering and reading ultrasounds and non-stress

tests when the technology exists to have a technician perform the test, transmitting the information to the physician. However, training for the technician and for the administration must be reimbursed at a rate which allows this implementation. The technician should also be certified.

### **Comprehensive Benefits**

Benefits should be comprehensive: health education, home health, occupational, medical, dental and mental health services including drugs and equipment. The hodgepodge of funding which now exists would end. Rates would be set and all services would be reimbursable under the system.

### **Equitable Financing**

Fee schedules should be negotiated. Deductions would be set with families below the federal poverty level exempted. As unemployment increases in this country and because certain whole areas of this country experience pockets where unemployment remains above the national average, the idea of cost shifting becomes ludicrous. Health care facilities whose revenues are 60% or greater Medicare or Medicaid (M&M) cannot afford to pay equitable salaries, benefits, purchase equipment and/or supplies. Operating on M&M rates, when the people you serve are M&M beneficiaries, means operating in the red. It means closure. The cost of health care must be established and that rate must be applied whether the insurer is private or public. This may mean reducing profit margins in the health care system. Americans need to come to grips with that issue. Research for pharmaceutical advances and technological advances should be funded, but not from the health care insurers.



## Elimination of Financial Barriers

Employers would contract for private insurance for employees. The unemployed would contract for public insurance. Incentives for managed care would apply focusing on appropriate levels of care.

Is managed care the answer? The national trend certainly seems to be moving in that direction. The assumption being that managed care is more cost effective. I believe there is truth in that assumption. But what happens when a managed care system closes the gate on the best, most appropriate care. Let me give you a personal example. My father is retired from Bell Telephone. After retirement he and my mother chose a local managed care system due to the cost savings. Since my mother was in her early twenties, she has suffered from rheumatoid arthritis. After 40 years of cortizone and other treatments she has bone degeneration. During the last twenty years she has had replacement of the bones in her feet by a renowned surgeon in Houston, and she has had hand surgery by a community surgeon who advertised specialization in hand surgery. Today, my mother can wear normal shoes and walk. The story of her hand surgery does not end as well. After the community surgery my mother had her hands re-evaluated by a surgeon in Dallas who was discreet but obviously horrified. He would not attempt to repair the damage done by the community surgeon and referred her to a surgeon in Louisville, Kentucky. The managed care system declared this unreimbursable. What happened? Mother and Daddy waited 14 months until the re-enrollment period for the health plan. They enrolled in the traditional Blue Cross/Blue Shield plan. She is being seen by the Louisville surgeon. My mother is only 61 years old and otherwise in good health. Should managed care mandate inappropriate surgical care in the name of cost-savings or condemn any person to a life without the full use of one's hands?

## **Consumer and Provider Participation**

If we are going to carve out a new, future direction in health care delivery, then the expectation must be communicated by the leadership to the faculties, health officials, standard bearers, credentialing bodies, that barriers to quality health care must be torn down and new erections will not be tolerated.

For the sake of our children, our families, our future, we can't allow the continuation of professional elitism barriers. Stances undocumented and without evidence to support them must be pushed aside. Physicians who say nurse practitioners provide second class care, nurse practitioners who claim that physicians assistants are trained less comprehensively, credentialing bodies that require a BSN degree before practitioner programs can be entered are but a few examples.

I would welcome the creation of a National Board representing providers, consumers, employers, and insurers from both rural and urban areas. Standards and the evaluation of standards should be national. It, quite simply, strikes me as immoral that because of one's geographic location, the expectation should be substandard care.

## **The Final Fabric**

Yet, all this addresses is the provision of health care services. This is only a piece of what will improve the overall quality of life for Americans. This piece must be woven into the fabric of health education beginning in our child care facilities and building throughout the public education system. I recommend that all insurance plans have health education programs mandated into the plan with reduced insurance payments for members and their dependents as they document participation. I recommend further payment reductions for members who quit smoking, join exercise programs, and improve nutritional status.

I have been thinking about saving lives. I have been thinking about those professionals who save lives. I have been trying to put myself in their shoes.

*"I saved a life today, I saw with my eyes the pink color return to those lips which had been ringed with blue. I felt with my fingers the thready almost imperceptible pulse beat stronger and stronger. I heard with my ears the broken words of thanks uttered by the mother of that precious life. I cheated death today".*

And when your world, day-in and day-out is saving life, cheating death then that becomes THE WORLD. That is the world of the tertiary care center...These centers of salvation for so many. These centers of association with out great universities, places of higher learning and research. Institutions which attract the great minds of our industry, health care. Hence, I have a glimmer of insight into that world. THE WORLD, as oft portrayed in our movies, on television, by newspaper. A complex world of technology and caring. A difficult world where the technology sometimes, perhaps often-times, has advanced beyond our society's attention to the ethical questions that technology raises.

I have been thinking about jogging, Perrier, and nutra grain cereal. I have been thinking about the desperation of being homeless, of being 15 and pregnant.

*"I saw her again today. This lovely 15 year old pregnant child-woman with her long brown hip length hair. From behind brown eyes she looks at me with knowledge not shared by some women 3 times her age. She has gained 15 pounds and is due to deliver this, her first child, this month. She told me the baby's father is her mother's boyfriend. She cannot tell her mother. Even though it sounds like rape to me, she feels guilty and afraid. She has kept her appointments, she's on the WIC program. I've told her to go to the county hospital after labor begins. I've told her about family*

*planning and child health clinics. Yet, I wonder what life holds for her and this baby."*

These public health clinics, these centers of prenatal care, often associated with local government. These institutions where there is never enough money or other resources. These institutions attract nurses, physicians, nutritionists, social workers, and others with missionary zeal, dedication and commitment to helping individuals. Individuals whose lives are often desperate and disorganized. Hence, I have insight into their world, THE WORLD of day to day caring where no one dies in the office, people and communities just seem to wither and dies slowly. No miracle cures occur in the office. The world where there are never adequate resources.

What is the future of this health system which saves babies and then returns them to a society where adults can't read, can't write.

To restructure the health care system, to meet the needs of the future, will require courageous leadership: Courage is the "mental or moral strength to venture, persevere, and withstand danger, fear or difficulty." Leadership is "The office, position, or capacity of a leader; authoritative control; guidance." Even minor restructuring of the health care system will require the strength to venture, persevere, withstand danger, fear and difficulty, and change will require authoritative control and guidance.

I hope to see many of you, our dear supporters and friends, beyond the mountains this spring. Also, please come visit!

*-Deanna Severance*

**EMPLOYEES OF OUR ORGANIZATION**

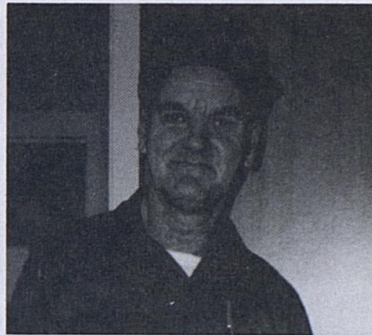
**Covy Feltner** has been one of our most dedicated employees at Mary Breckinridge Healthcare, Inc. for the past 34 years.

Covy first started work for FNS January 14, 1958 in the maintenance department. He worked there until the new hospital opened in 1975. He was then transferred to the dietary department where he still works, doing general kitchen duties.

Covy was born in Perry County but moved to Leslie County when he was 6 years old. He still lives in Hyden, Ky.

I asked Covy what made him stay with FNS for this many years and, like many other long term FNS employees, he stated he loves the organization and plans to work at least ten more years, at which time he will be able to retire.

Covy, we appreciate your many years of service and hope to see you around for a long, long time!



**Covy Feltner**



**Lawrence Bowling**, another dedicated employe of Mary Breckinridge Healthcare, Inc., started working for FNS in 1959. Before that he was working in the log woods. Pat Richards, the nurse at the Redbird Clinic, asked him to come work for FNS. Lawrence said "yes" and worked at both the Red Bird and Flat Creek clinics until 1979 when the new Community Health Center was opened. Lawrence was moved to Mary Breckinridge Healthcare, Inc., where he still works in the Maintenance Department, doing everything from changing lights bulbs to going on "lab runs" to the district clinics.



**Lawrence Bowling**

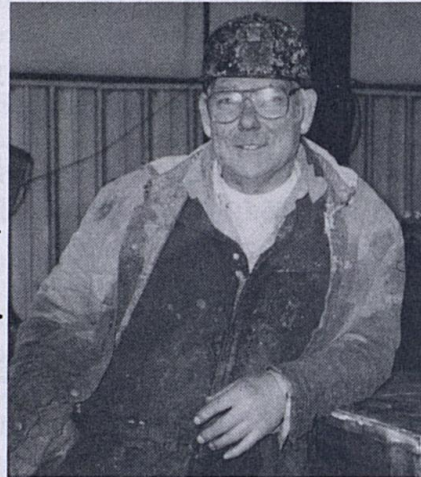
Lawrence has many memories of the old FNS leaders. He talked to me about Mrs. Breckinridge and Miss Browne and told me he was the last person to take Miss Betty Lester to the grocery store for her coffee before she passed away.

Lawrence says he plans on working for FNS for the rest of his life if possible, and we hope he does! Thanks Lawrence!

- Barb Gibson

### *Local Spotlight: Coal Miners*

On a Friday morning, Amy Behrens, a Courier, and I drove to the Shamrock Coal Company at their "Greasy Creek" mines to visit with George Roberts and his supervisor, Don Smith. George is a repairman and welder for much of the mining equipment used at Shamrock. As we drove up, George was outside with a pressurized water hose cleaning a "scoop car," used to transport men and supplies in and out of the mines. George took us inside his repair shop and told us about his



*George*

work in the mines. He has been associated with coal mines for the past 37 years (except for a period of about 5 years when he was a welder in Lexington), starting work when he was 18 years old at Kentucky Mountain Coal Company. He was paid a very small amount of money each day, during a period when ponies were used to pull coal cars in and out of the mines. In 1963 he joined Shamrock where he loaded two-ton cars with a shovel, which was extremely tiring. Today, modern equipment has made it a lot easier to get the coal out. For the past several years he has worked outside the mines where he repairs and builds equipment used in the mines.

George, a native of Leslie County, is the husband of Virginia Roberts, administrative assistant to Deanna Severance, director of FNS, Inc. They have two daughters, a son, and two grandchildren.

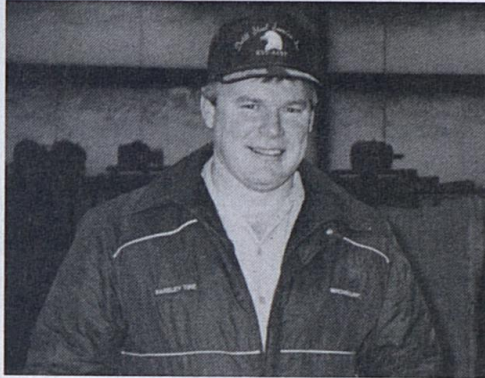
George's favorite hobbies, which take up most of his free time, are hunting and gardening. He loves to chase his beagle dogs while they chase rabbits, and also follows his Setter and Spaniel while they hunt for birds. In his "extra" spare time he gardens.

Don says that George is one of his most hard-working men. I got the impression that George is very dedicated to his job.

*- Barb Gibson*

### *Local Spotlight: Coal Miners - Continued*

Don Smith is another example of a dedicated coal miner here in eastern Kentucky. Don is also a native of Leslie County. Before starting work for Shamrock, Don worked as a carpenter in Ohio. He began at Shamrock operating a roof bolter, a machine which bolts the top of the mine to prevent rock falls. He has worked in the mines for 16 years and has been a mine supervisor for 11 years. He strives very hard to ensure the safety of a large number of men.

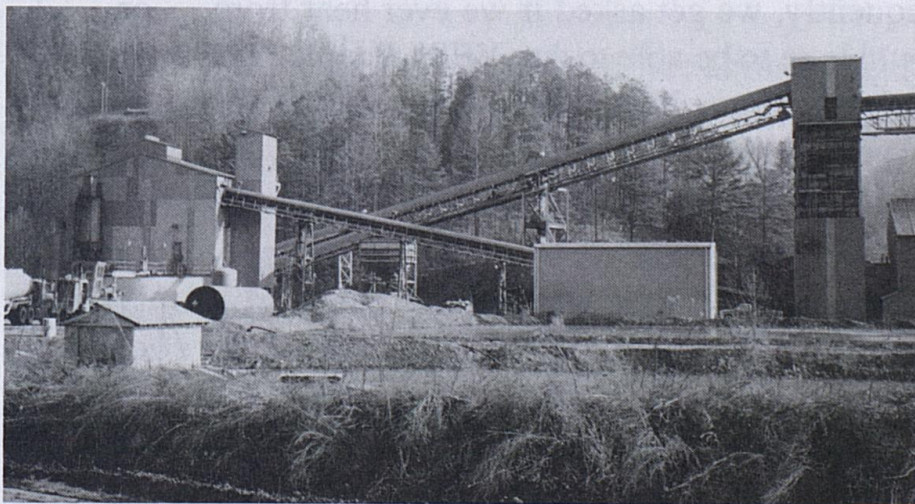


*Don*

Don is married to Sheila Smith, a local school teacher and former employee of Frontier Nursing Service. They have two children - Bob and Beth. During Don's free time he loves to hunt, fish and ride his motorcycle or four-wheeler.

I personally have a great admiration for the coal miners of our area. Every time they go underground they are risking their lives. I believe they have a great sense of responsibility and devotion to supporting their families.

*- Barb Gibson*



*Shamrock Coal Company - Greasy Creek Operation*

*COURIER NEWS**COURIERS*

No news is good news they say, but no news makes it very difficult to write this.

Being a courier is a special experience for each and every one of us, that will be a part of us forever. We remember the wonderful times, the wacky things that happen here, along with the heart wrenching times. With our fellow couriers we become a team, in both work and play and we form life long friendships. Often I find myself wondering how is..., what are they doing now and try as I might, there is never enough time these days to catch up with one and all. I'm sure many of you are in the same boat. Frequently, we get asked if we ever hear from .....or..... I would love to be able to day YES! People ARE interested in what path you have taken, where you are, how you are, and your families. So, please, drop us a note. We would like to hear about you and yours and I'm sure your far flung friends would too.

*-Susie Hudgins*



### FIELD NOTES

As the snow drops bloom and the daffodils try to rush the season a bit, Wendover is busy trying to finish the winter projects. The Big House kitchen has a new coat of paint and the counters are expected to arrive any day now. When all is completed, we plan to start



*Big Red and Trish*

on the renovation of the two baths upstairs. This will entail moving walls and rearranging some plumbing, but when through we will have two FULL baths, each with a shower. For anyone who has stayed with us when we had a full house, you know how wonderful this will be. Meanwhile one of the offices in the Garden House is being turned into a conference room. J. G. is refinishing a lovely old table made by Oscar Bowling. The table once lived at the Red Bird Clinic. Finally we will be able to meet comfortably with a number of people.

The latest addition to the Wendover animal league is Big Red. Big Red comes to us over the mountain, as it appears he did not particularly care for his previous owner. He is a beautiful red bone hound and is the love of all the couriers. Though he is still very shy of people, we are working with him and soon I am sure he will be as affectionate as the resident waif, Trish. Goat, Sassafras, just ignores these two as she munches any green vegetation that shows its shoots. She is not so patiently waiting for the kuduz to appear for the season.

*-Susie Hudgins*

**APPALACHIAN HEALTH CARE - *Candles in the darkness***

On June 24, 1991 I was asked to participate in "Celebration of Appalachian Women" sponsored by Morehead State University. I spoke about our remarkable founder, Mary Breckinridge. As this Quarterly Bulletin was going to press, I decided to include my comments. It is important to me to remember and honor this remarkable woman whose vision continues to influence the Frontier Nursing Service today.

Born in 1881 into a prominent American family, Mary Breckinridge spent her early years in many parts of the world--Russia, France, Switzerland, and the British Isles. But after the death of her two children, she abandoned the homebound life expected of women of her class to develop herself to the service of others, particularly children. After doing relief work in wartorn Europe and training as a nurse-midwife in England, she returned to America determined to establish a model system of health care delivery for rural areas.

This she did in 1925, establishing the Frontier Nursing Service in Leslie County, Kentucky--then one of the poorest and most inaccessible areas in the United States. Through the introduction of the first nurse-midwives to serve in this country, the FNS proved that high maternal and child mortality rates, malnutrition, and low life expectancy need not be the norm in remote rural areas. Riding their horses up mountains and across streams in blizzard, fog, or flood, the FNS nurses brought modern health care to families throughout an area of 700 square miles.

Until her death in 1965, Mary Breckinridge was the driving force behind the work of the Service whose influence today extends far beyond Eastern Kentucky. Both by its example and through the Frontier Graduate School of Midwifery and Family Nursing, which has trained hundreds of nurses, this important concept of family health care has been carried throughout the world.

Mary Breckinridge was a woman of extraordinary vision. The health care service she started in 1925 continues to thrive in Leslie County as a systems model for rural health care delivery, and the academic training which began as the Graduate School of Midwifery in 1939 is now preparing record numbers of nurse-midwives in this country.

Mary Breckinridge's great-great-grandfather moved his family to Lexington in 1793, shortly after the American Revolution. Always active in politics, John Breckinridge served briefly as United States Attorney General for his friend, Thomas Jefferson. Mary's grandfather, John C. Breckinridge, was vice-president of the United States under James Buchanan. It is said that she inherited her excellent speaking skills from him. Mary's father John Rodes Breckinridge was the American Minister to Russia in Cleveland's second administration. It is this illustrious Kentucky family that caused Mary Breckinridge to return to Kentucky when deciding where to begin the Frontier Nursing Service.

There were certain events which shaped Mary Breckinridge's life that caused her to return to the state of her ancestors.

A brief marriage ended when her husband died. This was a happy marriage about which she wrote "it gave me all, and more than all, I had wanted in married friendship." Mary Breckinridge had not been interested in nursing as a career until the death of her husband. However, when she was left a young widow with some money of her own, she was faced with the question of what to do with the years of life that lay before her. It was then she entered St. Luke's School of Nursing in New York.

A second marriage resulted in the birth of two children both of whom died. It was the death of these two children that had the greatest impact upon her life and upon her subsequent decision to form the Frontier Nursing Service. Her son, Breckie, died at age four years. Her daughter, Polly, died at age 6 hours when Breckie was two years old. In her autobiography Wide Neighborhoods, Mary Breckinridge repeated a story told to her by the foreman in Arkansas. As Breckie and the foreman were returning from the Dairy Howwow, Breckie told the foreman that he was a bird and could fly. After telling this to Mary Breckinridge, the foreman added reflectively, "He was always falling down, but he said he could fly." Mary Breckinridge later wrote, "It is because I wanted other children to feel that they could fly - as well as fall - that we have the Frontier Nursing Service today."

This second marriage ended after the death of the children. Mary Breckinridge resumed her maiden name and returned to Washington, DC. She enlisted in the American Red Cross Children's Bureau and was assigned to France. In France she worked for the American



*Mary Breckinridge on Horseback*

Committee for Devastated France. From the chauffeurs, she derived the idea of couriers for the FNS. It was also in France that she felt, as she was to feel later in the Kentucky mountains, that a program for children should begin before the children are born and should place special emphasis on the first six years of life. In France, Mary Breckinridge organized a child hygiene and visiting nurse service "as good as the one in Boston." This she did keeping careful records of the success. The success of this program created in the Aisne resulted in Mary Breckinridge being asked to stay and undertake an exhaustive study of the Paris hospitals and come up with a plan to establish a school of nursing in one of them. This she did. Hence, she was asked to stay and implement the findings in the study. Mary Breckinridge declined. However her calling had been clarified through this experience. She wrote to her mother, "...a decision has come to me and not of myself. Call it what you will-I feel it definitely and will follow it with the assurance that I am doing what is right....I am to work directly for little children now and always - because that is the work I can do best....Some very special thing is waiting for me on the other side of the ocean (although I don't know what it is). I shall be home for good within the year."

Mary Breckinridge learned that in France midwives were not nurses. In America nurses were not midwives. In England trained women were both nurses and midwives. Hence, her idea to bring British trained nurse midwives to the United States.

In 1923, with a whole summer free to spend as she liked, Mary Breckinridge rode thirteen different horses and three mules and traveled approximately six hundred and fifty miles. She kept daily notes about her investigation. She wrote, "It suffices to say that the care given

women in childbirth and their babies, thousands of them in thousands of square miles, was as medieval as the nursing care of the sick in the public hospitals of France."

It was on one of these rides alone that she first saw Wendover. She was riding along the Middle Fork of the Kentucky River and thought she had never seen anything lovelier than the lay of the land with its southern exposure facing the great North Mountain. When she raised her eyes to towering forest trees, and then let them fall on a cleared place where one might have a garden, when she passed some jutting rocks, she fell in love. To herself and to her horse she said, "Someday I'm going to build me a log house right there." Two years later she did. This summer the house has been named a National Landmark by the United States Department of the Interior. Wendover remains the corporate headquarters of the Frontier Nursing Service.



**Mary Breckinridge's Home - The Big House at Wendover**

Returning from the mountains of Eastern Kentucky, Mary Breckinridge decided to become a nurse-midwife. Hence, she enrolled in the fall of 1923 in the British Hospital for Mothers and Babies, in the Woolwich Dockyard section of southeast London. It was during this time that Mary Breckinridge had the opportunity to study at the Highland and Islands Medical and Nursing Service in Scotland. This is important because the system used by the Frontier Nursing Service is an adaptation of the methods used in the Highlands and Islands work. The operation of the Highlands and Islands Medical and Nursing Service provided for nursing districts staffed by qualified nurses who were midwives as well. In an area with several nursing centers, a medical center was located and staffed with a physician who had had

some training in obstetrics and pediatrics. Rural hospitals were set up to serve even larger areas, and transport for patients was arranged out of the Highlands and Islands funds.

Upon receiving her nurse-midwifery certificate, Mary Breckinridge sailed for home January 14, 1925. She chose Leslie County, Kentucky to establish the Frontier Nursing Service. She began in Kentucky because "Administrative costs of a demonstration are much higher if the demonstration is located in several areas, and in scattering you do not reach more people." She also chose the Kentucky mountains because of their inaccessibility. She felt that if the work she had in mind could be done in the mountains of Kentucky, it could be duplicated anywhere else in the United States with less effort. Another advantage to her in setting up the demonstration in Kentucky was that she would be working in a part of the world where her family name was known and she would be accepted without explanation, because she belonged. She had hundreds of kindred and family friends in Kentucky who were willing to back her up. Finally, she chose Kentucky because of Dr. Arthur T. McCormas, Health Commissioner for the Commonwealth. He not only approved of what she wanted to do, but he understood it.

On May 28, 1925, the Kentucky Committee for Mothers and Babies held its first meeting in the Assembly Room at the Capitol Hotel in Frankfort, Kentucky. The rest is history!

The first nurse-midwife, Ellen Halshall, came in the spring of 1926, followed by two nurse midwives, Gladys Peacock and Mary B. Willeford, that August.

Work on Wendover, the clinics, and hospital began almost immediately. The toughest problems faced in building all facilities were sewage, slides, and electricity. In 1992, we continue to face the same problems. The hospital was dedicated in June of 1928. The six outpost nursing centers of the Frontier Nursing Service were built during the years 1927-30. Nurse-midwives were stationed at all of them. The original center, Beech Fork, has a new building (circ 1970s), but the nurse practitioner Sister Sonia Miley lives in the original clinic! The Community Health Center consolidated the Red Bird clinic with several other clinics. However, nurse practitioner Bill Powell and his family, live in the original clinic building! Easier and quicker transportation has meant that some outpost centers could be combined; yet, the patients can still reach the nurses. Today we have four outpost clinics and one clinic in the hospital.

Things have changed in some ways. An excellent highway comes within two miles of Hyden, the Daniel Boone Parkway, and paved roads reach all the nursing centers. There are no more horses in use. The home health nurses drive Toyotas to reach outlying houses over rocky roads and up creekbeds. The Frontier Nursing Service continues to be the recipient of generous gifts from friends and supporters across the United States. Indeed, without that generosity, we would not be able to provide the level of service which we are doing.

The Courier Service continues. It is made up of young women and men, eighteen years and over, who first come to us for periods of from six weeks to two months throughout the year. The idea of such a service, as I stated before, was the outcome of Mary Breckinridge's experience with the Card Motor Corps in France, staffed by girl chauffeurs. Today the couriers deliver mail, provide important work at Wendover and work as nursing assistants in the clinics. A new branch of the courier program is their work in literacy. Many provide private tutoring to both children and adults in Leslie County where our adult functional illiteracy rate is approximately 40%.

Remarkably, the purpose and philosophy of the Frontier Nursing Service has remained constant since 1925. Progress in our educational program and our interest in promoting the FNS method of health care have enhanced developments within the Service and have increased the importance as a model. We are now organized as a parent holding company, FNS, Inc., with four subsidiary corporations: Mary Breckinridge Healthcare, Inc. with our 40 bed hospital which opened in 1975, a home health agency, 4 outpost clinics and one primary care clinic in the hospital, and the Kate Ireland Women's HealthCare Clinic; Frontier School of Midwifery and Family Nursing with the largest midwifery program in the U.S. We have graduated more than 700 nurse-midwives. In August, the FNS accepted 94 new students. Students are from every state in the U.S. The Precertification Program is one of two programs in the U.S.; FNS Real Estate, Inc. holds all our property and fixed assets; and Frontier Nursing Service Foundation, Inc. holds our investments.

The FNS works today. As we, professionals and laymen alike, strive to bring adequate health care to all, to know that we have a model demonstration of how health care can be delivered and how family nurse-midwives can be educated, is our greatest assurance of success!

- Deanna Severance

## IN MEMORIAM

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

Polly Barger

Sizerock, KY

Mrs. Barger was the "adopted" grandmother of Barb Gibson, Public Relations Secretary, at FNS Inc., Wendover, KY

Susie Smith

Essie, KY

Mrs. Smith was the mother of Bernadine Morgan, Secretary at the Beech Fork Clinic, at Asher, KY.

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

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

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

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

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

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

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

Gifts of stock should be sent to:  
FRONTIER NURSING SERVICE  
Mr. John Foley, Assistant Treasurer  
First Security National Bank & Trust Co.  
One First Security Plaza  
Lexington, Kentucky 40507

### 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 Opportunities:**

**Current Opportunities include:** certified nurse-midwives, family nurse practitioners, registered nurses, x-ray technicians, physicians, and laboratory technicians. For current information or to apply for a position, contact Eva Morgan, Human Resources Manager, Wendover, KY 41775 (phone 606-672-2317)

**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 Susie Hudgins, Coordinator of Wendover and the Courier / Volunteer Program, Wendover, Kentucky 41775 (phone 606-672-2318).

## URGENT NEEDS

FNS has an urgent need for the items listed below and hopes that its friends will wish to contribute toward their purchase. Because of your generosity, we sometimes receive more gifts for a particular item than we need. In those instances, your gift will be applied toward another urgent need listed below. Donations should be sent to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775, where they will be gratefully received.

|                                                         | Estimated Cost |
|---------------------------------------------------------|----------------|
| <b>Medical Surgical:</b>                                |                |
| Mattresses                                              | 4000           |
| <b>Emergency Room:</b>                                  |                |
| Patient Stretcher with Radiology Capacity               | 4500           |
| <b>Community Health Center:</b>                         |                |
| 1 Vacuum Cleaner                                        | 400            |
| 2 Cassette Recorders for Dictation                      | 50             |
| <b>Home Health Agency:</b>                              |                |
| 4 Otoscopes                                             | 800            |
| 7 Hairdryers                                            | 140            |
| 7 Electric Razors                                       | 140            |
| <b>Operating Room:</b>                                  |                |
| 4 Needle Holders (7 1/2 in.)                            | 140            |
| 4 Metz Scissors (7 in.)                                 | 140            |
| First Temp. Ear Monitor                                 | 600            |
| Bair Hugger (Patient warming system)                    | 1,400          |
| <b>Maternity:</b>                                       |                |
| Required Teaching Video for Fetal Heart Monitoring      | 500            |
| <b>Wendover-Garden House:</b>                           |                |
| Renovation of Single Bath in Garden House               | 615            |
| <b>Wendover-Workshop:</b>                               |                |
| Tongue and Groove Bit Set                               | 35             |
| 4 Router Bits                                           | 120            |
| <b>Wendover Promotion and Development Office:</b>       |                |
| 1 Laser Printer                                         | 950            |
| <b>Wendover-Human Relations:</b>                        |                |
| TV/VCR Combination for In-Service                       | 400            |
| <b>Kate Ireland Women's Center:</b>                     |                |
| Front Door                                              | 169            |
| <b>Laboratory:</b>                                      |                |
| Computer                                                | 1800           |
| <b>Frontier School of Midwifery and Family Nursing:</b> |                |
| Lighting Units                                          | 765            |
| Shelving                                                | 300            |
| Carpeting                                               | 718            |

## FRONTIER NURSING SERVICE, INC.

### Its motto:

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

*Isaiah 40:11*

### Its object:

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

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