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The deans of the two schools that have joined in an innovative academic program to bring significant advances in nursing education. *Left:* Dr. Joyce J. Fitzpatrick, dean of the Frances Payne Bolton School of Nursing, Case Western Reserve University. *Right:* Ruth Coates Beeman, dean and director, Frontier School of Midwifery and Family Nursing.



FRONTIER SCHOOL AND CASE WESTERN RESERVE UNIVERSITY JOIN IN AFFILIATION TO ADVANCE NURSING EDUCATION

A significant advance in nursing education was achieved during May by the signing of documents that establish a new linkage between FNS' Frontier School of Midwifery and Family Nursing and the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland. Case Western Reserve, in a recent statement, said that the goal of this cooperative program "is to advance health care for mothers and infants during pregnancy, childbirth, and afterward."

The new affiliation will make it possible for students at the Frontier School to receive academic credit toward advanced degrees at Case Western Reserve. Reciprocally, clinical and educational facilities at the Frontier School will be available to CWRU nursing students. Although some of the details remain to be developed, students at FNS will be able, beginning in January 1986, to apply course credits earned at FSMFN toward a master's degree at Case Western Reserve. CWRU students will be able to take courses at the Frontier School that will apply toward a master's degree at Case Western Reserve. As part of this plan, the faculty of the Frontier School have been appointed adjunct professors at the Frances Payne Bolton School. It is expected that the schools will not only share faculty but will also work together on joint research projects.

The two schools each have lengthy records of distinguished accomplishment. The Frontier School was established in 1939 at Hyden to meet an urgent need at FNS. Until that time, FNS nurse-midwives had been trained in England, but that source of supply was abruptly cut off by the outbreak of World War II. FNS founder

Mary Breckinridge responded to the emergency by establishing her own educational program, the Frontier Graduate School of Midwifery. Its initial purpose was to prepare professional nurse-midwives for the Frontier Nursing Service, but over the years, its graduates have carried their expertise and care to all parts of the world. Family nursing and preventive care have been integral in FNS services since their beginning.

The Frontier School was the second school of nurse-midwifery in the United States, having been preceded a few years earlier by the midwifery school of the Maternity Center Association in New York City. The latter closed several years ago, and the Frontier School is now the oldest of its kind in the country. In 1970, thirty-one years after its founding, the Frontier School added a certificate program to prepare family nurse practitioners. With these two programs it became uniquely qualified to prepare both family nurse practitioners and family nurse-midwives. It has always placed special emphasis on developing Mary Breckinridge's concept of the professional midwife who is also a professional nurse, fully qualified and motivated to bring lifetime care to entire families.

Last year, the Frontier School became the first school in this country to have an endowed chair of nurse-midwifery, as a result of generous gifts from Miss Kate Ireland, FNS' National Chairman, and Mrs. Jefferson Patterson, former FNS National Chairman, a second cousin of Mary Breckinridge's and a long-time benefactor of FNS. Ruth Coates Beeman, dean and director of the Frontier School since January 1983, was named to the new chair. Mrs. Beeman has devoted much of her substantial energy and experience to help bring about the new affiliation with Case Western Reserve.

The Frances Payne Bolton School of Nursing, which evolved from a small training school, was established in Cleveland in 1923. It came into being as a result of a generous endowment from Frances Payne Bolton. Mrs. Bolton was a friend of Mary Breckinridge's and was an early benefactor of the Frontier Nursing Service. The FNS district clinic at Possum Bend was made possible by a gift from Mrs. Bolton, and when the clinic had to be closed because of the construction of the Buckhorn Dam, she generously consented to the use of the condemnation proceeds for purchasing a house on Hospital Hill, Hyden. This building, known since then as the Bolton House, is used as a residence for FNS staff.



The Frontier School of Midwifery and Family Nursing

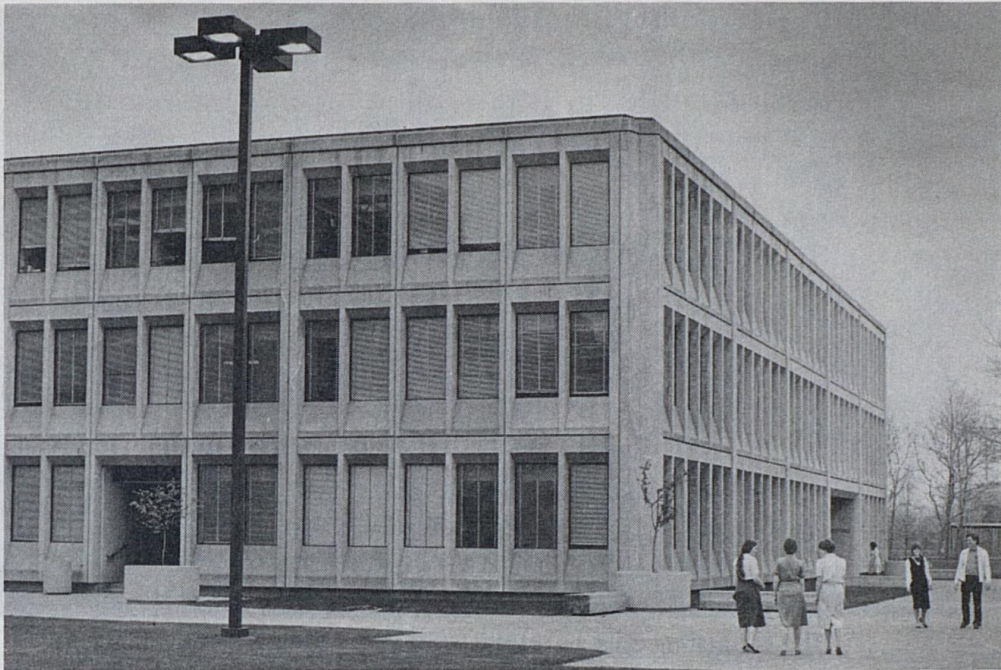
Case Western Reserve University, of which the Bolton School is a part, was established in 1967 through the federation of Case Institute of Technology, which dates from 1880, and Western Reserve University, which was founded in 1926. The university has an enrollment of about 8,500 students, about 5,000 of whom pursue courses leading to graduate or professional degrees. The Frances Payne Bolton School is one of seven professional schools within the University. Its dean is Dr. Joyce J. Fitzpatrick. Last fall, *Nursing Outlook* published the results of a 1982 survey in which the deans of all accredited nursing schools in the United States, together with a random sample of members of the Council of Nurse Researchers of the American Nurses' Association, were asked to rank the ten top baccalaureate nursing programs in this country. The 140 deans who responded (out of 353 polled) ranked Case Western Reserve's school second in the United States. The Frontier School offers a non-degree graduate program only and was not considered in the survey. Both schools are widely esteemed for their high standards and their innovative approach to nursing education.

The linkage between the two schools is a result of two and a half years of negotiation and hard work. Dean Beeman of the Frontier

School says that the first discussion of the concept took place at a meeting in December 1982 attended by Eunice K. ("Kitty") Ernst, Dr. Ruth Lubic, Dr. Anne Wasson, Christine Schenk, and herself. Dean Fitzpatrick of the Bolton School had previously discussed the idea with Christine Schenk (a member of both the CWRU faculty and the FNS National Nursing Council), and asked her to present it at that meeting. The proposal had immediate appeal, and the committee turned enthusiastically to making plans to explore it in depth. Mrs. Beeman discussed it with Kate Ireland at the first opportunity, and it was not long until "wheels were beginning to spin." Mrs. Beeman, who had attended the December meeting as the prospective dean and director of the Frontier School, assumed her new duties at FNS on January 3, 1983, and in February, she and Kate Ireland met in Cleveland with Dr. Fitzpatrick and other members of the Bolton faculty. From that time onward, plans for affiliation moved forward steadily to the goal that has now been reached.

A plan of this kind requires the working out of many details, having to do with such matters as curricula, academic credits, course content, admission requirements, location and nature of clinical experience, fees, administration, faculty credentials and responsibilities, and so on. Recruitment of qualified faculty was a critical aspect of the affiliation. During these intervening two years, representatives of both schools maintained constant contact, at meetings, by phone, and by mail, to work out all of these issues. The entire plan, of course, required legal approval and the blessing of the two administrations. Ultimately, this led to the contractual arrangements that have now been formalized.

This important new development is symbolic of significant changes that are taking place in education today. In the nursing field, ever greater emphasis is being placed on raising the professional standards required of nurses and on nurses' need to continue to educate themselves over their working careers. The American Nurses' Association now requires that any candidate wishing to sit for its certification examination as a family nurse practitioner must have at least a BSN degree. The Frontier School has also made the BSN a basic requirement for admission, in addition to very substantial nursing experience. The class that entered FSMFN last January was the first for which the BSN was a formal prerequisite.



The Frances Payne Bolton School of Nursing,
Case Western Reserve University, Cleveland

At the same time, there have been a number of changes in the educational philosophy of nursing educators. It is increasingly recognized that candidates for graduate degrees bring to their educational programs very individual needs, aptitudes, and experience, both in education and practice. They are assumed to be motivated, responsible, and self-directed. Increasingly, educational authorities are creating programs that permit students to obtain their needed expertise "off-campus," especially through studies and clinical experience at programs offered by other institutions. Such programs require a careful definition of objectives, together with the establishment of controls and evaluation techniques designed to ensure that the objectives are being met. In addition to using FNS facilities, the Frontier School has for some time sent students to hospitals and birthing centers in various parts of the United States in order to provide still richer and more varied clinical experience for its nurse-midwifery students. The new affiliation develops this concept further, to the advantage of the Frontier School and the Bolton School, and of the many mothers and infants its graduates will serve.



The graduating class awaits the beginning of ceremonies

FRONTIER SCHOOL GRADUATES 95TH CLASS

The Frontier School of Midwifery and Family Nursing graduated its 95th class on Saturday morning, April 27. Traditionally, graduation ceremonies take place on the Grassy Spot at Wendover, just below Mary Breckinridge's home, the Big House. However, heavy rains fell on Leslie County during the morning, and it became necessary to move the exercises to the Presbyterian Church in Hyden.

The Frontier School is the oldest school of nurse-midwifery in continuous operation in this country. It prepares graduate-level nurses as family nurse-midwives, family nurse practitioners, or both. Graduates are qualified to sit for the certifying examinations given by the American College of Nurse-Midwives and the American Nurses' Association.

This year's graduating class consisted of sixteen nurses, all of whom came to the school as registered nurses with several years of nursing experience. Twelve of the graduates began the program in January 1984, while the other four entered with advanced standing in September to complete the nurse-midwifery portion of the curriculum. Of the sixteen graduates, fifteen completed all four of the four-month trimesters that cover family nursing and nurse-midwifery. The sixteenth chose the other basic option, which

concentrates on the preparation of family nurse practitioners; this option requires completing the first three trimesters.

The commencement address was given by Mrs. Diony Young, well-known writer and consumer advocate on issues of childbirth and maternity care. Mrs. Young, in a forceful speech that was greatly appreciated by her audience, concentrated on some of the serious challenges facing today's graduates, including the sweeping advances of medical technology and the ominous problem of out-of-control malpractice litigation. She drew from the writings and practice of Mary Breckinridge several principles that can provide guidance in meeting these challenges. The first of four, all expressed in Mary Breckinridge's words, was what she called Mrs. Breckinridge's *magic key*: "Do it yourself." The other three were:

First, "I also formed a habit, indispensable in new undertakings, of learning all that I could about native customs so that new things could be grafted onto the old."

Second, "I gained a respect for facts — old and new — with the knowledge that change is not brought about by theories."

And third: "It is wise to begin small, take root, and then grow."

From these principles, and from her own experience, Mrs. Young offered two groups of specific points for guidance. In one series, she defined areas in which nurses can provide support and care for women and families, through emotional support, teaching, and the establishment of trust. In the other group, she offered guidelines for solving the problems the graduates are likely to find as they move into their careers. She mentioned, among other things, the need to start slowly and solidly, to understand local problems before trying to deal with them, to enlist the support of key persons in the community, and to persevere in the face of difficulties. A fuller account of these issues may be found in the complete text of Mrs. Young's address, which follows on page 11.

Following Mrs. Young's address, Dean Ruth Coates Beeman of the Frontier School presented the diplomas to the class. She also made a number of scholarship awards to the graduates. These awards were made possible by the generosity of the Daughters of Colonial Wars, who have been faithful supporters of FNS for many years. The recipients were Stephanie Stauber, Mary Mays, Sharon Machan, Gere Perona, Ivy Kotovsky-Stearman (two awards), Holly Powell, Nancy Ritenour, and Janet Scoggin.



↑ Rosalinda Campbell, RN, Immokalee, Florida; ASN, Florida Keys Community College (1973); OB/GYN nurse practitioner, University Hospital, Jacksonville (1980). *FNS diploma: nurse-midwife.*



↑ Mary Dent, RN, Luxemburg, Wisconsin; BSN, University of Michigan School of Nursing (1979). *FNS diploma: family nurse-midwife.*

The 95th Class

↓ Sandra Founds, RN, Somerville, Massachusetts; BA (Psychology), State University of New York at Genesco (1976); BSN, Cornell University, New York Hospital School of Nursing (1979). *FNS diploma: family nurse-midwife.*

↓ Lucy Hosmer, RN, Tempe, Arizona; BSN, Arizona State University (1983). *FNS diploma: nurse-midwife.*





↑ Ivy Kotovsky-Stearman, RN, Jerome, Arizona; AAN, Yavapai Community College (1977). *FNS diploma:* family nurse-midwife.

↓ Sharon Machan, RN, Detroit, Michigan; BSN, Wayne State University College of Nursing (1971). *FNS diploma:* family nurse-midwife.



↑ Sharon Leaman, RN, Lancaster, Pennsylvania; Diploma in Nursing, St. Joseph's School of Nursing (1977). *FNS diploma:* family nurse-midwife.



↓ Julie Oulman, RN, Chicago, Illinois; training in midwifery, Doncaster, South Yorkshire, England (1980); ADN, North Iowa Area Community College (1980). *FNS diploma:* family nurse-midwife.



↓ Geré Perona, RN, Taos, New Mexico; ADN, College of Santa Fe (1980). *FNS diploma:* family nurse-midwife.



↑ Mary Mays, RN, Verdugo City, California; BA (Geography) and BA (Anthropology), University of Utah (1976); Diploma in Nursing, Los Angeles County, University of Southern California Medical Center School of Nursing (1981). *FNS diploma:* family nurse-midwife.



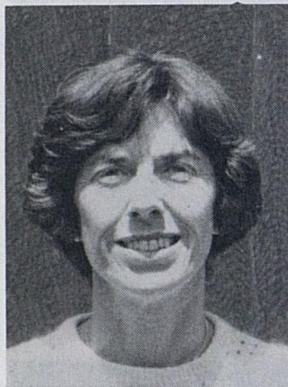


↓ Janet P. Scoggin, RN, Tempe, Arizona; BSN, University of Portland (Oregon) (1963); MS (Maternal/Child Nursing), Arizona State University (1971). *FNS diploma*: nurse-midwife.



↑ Nancy Ritenour, RN, Pittsburgh, Pennsylvania; BSN, University of Pittsburgh (1976). *FNS diploma*: family nurse-midwife.

↑ Holly Powell, RN, Providence, Rhode Island; diploma, Miami Valley Hospital School of Nursing (1972); Bachelor of General Studies, Chaminade University of Honolulu, Hawaii (1975); MSN and FNP, Medical College of Georgia (1978). *FNS diploma*: nurse-midwife.



↓ Stephanie Stauber, RN, Bozeman, Montana; BSN, Montana State University (1979). *FNS diploma*: family nurse-midwife.

↓ Coleen Wold, RN, Minneapolis, Minnesota; BSN, University of Minnesota School of Nursing (1979); MPH, University of Minnesota School of Public Health Nursing (1982). *FNS diploma*: family nurse practitioner.



↑ Carla Stange, RN, Berkeley, California; ADN, Merritt College (1981). *FNS diploma*: family nurse-midwife.



**DIONY YOUNG EXHORTS GRADUATES
TO STRESS "HIGH-TOUCH"
AND CARING IN NURSING PRACTICE**

by Diony Young

Diony Young is a well-known consumer advocate and writer who has long been concerned with issues relating to childbirth and maternity care. She is widely respected for her work with the International Childbirth Education Association. In recent years, she has been particularly active and forceful in organizing efforts to cope with problems arising from the explosive growth in malpractice litigation.

Following is the text of Mrs. Young's address to the 95th graduating class of the Frontier School of Midwifery and Family Nursing, on April 27, 1985:

I feel greatly honored to be here today — at this historic place where midwifery has its roots in this country. I am especially happy to be able to speak at your graduation and to congratulate you as graduates of the Frontier School of Midwifery and Family Nursing. You are leaving here to carry on the dream and work of Mary Breckinridge, who with her "angels on horseback" achieved miracles in bringing health to the mothers and babies of these hills.

As you know, this year is special — it is the 45th anniversary of this school, and the 60th anniversary of the founding of the Kentucky Committee for Mothers and Babies, which became the Frontier Nursing Service. At its first organizational meeting on May 28, 1925, in Frankfort, Kentucky, Judge Edward O'Rear, in opening the meeting, talked of the "sublime audacity" of creating this new rural public health program.¹ He felt sure of its success, and he was right.

But the frontiers of maternal and child health in 1925 were very different from the frontiers of maternal and child health today in 1985. And, as you leave here and spread out into the "wide neighborhoods" of the United States and beyond, you will probably find that you too will need a good measure of "sublime audacity" in your new jobs and undertakings.

In 1952, Mary Breckinridge wrote her autobiography, and she gave it the name *Wide Neighborhoods*.¹ I read it a few weeks ago because I wanted to feel what she felt and to understand her purpose and mission in establishing the Frontier Nursing Service. I thought perhaps I could find some insights and inspiration to pass on to you as you leave here.

I came upon one guiding principle which I believe helped her carry out her dream and work. When she was a child, she had a favorite old book, written in the 1880's, which was called *From Do-Nothing Hall to Happy-Day House*.² The story told about a magic key called "Do it yourself." It was with this magic key that she created what has now become a strong and vital school and program of family-centered primary health care.

She followed a second important principle as well when she started out in this community: "I also formed a habit, indispensable in new undertakings, of learning all that I could about native customs so that new things could be grafted onto the old."¹

And there was a third principle which she firmly believed in and followed. Again I quote from her autobiography: "I gained a respect for facts — old and new — with the knowledge that change is not brought about by theories."¹

These principles are as valuable and valid today as they were in the 1920's. We all need to remember and follow them as we work on new ventures and progressive change in public health.

But the major message throughout her book was her overwhelming commitment to bring compassionate and skilled care to children, women, and families. And although many of the health care problems of the 1920's were very different from the health care problems that face you in the 1980's, one thing has not changed — that is what childbearing women want and need from the health professionals who look after them during pregnancy, birth, and in the months afterwards. Women want basically to receive compassionate and personalized care and to be treated with respect and dignity. Parents want the same care for their children. In fact, these are fundamental human needs that we all want and should expect from our health care providers. From the very beginning, these elements have been an essential part of the philosophy and care given by the midwives and nurses of the Frontier Nursing Service.

The challenges and hardships that Mary Breckinridge and her midwives faced and overcame were "awesome" indeed — the physical barriers of a rugged and roadless country; the constant specter of suffering, disease, and death; the frustrating problems with water, sewage, landslides, and no electricity; the threat of natural disasters; and even a troublesome local rumor that the new midwives were witches who turned boy babies into little bears!¹

The challenges and hardships you face in your practices today will be very different from these. You will find that most of them come from within the health care system itself — a health care which is changing so rapidly that it's almost impossible to keep up with it. You will, like Mary Breckinridge, need every ounce of determination, stamina, and commitment that you have. And in addition to giving women the skilled care that you have learned here, you will especially need to find out the many ways to turn the magic key, "Do it yourself." You will also need to be aware in your undertakings that there are always those who stand ready, waiting, and hoping for new ventures to fail and for newcomers to make a mistake.

Over the past 60 years, maternal and newborn health care has progressed to an extraordinary degree, and the woman- and family-centered care of today can trace its foundations to the Frontier Nursing Service, the Maternity Center Association in New York City, and the pioneer midwives and nurses of the day.

Paralleling the development of family-centered care, especially in the past 15 years, have been the tremendous advances of medical technology, which have contributed so much to reduce disease and death among mothers and children today. But as you leave here and go into practice around the country, you will find that increasingly the essential human elements of family-centered care are coming into conflict with the brave new world of technology.³ Maternity care is becoming more and more specialized at the expense of primary health care. Childbirth as a normal physiological process is being turned into a complicated medical and surgical event. Already, one woman in five gives birth by cesarean section in the United States, over 60 percent of women receive one or more ultrasound scans during pregnancy, and the majority of women are now attached to an electronic fetal monitor during labor, to mention only a few of the many procedures which have become a major part of clinical practice. Indeed, if you think about it, more and more people enter the world hooked up to tubes and machines, and they leave the world hooked up to tubes and machines.

One of the great concerns of parents and consumer advocates is that scientific evidence has not demonstrated the benefits of many of these procedures on healthy women and babies.⁴



Diony Young speaks to the graduates and their families, as the Frontier School of Midwifery and Family Nursing graduates its 95th class

Increasingly, the message the public gets from the medical profession is that more technology means better health care, that more cesareans mean fewer perinatal deaths, that more procedures mean safer births, that medical science guarantees a perfect outcome, and that what is good for a few women and babies is probably good for everyone. In fact, we have gone so far down the road of medical technology in childbirth that Dr. Michel Odent, the pioneering French physician, asks, "Will the obstetrician of tomorrow be sitting in front of a computer terminal screen?"⁵

But, perhaps he and other critics are wrong, and maternity care is progressing the way it should be, when we look at the family-centered maternity programs in hospitals, the birth centers springing up everywhere, the dropping infant death rate, the health education programs, the improvements in prenatal and primary health care, and the new technologies now available and on the horizon. Perhaps we can now believe that we have reached our goal of quality health care for all.

Unfortunately, looks can be deceiving. What passes as family-centered care in many hospitals is simply tokenism — interior-decorator obstetrics with a philosophy and practice which are far from meeting the human needs of women and families. The improvement in infant deaths is slowing, and still black babies are dying at twice the rate of white babies.⁶ Vast numbers of pregnant women do not get the prenatal care and education they need, and

women who are poor or socially deprived have higher risks but fewer services than others.⁶ Midwives and birth centers must often face resistance and restraint of trade from the medical profession in the competition for a gradually declining number of babies.⁷ And finally, dollars for maternal and child health services are getting scarcer and harder to come by.

These are some of the realities of the 1980's that will challenge you when you leave here. But perhaps the greatest threat facing all maternal health practitioners at the present time, and the greatest force for change in maternity care, comes from the current malpractice crisis.⁸ In the past five years, malpractice suits against obstetrician-gynecologists have more than tripled, and nurse-midwives and other midlevel practitioners increasingly are being named in lawsuits. Doctors, midwives, and nurses are changing the way they practice to protect themselves against a possible malpractice claim — ordering more tests, using more procedures, practicing defensively. Midwives and birth centers today are in real jeopardy of losing their malpractice insurance or simply being unable to find an underwriter to cover them. And malpractice premiums are rocketing upward. This year an obstetrician in Long Island, New York, will pay an annual premium of \$82,500. Many doctors are giving up obstetrics altogether, and the others are fearful of straying from the path of traditional practice. The word "malpractice" is constantly on the lips and minds of all providers of maternity care.

The combination of technology dependency, malpractice fears, defensive practices, and increasing specialization are today threatening the existence of normal childbirth, primary level health care, the availability of birth alternatives, and the special quality of maternity care which the Frontier Nursing Service and others have worked for so hard.

You are here today to carry on the fight for mothers and babies and families everywhere. And there are many ways that you, personally and collectively, can prevent the high-tech forces of today's health care system from overpowering the high-touch forces of midwifery and family nursing practice, and can find the right balance between those forces.

On a one-to-one basis with women and families:

- You can offer women skilled and loving care and give them the necessary emotional support and strength they need.

- You can encourage and teach women and families personal responsibility, self-care, self-confidence, and how to draw on their own resources.
- You can promote family attitudes of wellness, preventive health care, good nutrition, and the integration of a healthy mind and body.
- You can help all family members to actively participate in pregnancy, birth, and parenting.
- You can provide education that will enable women and families to make informed decisions about their use of medical treatment and procedures.
- You can create a strong trust relationship with women and families, based on respect and understanding rather than dependency and control.
- And you can strongly hold true to the essential principles of midwifery and family-centered nursing as both an art and a science, making sure at the same time not to practice the science at the expense of the art.

But, in addition to helping your clients individually, I urge you to leave here with a broader mission — one of advocacy for the families you serve and for families everywhere. We need new pioneers in maternity and family-centered care today in every community, in the countryside, and in the cities. We cannot stand quietly by and allow high-risk tertiary-level care and services to replace primary health care and services. We must find the ways to enable all women and their families to get the health care they need. And we must raise the consciousness of the public and the politicians about what needs to be done to improve the physical and mental health of young families today.

Mary Breckinridge would, I am sure, repeat to you today the firm belief which guided her in creating the Frontier Nursing Service —to achieve what you want, to turn dreams into reality. “It is wise to begin small, take root, and then grow.”¹ To that advice, you will need to add those essential pioneering ingredients of courage, creativity, determination, and staying power.

- Give yourself time to get your feet on the ground first, wherever you are. Then start looking around at what you have, what is missing, and what needs to be done or changed.

- Get acquainted and involved with the local health care system, its resources, and its operations.
- Find out who your allies are and who your adversaries are and use them both.
- Use the support you have from colleagues, but also look to your community and your clients for help in achieving your goals.
- Put together a group — an action-oriented coalition of health providers and consumers.
- Look at the realities and problems before you and work out a plan of action and strategies.
- Become a resource person and contact for parent and community groups that have similar goals.
- Join forces with them for mutual support and action — behind the scenes or up front.
- Give testimony at public hearings or meetings on issues and decisions that affect the health of women, children, and families.
- Educate and use your legislators, public officials, the business community, the press, and women's and community groups to further your goals. Learn political strategies and become politically active in public health reform.
- Be visible so that the public knows you are there, what you are doing, and how you can help them.
- Go to conferences to keep up to date and to recharge your spirits and energy.
- Finally, keep the pressure on and don't give up despite all the thorns in your path. And in all your undertakings and ups and downs, it will help if you can keep both your cool and your sense of humor.

If you follow these guidelines when you travel out into the "wide neighborhoods" beyond these hills, you will be carrying with you the pioneering spirit on which this school and its work was built. Today's children, parents, and families need you and the special knowledge, skills, and caring that you offer no less than the children, parents, and families needed them sixty years ago. The frontiers are different but the needs are the same.

Remember, especially, to carry Mary Breckinridge's magic key, "Do it yourself," to help you open closed doors and unlock resistant

barriers. And whatever you do and wherever you go, I would like to wish you the greatest success with the same words that Obi-Wan-Kenobi said to Luke Skywalker in the movie *Star Wars* — “May the force be with you!”

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Mary Cameron, a nurse from South Australia, spent a week at the Frontier Nursing Service in April as part of a study trip to the United States. Her (at left) she chats with Ruth Beeman, dean and director of the Frontier School of Midwifery and Family Nursing.

BABY WINS RACE WITH CAR

It was not the first time an arriving baby had outraced her means of transportation to the delivery room. The guest book at FNS' Beech Fork Clinic, for example, contains a reference, written years ago, to a race between a horse and a stork. This kind of thing is an old story. And it happened again just this June, when Veronica Sue Frost chose to be born in her parent's car as it raced down the Daniel Boone Parkway toward the Mary Breckinridge Hospital in Hyden.

The race began early on June 7. About seven that morning, Susan Hull, Project Director of FNS' Community Health Center at Big Creek, in Clay County, received a call at home saying that Patricia Frost was in labor and starting for the hospital with her husband, Ronnie. The Frosts had to travel from Oneida and, since they faced a drive of about three quarters of an hour, Susan agreed to meet them at a halfway point. They decided on the Red Bird toll plaza on the Daniel Boone Parkway.

Sue immediately alerted Rose Rokis, her associate at the clinic and, like herself, a certified family nurse practitioner. They grabbed the saddle bags that they kept ready with equipment and supplies for emergencies and set off for the toll plaza. When they met the Frosts, Susan and Rose examined the expectant mother and, on reviewing the situation, they decided to accompany the Frosts to the hospital. Sue took her place in the back seat with Patricia Frost, and Rose rode in the front seat.

But the baby was in a hurry. By the time the car had reached the Bob Fork School, still ten miles short of the hospital, there was no way of holding her back. Susan "caught" the baby as the car continued down the highway. Rose assisted as she could from the front seat.

Veronica Sue was a big baby — 10 pounds, 4 ounces. And although she had caused quite a commotion, she herself showed no sign that she was the least upset about it. She came through in fine shape and is thriving. Her mother, who has two other youngsters at home, also took the unexpected adventure in stride. As for Susan and Rose, although they are family nurse practitioners, rather than nurse-midwives, they were well prepared to handle the situation with care and professional skill. For sixty years, this has been the FNS tradition, but in these days when communications and roads are so much improved, this particular kind of challenge occurs less frequently. Perhaps this is why an experience of this nature sends such warm feelings through the entire organization. It not only revives memories of "the old days," but it also brings the comfort of knowing that when the old skills are needed, they are still there.

THE FNS MEDICAL DIRECTIVES — THE HISTORICAL INNOVATION THAT HAS ASSURED THE BEST IN RURAL HEALTH CARE

by Deirdre Poe, RN, MS, CFNP, CNM
Nurse-Midwifery Instructor

Frontier School of Midwifery and Family Nursing

Mary Breckinridge founded the Frontier Nursing Service in 1925 to bring much-needed health care to the mountain people of southeastern Kentucky. The basis of the FNS approach was the introduction of a decentralized program in which principal responsibility was placed on professional nurses who worked out of outpost centers but who could call for a doctor when necessary, or send patients to the hospital in Hyden.

In order to control and standardize the medical procedures available to these nurses, and to provide them with a practical basis for knowing when to call for help, Mrs. Breckinridge developed a series of protocols, then known as "routines," for guidance in handling specific kinds of health problems.

This year, FNS is celebrating its sixtieth anniversary. As it contemplates the record of those years, it acknowledges the importance of the *Medical Directives* as a major factor in its ability to reach into the mountains and provide the care that has been needed. The first version of these directives was published in 1928, and the book has been regularly revised and amplified. The directives have been the foundation on which FNS' entire program of health care has been based. They have been used by other health agencies throughout the world and have served as a model by which health care could be brought to remote areas everywhere.

In this article, Deirdre Poe, a certified nurse-midwife and certified nurse practitioner whose FNS career has included clinical practice and faculty appointments at the Frontier School of Midwifery and Family Nursing, and who has edited the newly issued revision of the *Medical Directives of the Frontier Nursing Service*, tells something of their history and importance.

In 1928, the first *Routine for the Use of the Frontier Nursing Service* was authorized by its Medical Advisory Committee in Lexington, Kentucky. This committee of seven physicians recognized that FNS nurses "have to work under extremely difficult conditions in very remote areas." The *Routine* would "enable them to meet emergencies and carry on until physicians can be had, and even, in many instances, when physicians can never be had."

A mere twenty pages, the 1928 *Routine* includes some fifty general medical and midwifery conditions. Some selected excerpts follow:

Shock: "One pint of salt solution given very slowly by rectum and repeat in six or eight hours with or without coffee. Hot blankets, hot bottles."

Acute Chest Conditions: "Perfect nursing care, twice a day visits wherever possible."

Colds in Head: "Bed, if possible, and see to proper elimination, but not violent purging."

Inoculations and Vaccines: "Never raise blood. Apply the vaccine and then let the arm dry before pulling down sleeve. Tell people, of course, that a vaccination will make them feverish and sick, but that it is not anything like so bad as smallpox."

Post Partum Hemorrhage: "Do not hesitate to make quick decisions, and act upon them instantly, or the patient will die."

Several of the routines address nursing care in the home. After deliveries, the nurse should "leave the patient and room clean and tidy" and "help the family with the mother's diet." Schedules for follow-up visits in the home are explicit throughout: "Within three-mile limit, daily visits for first ten days as far as possible If regular visit is not made, chart the reason why." The conclusion of the booklet hits on the strong foundation of public health nursing at FNS in reminding the nurses of "three conditions in our field [which] press hard upon the expectant and nursing mother: malnutrition, hookworm and carious teeth."

Although the vintage editions describe medical practices that are old-fashioned and nursing that is quaint, the 1928-1958 editions of the *Medical Routine* and the *Midwifery Routine* have had great significance for professional nursing. They document the bare beginnings of an innovative type of nursing role founded in public health nursing and very similar to the role of the rural primary care nurse practitioner of today. Decades before protocols and drug formularies for nurse practitioners were in general use, and long before the term "expanded role nursing" was coined, the FNS nurse-midwives, *Routines* in hand, were in that very role. This set the stage for the *Routine* to become the prototype tool for nurse practitioners and nurse-midwives.

In the 1970's three revised and modernized editions were printed under the more familiar title of *Medical Directives*. The seventh and eighth editions had far more substance and medical sophistication than their precursors. In place of the brief listing of "Drugs Nurses are Authorized to Use at Their Discretion for Discomfort and Vague

Pains of All Sorts Until a Medical Examination Can Be Secured," found in the 1928 edition, the 1979 book had a five-page "List of Authorized Drugs." (Only aspirin, codeine, ipecac, and milk of magnesia made both lists.)

The format of the eighth edition purposely fostered a problem-oriented approach, with emphasis on diagnosis as well as management of problems. This paralleled the widespread acceptance by nurse theorists and clinicians of "the nursing process" — a systematic approach to assessing needs, identifying problems, and planning, implementing, and evaluating care.

Primary care nursing expanded remarkably in the 1970's. Educational programs preparing nurse practitioners (including the one combined with the nurse-midwifery program at FNS in 1970) were emerging all over the country. Nursing education in general was more academic, with most nurses graduating from collegiate programs which often required course work in physical and health assessment. The first American Nurses' Association certification examination for nurse practitioners was given in the mid-1970's. Physicians were becoming more specialized, and there was a shortage of general practitioners in the identified "medically underserved" areas of the country. Mid-level practitioners were seen as the solution to the problem of inaccessibility to health care. After 1971, most state Nurse Practice Acts adopted a much more permissive stance toward expanded scope nursing practice. All this created a new demand for texts such as the *Medical Directives*. The first textbooks and protocol books written expressly for nurse practitioners began to appear. As its reputation spread, the *Medical Directives* was becoming widely used nationally and internationally in a variety of primary care and nurse-midwifery practice settings.

The increase in the use of medical protocols by advanced nurses has continued in the 1980's. Many of the states' legislatures have now authorized prescriptive privileges for nurses using protocols jointly developed by physicians and nurses. The American College of Nurse-Midwives encourages nurse-midwives to establish written clinical protocols with their back-up physicians.

The 300-page 1985 *Medical Directives of the Frontier Nursing Service* contains protocols for 237 common health problems, health maintenance topics, and emergent conditions. Using sentence

outline format, its twenty chapters are organized by body systems (in the nurse practitioner section) and by chronology (in the nurse-midwifery section). Its three-page coverage of "Burns," with the diagnostic criteria and management plans by type and extent of the burn, looks elaborate compared to the 1928 *Routine*: "Unguentine. Temporary dressings of any oil may be applied. Treat for shock." Some conditions — such as cellulitis, oral anti-coagulation, irritable bowel syndrome, and post date pregnancy — were added to the newest edition. Over the years, there have been many deletions, too — including what may be the only recorded recipe for horehound cough syrup.

The book's introduction explains the use of the *Medical Directives* and the policies of joint practice at FNS. This is particularly significant, since it could be interpreted as the legal basis for advanced nursing practice here and wherever the *Directives* is adopted for use.

The actual work of revising the eighth edition began in 1982. Importantly, the nurses and physicians involved were all current in practice, committed to the concept of collaborative practice, and knowledgeable of the structure of the FNS setting. All were active in clinical teaching of family nurse practitioner and nurse-midwifery students. They met regularly to decide by group consensus on the particulars of each protocol in the book. Having to scientifically validate the way they were practicing and pooling their medical knowledge seasoned with a nursing orientation was clearly useful.

As the process evolved through 1984, the priorities for this set of protocols became apparent: to set a high standard of quality patient care, and to facilitate (rather than delimit) advanced nursing practice as much as safely possible. Any too-important-to-miss conditions were included in the differential diagnosis of a problem, and certain protocols were written on symptoms instead of on known health problems. It was crucial to determine the end points for nurse-physician consultation and referral. Detail was added to the diagnostic criteria, more laboratory tests were suggested, and guidelines for medication adjustments were set down. Also, the concept of a written physician's plan of care for medical problems not covered by the *Directives* was introduced. The impact this direction of change will have on promoting continuity of quality care for patients, more appropriate and efficient use of physician time, and more accountability for those in advance nurse practice roles is yet to be seen.

The nurse practitioner and nurse-midwifery jobs at FNS have always required extensive medical knowledge and well developed nursing skills. The new *Medical Directives* is designed to complement the knowledge and the skills, and is another step down the well-tread road of innovations at FNS.

**WHAT WOULD YOU LIKE TO SEE
IN OUR SPECIAL
NURSE PRACTITIONER ISSUE?**

As we announced in the last issue, the *FNS Quarterly Bulletin* plans to devote a special issue to the work of the family nurse practitioner. Publication is tentatively scheduled for the end of this year.

This issue will be similar in scope and approach to the special issue on nurse-midwifery that we published in December 1984 (Vol. 60, No. 2). We expect the FNP issue to contain articles by key persons in nursing, and we would like also to report on the experiences, views, and wishes of our readers.

It would be very helpful if you would let us know what you would like to see in this special issue. Thus, we invite you to share your thoughts with us. We are interested in hearing about (1) trends, (2) illustrative anecdotes and personal experiences, (3) problems, needs, and expectations, together with actual or recommended solutions, (4) views of the future, (5) commentary, opinion, and/or philosophical statements, and/or (6) anything else you think might be of interest.

In preparing this special issue, our essential concern is to understand today's needs and the needs of the future. We want to look beyond the "state of the art" to those new and developing factors that we need to understand so that FNS can adapt most effectively and usefully to current and future conditions.

We *do* need to hear from you. Three months have passed since we first announced this special issue, and we need to get our plans into more definite form. So please don't put off responding. Please write us at this address:

FNS Quarterly Bulletin
Old Hospital
Frontier Nursing Service
Hyden, Kentucky 41749

Thank you.

—*FNS Quarterly Bulletin*

BEYOND THE MOUNTAINS

by Ron Hallman

Our ongoing efforts to share news of our work at Frontier Nursing Service with friends beyond the mountains took many forms in the spring of 1985.

We were pleased to hear from Mrs. Clinton W. Kelly, III, a member of the Board of Governors and Treasurer of the FNS Washington Committee, that her presentation of *The Forgotten Frontier* (1929 film depicting re-enactments of Mrs. Breckinridge's "nurses on horseback") at the National Museum of American History was warmly received. The Coordinator of Museum Programs wrote to Mrs. Kelly: "Your enthusiasm and delivery added a great deal to the film's impact. The attention of the audience was completely engaged. . . ."

Frontier Nursing Service Director David M. Hatfield initiated our spring activities "on the road" as he traveled to Washington, D.C. on April 14th to present our new slide show to the annual convention of the National Society, Daughters of Colonial Wars. We are honored to continue as the national philanthropic project of the DCW's, which has been assisting the FNS through charitable gifts for more than 40 years!

The following week, I was joined in Philadelphia by our National Chairman, Miss Kate Ireland, for the annual benefit of the FNS Philadelphia Committee. Co-chairmen Mrs. E. Townsend Moore and Mrs. Robert S. Gawthrop, Jr. once again guided the efforts of their talented committee to sponsor a successful dinner for our local FNS friends. For the third consecutive year, the highlight of the evening was the singing of the Orpheus Club, as they performed many well-known and favorite tunes from years gone by.

Celebrating the running of the Kentucky Derby is a ritual which has been refined to near perfection throughout the Commonwealth of Kentucky — but it is fast becoming a tradition in both Boston and Washington, D.C. as well! The FNS committees in both of these cities have discovered a "sure-fire" recipe for promoting the work of Frontier Nursing Service: Combine native Kentucky delicacies (mint juleps, country ham and biscuits, etc.) with the excitement of the Derby (via television, of course), a dash of FNS staff (Kate Ireland in Washington, the Hatfields and I in Boston), add a

generous helping of friends, donors, trustees, and former couriers of Frontier Nursing Service — can't miss!

Of course, the recipe alone is worthless if you do not have the proper supervision. In Washington, we sincerely thank Mrs. Jefferson Patterson, who once again opened her home to numerous local friends, and Committee Chairman Mrs. Henry Roemer McPhee for supervising the countless hours that are essential in sponsoring such an event. In Boston, Mr. and Mrs. Dudley Willis shared their Charlescote Farm with another 200 supporters of FNS, and Chairman Mrs. Hanson Robbins guided the superb efforts of benefit coordinators Mrs. Martin Lobkowitz and Mrs. Pendleton White.

Finally, a little closer to home, the staff of the Frontier Nursing Service Community Health Center (CHC) made a presentation to the National Rural Primary Care Association Conference in Charleston, West Virginia on May 9th. At the conference, CHC's project coordinator, Susan Hull, was appointed to the national board of the Rural Primary Care Association. Congratulations, Susan!

AN INSIDE LOOK AT THE NURSE-MIDWIFERY PROGRAM AT JOHN D. ARCHBOLD MEMORIAL HOSPITAL THOMASVILLE, GEORGIA

by Ron Hallman

This article is a result of a recent visit to the Archbold Memorial Hospital by Kate Ireland and Ron Hallman. All of the nurse-midwives on the hospital staff are graduates of FNS' Frontier School of Midwifery and Family Nursing. Graduates of the school are working in 48 states and 33 foreign countries.

Connie Becker, CNM, likes to refer to the nurse-midwifery program at John D. Archbold Memorial Hospital in Thomasville, Georgia, as "a mini-Frontier Nursing Service," and Archbold's Executive Vice President Kenneth Beverly will tell you that it has been one of the most successful new programs ever initiated at the hospital.

Since 1973, the Archbold nurse-midwifery service has been serving families of southwest Georgia under the supervision of Ms. Becker, a 1972 graduate of the Frontier School of Midwifery and Family Nursing. The program has been so successful that it is the model for five other Georgia hospitals that are hoping to begin nurse-midwifery services.

Ms. Becker began her career as a staff nurse-midwife with Frontier Nursing Service before moving to Thomasville at the suggestion of FNS

National Chairman Kate Ireland, who also serves as the chairman of the board for Archbold Health Services. Ms. Becker still recalls the warm reception and cooperation she received from the administrative and medical staffs at Archbold: "The two staff obstetricians, with the assistance of a general practitioner, were supervising the delivery of about 900 mothers a year — so they were grateful for the help!" She also remembers that two of the physicians were graduates of the University of Kentucky and knew of Frontier Nursing Service's reputation for quality maternity care and skilled graduates. According to Ms. Becker, cooperation from the medical staff in 1985 is greater than ever. "Dr. Arnett and Dr. Thompson have been our medical back-up for eight years . . . they have always given us their full support."

Up until 1973, "granny midwives" were still practicing extensively in Thomasville, which proved to be both an asset and a hindrance to the new Archbold program. On the positive side, the legacy of granny midwives promoted an almost immediate community acceptance and trust of the nurse-midwives. However, Ms. Becker also remembers several people who came right out and said, "You don't look old enough to be a midwife . . ."

The Archbold Midwifery Program now has a staff of four nurse-midwives, including Ms. Becker, all of whom are graduates of the Frontier School. "I didn't intentionally hire all FNS'ers . . . They just happened to be available at the times we were looking to add staff." They are Priscilla Crow ('68), Priscilla Reitz Heidorn ('64), and Rita Birgen Ray ('74).

Linda Ruth Levenhagen Canada ('67) came with Ms. Becker to Thomasville in 1973 and worked at Archbold for more than a year before she married and moved on.

The nurse-midwives work through the health departments of the three counties in their service region for prenatal and postpartum examinations and use the labor and delivery facilities of Archbold Hospital. An average of 40-45 mothers are delivered each month by Ms. Becker and her staff, which is approximately one-third of the hospital's total deliveries.

Although the nurse-midwifery statistics are not maintained separately, Ms. Becker is certain that this program has had a positive impact on the quality and scope of maternity care available to the families of the region. As for the future, Ms. Becker plans to enhance her program of prenatal education and hopes to some day have a hospital birthing room available for normal deliveries.

FORM OF BEQUEST

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

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

HOW ENDOWMENT GIFTS MAY BE MADE

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

1. **By Specific Gift under Your Will.** You may leave outright a sum of money, specified securities, real property, or a fraction or percentage of your estate.
2. **By Gift of Residue under Your Will.** You may leave all or a portion of your residuary estate to the Service.
3. **By Living Trust.** You may put property in trust and have the income paid to you or to any other person or persons for life and then have the income or 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. Homer L. Drew, Treasurer
First Security National Bank &
Trust Co.
One First Security Plaza
Lexington, Kentucky 40507

Gifts of money should be made payable to:
FRONTIER NURSING SERVICE
and sent to:
Office of the Director
Frontier Nursing Service
Wendover, Kentucky 41775

NOTES FROM THE SCHOOL

Spring and summer seemed to get here so quickly this year. As I look out my window at wild roses and day lilies in bloom, it is hard to believe that just a few months ago I was looking at the same landscape under twenty-one inches of snow. Everything seems to accelerate in the spring as we prepare for graduation and begin to look ahead to the next class.

This was a very special graduation season for us, as we celebrated several new milestones in our development. We were honored by the presence of Professor Betty Adams, who will be the new dean of the graduate program at the Frances Payne Bolton School of Nursing. Professor Adams came to represent the faculty and students of the Frances Payne Bolton School of Nursing, and to become better acquainted with our campus and program. She and Diony Young, who was our graduation speaker, were so warmly enthusiastic about the heritage our Frontier School and FNS bring to the nursing profession.

Then in May, five of the faculty and I traveled to Cleveland, where we joined the Frances Payne Bolton faculty in donning caps and gowns to march in the all-university outdoor graduation ceremony, and then, later, in the more intimate graduation ceremony of the School of Nursing. During our visit to Cleveland, we continued to work with the FPB faculty in shaping our common curricular strands, so that we can offer our nurse-midwifery major for academic credit. We returned home with a signed contract to join our programs in an academic affiliation that will open up exciting new options for our students and faculty — the culmination of two years of working together, during which we have grown in friendships and professional collegiality.

Sr. Nathalie Elder, Wendy Wagers, and I attended the ACNM convention in Houston this year and were delighted by all the warm greetings of the many FNS alumni who stopped by our exhibit booth to chat. This was the thirtieth anniversary of the founding of ACNM, and I was privileged as a founding member to be chosen to present a plaque to the president of ACNM, listing the names of all of us who were charter members of our professional organization.

Summer finds us trying to make time for some vacation, as we begin a new round of interviews with prospective students and prepare for our next year's program. We were very pleased to receive the news that our request for continued funding by the Division of Nursing was approved for the next three years. Such funding will assure our continued support until our school endowment generates enough funds to guarantee our financial future. Thus, as we begin to close out our first 45 years as a school, we are thankful that we can look toward the future in a time of new and exciting adventures.

— *Ruth Beeman*

ALUMNI NEWS

Since this issue of the *FNS Quarterly Bulletin* is going to press simultaneously with the *Alumni Newsletter*, the *Bulletin* defers to the *Newsletter* in covering news of alumni and of activities and developments of interest to alumni. We will, of course, continue to publish alumni news in those issues that do not appear concurrently with the *Newsletter*.

The *Alumni Newsletter* is distributed to members of the FNS Alumni Association. For information, write to either: (1) Alice Whitman, Registrar, Frontier School of Midwifery and Family Nursing, Hyden, Kentucky 41749, or (2) Director of Development, Frontier Nursing Service, Wendover, Kentucky 41775.

FIELD NOTES

Spring tends to bring many guests to the Frontier Nursing Service, and this year was no exception. Captain Eric J. Rubel, who is an administrative resident at Ireland Army Community Hospital, Fort Knox, Kentucky, spent three days observing in early March. Marcia Reynolds and Marvel Waldrige, students from the Indiana State University of Nursing, visited and used the information they gathered on FNS for a required presentation in their public health class.

The Shopp Folk Clinic Committee members toured the Mary Breckinridge Hospital and had dinner at Wendover prior to their March meeting. Many on the Committee had not had a chance to see either the hospital or Wendover since becoming a part of FNS last November.

Four nursing students from Thomas Jefferson University, Philadelphia, spent six weeks doing a clinical rotation at the Frontier Nursing Service from April 1 to May 10.

In mid-April we enjoyed a visit by Mary Cameron, a nurse from South Australia, who teaches on the Faculty of Health, Science, and Education at the South Australian College of Advanced Education. Miss Cameron was making an extensive tour of health facilities in the United States to study midwifery education and practice.

On April 4-6 we were treated to a visit from Mrs. Jefferson Patterson, her niece Anne Breckinridge, and Anne's two children, Polly and Chad. The next weekend, the Board of Governors gathered for their spring meeting. Most of the committee meetings were held at the Mary Breckinridge Hospital on Friday, and the board meeting was held on Saturday morning at Wendover. On Sunday, a group of nursing students from Bellarmine College, Louisville, came for a tour of Wendover and a talk on the Service by Betty Lester.

Three other nursing classes toured the Mary Breckinridge Hospital and had lunch and a talk by Miss Lester in May. The schools included Prestonsburg College, Hazard Community College, and Berea College.

Two guests, Mr. and Mrs. John Rivoire, from New York, N.Y., attended the Open House on May 9-10. They saw the hospital, the school, and one of the outpost clinics, and met many of the FNS staff at a special luncheon and a dinner at Wendover.

Elizabeth Foster, who is a medical technology student from Morehead University, spent two weeks working in the Lab with the staff. Each year, students from Morehead use FNS as a clinical site.

Six students from the University of Kentucky College of Allied Health arrived on May 21 to begin a four-week clerkship in Leslie County. The students spent six days working with staff members at FNS and the remainder of the time assessing the community to see how health needs are met. The students stayed at Wendover.

The Old Timers had their annual dinner on May 17. This dinner is for FNS staff (both past and present) who worked at Wendover during the time it was the headquarters of the Service. The group is very generous in donating funds to purchase special items for the Big House.

A former Hyden Hospital nurse, Susan (Frode) Pesce, her husband, Dr. Richard Pesce, and their daughter came for an overnight visit near the end of May. We have also had four former couriers visit us this spring: Laura Sharon, Chevy Chase, Maryland; Caroline Penharlow, Keuka, New York; Doug Smith, Houston, Texas; and Susan McCormick, Brookline, Massachusetts.

Ten couriers helped out with various duties during the spring. They included Debra Bowers (Keuka College), Newark, New York; Nathaniel Howe III (Brooks Academy), Greenwich, Connecticut; Tracy Elmer (Miami Valley School), Dayton, Ohio; Douglas Bugbee (Hamilton College), Greenwich, Connecticut; Caroline Herter, Manchester, Massachusetts; Kenneth Yanik (Western Washington University), Greenwich, Connecticut; Tom Jacobs (Commonwealth School), Cambridge, Massachusetts; Josh Hawley, (Commonwealth School), Cambridge, Massachusetts; Betsy Cullen (Mystic, Connecticut); and Unsoo Kim (Concord Academy), Cambridge, Massachusetts.

We bid farewell to seventeen employees. They are Emma Campbell, secretary (Yerkes Clinic); Anna Lisa Palmquist, Home Health nurse; Connie Gilbert, secretary; Marilyn Joseph, housekeeper; Sandra Melton, front desk clerk; John Graves, biomedical technician; Sean Flood, MD; Gabrielle Beasley (Audio-Visual); Debra Napier (Business Office); Lisa Pace (Dietary); Bonnie Skeens (Dietary); Mary Lee Osborne, RT; Evelyn Jones, transcriptionist; Pam Kemper (Business Office); Glenna Gibson, LPN; Lynne Pethel-Parker, FNP; and Shirley Lewis, LPN.

We welcome the following twelve: Brenda Gross, receptionist; Elizabeth Stallard, Home Health Coordinator; Sarah Howard, LPN; Mary Mays, FNM; Perry Johnson, RT; Rita Vanover, front desk clerk; Lynn Morgan,

pharmacy technician; Sharon Machan, FNM; Judy Morgan, secretary; Charles Sizemore, (Security); Kim Gibson, pharmacy technician; and Edith Morgan, pharmacy technician.

PHILATELY BOOTH AT FNS FESTIVAL

Following up on last year's success, the Hyden Post Office will set up a special "booth of philately" at the Mary Breckinridge Festival, which will take place this year October 3-5. Visitors to the booth will be able to purchase commemorative stamps, mint sets, and stamp collecting kits. The Hyden Post Office will use a special cancellation logo designed to recognize the Mary Breckinridge Festival. Ruth Farmer, postmaster of the Hyden Post Office, said that the first booth of philately was set up at last year's festival as a result of an invitation to the U.S. Postal Service from the Mary Breckinridge Festival Committee and that it is being repeated this year because of its success in 1984.

FNS MEDICAL DIRECTIVES NOW AVAILABLE FOR PURCHASE

Widely used for 57 years as a model tool for nurse-midwives and nurse practitioners in collaborative practice with physicians, the *Medical Directives of the Frontier Nursing Service* is now newly revised and expanded. Developed by nurses and physicians, the handbook contains concise and comprehensive protocols for 237 common health problems, health maintenance topics, and emergent conditions. Suited to full-scope advance nurse practice in a remote rural area, the *Medical Directives* is easily adaptable for use in a variety of primary care and nurse-midwifery practice settings.

Chapters in the new edition include Health Maintenance; Emergency Problems; Infectious Diseases; Skin Problems; Eye Problems; Ear, Nose, Mouth, and Throat Problems; Respiratory Problems; Cardiovascular and Blood Problems; Gastrointestinal Problems; Musculoskeletal Problems; Neurologic Problems; Endocrine Problems; Psychologic Problems; Gynecologic Problems; Family Planning; Antepartum; Postpartum; and Neonatal Care.

Specific information of the following kinds is provided: definitions; etiologies; key symptoms and signs; and management plans including diagnostic tests, pharmaceutical treatments, patient education and counseling, schedules for follow-up, and criteria for physician consultation and referral.

This newly revised edition has been edited by Deirdre Poe, MS, CFNP, CNM. The book runs 300 pages and is spiral bound.

Copies may be ordered at a cost of \$16.50 each (including prepaid postage for shipments within the United States) from Ms. Virginia Roberts, Frontier Nursing Service, Inc., Hyden, Kentucky 41749. Information as to the shipping costs for overseas for overseas delivery may be obtained from Ms. Roberts.



R.B. Campbell, an FNS trustee with a passion for flying and a talent for teaching others, chats with Nancy Fishwick, Frontier School family nursing instructor, at the airport in Hazard, Kentucky. A year and a half ago, Nancy was named a Kentucky Colonel for her work with the Civil Air Patrol.

COURIER NEWS

Anne R. Harris, '51, Sausalito, California — Anne recently parachuted out of an airplane in an effort to raise money for the Pregnancy to Parenthood Family Center. Anne did the jump to attract the news media, who in turn she felt would write about the stunt and give the Parenthood Family Center more exposure. The center is an agency dedicated to preventing and treating child abuse and family stress. Anne is one of the board members.

Tia Casertano, '84, Cheshire, Connecticut — “Bangladesh was great. Working in the orphanage was very hard work but I learned a great deal about child development and tropical diseases. We had over 400 children and the work just never seemed to end! I am presently teaching in a Montessori school and am a counselor in a group home on weekends.”

Jennifer R. Sulger, '79, Greenwich, Connecticut — (Reprinted is part of an article written by Anne Semmes Groo that first appeared in the April 25, 1985 edition of *The Gazette of Greenwich*. Priscilla Duffy is the editor of this newspaper.)

“Greenwich comes into its own in this National Volunteer Week, for our town fairly hums with the volunteer spirit. But I’ve uncovered a new recruit who has volunteered for what I’d call the ultimate challenge. Her name is Jenny Sulger. Age 25. Occupation: nurse — Greenwich Hospital Emergency Room. On May 13 she will be airlifted by the International Rescue Committee to the Sudan and bused to a refugee camp 140 miles from the Ethiopian border — to take her place along with 39 other medical volunteers as lifesavers for 50,000 sick and starving refugees in the El Fao refugee reception centers.

“‘They try to discourage you,’ she said of her recent orientation by the International Rescue Committee in New York City. Jenny had asked to serve for a year. But she was only offered six months. They told her, ‘After six months you’ll feel like you’ve been there for a year.’

“She gets five days off a month. ‘They advise you to get out of the camp one

day a week,' she said. But she's heard, 'the people there become so dedicated they can't tear themselves away. . . the people so depend on you.'

" 'It's a little worse than Outward Bound,' said Jenny smiling. At 16 she thought she'd 'done everything' when she'd tried out her adventurous spirit on Outward Bound's survival camp on Hurricane Island, Maine.

"Though her friends thought she was 'nuts' to want to be a nurse, Jenny realized that dream. After two years at Boston University, she volunteered for the Frontier Nursing Service in Hyden, Kentucky, driving a Jeep full of medical supplies for nurses, and tending black lung patients.

" 'I liked the cross cultural exposure,' she said. That interest led, after getting her nurse's degree at Pace University two years ago, to take courses this past year in cultural anthropology at Manhattanville — while working in the emergency room at Greenwich Hospital.

"But one Sunday at her usual mass at St. Catherine's she heard a sermon and something clicked. 'It was based on a passage from St. Matthew,' she said, 'Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.' And Jenny decided, 'I wanted to do something humanitarian to make my work worthwhile for myself.'

"For her work Jenny expected no pay but learned she will be getting \$1,000 a month — less than what she gets for her emergency room work — for work that starts at 7 A.M. and ends 'only when the new (refugee) arrival flow stops, which can easily be 2 A.M.' And she can expect 'often times to have as little access to food and water as the refugees.' "

IN BRIEF

FNS Open House Dates Moved Up. At various times during the year, FNS invites its friends to come to the mountains to see its work first hand. FNS originally announced that it would hold an Open House on October 28-29. However, it has become necessary to move that date up one week, to October 21-22. Anyone interested in coming should drop a note to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775.

Nurse Practitioners Form National Organization. A new organization, the American Academy of Nurse Practitioners, came into being this spring. Its steering committee announced approval of bylaws on May 5. Officers of the new organization are Jan Towers, RN,C, PhD, President-Elect; Marie-Eileen Oneial, RN,C, PNP, Treasurer; Madeline Wiley, RN,C, MSN, Recording Secretary; and Bob Smithing, RN,C, MSN, Communications Secretary. The academy states that its overall purpose is "to promote high standards of health care as delivered by nurse practitioners and to act as a forum to enhance the identity and continuity of nurse practitioners." Interested persons may write to the following address: American Academy of Nurse Practitioners, 179 Princeton Boulevard, Lowell, Massachusetts 01851.

Mary Breckinridge Festival Dates Are October 3-5. This year's annual Mary Breckinridge Festival will be held in Hyden, Kentucky, Thursday through Saturday, October 3-5. This traditional festival will include the customary parade, sorghum stir-off, competitions and shows of various kinds, and, as announced elsewhere in this issue, a special philately booth.

DO YOU KNOW THESE NURSES?

The Frontier School has been sorting through photographs of its graduating classes, going back to the very first years of the school. While we know who all the graduating nurses were, we cannot always attach names to faces. Can you help us? If you recognize any of these nurses, we would appreciate your identifying them for us. Please write Alice Whitman at the Frontier School of Midwifery and Family Nursing, Hyden, Kentucky 41749. Incidentally, we have quite a few pictures and we plan to print some of them from time to time and ask your help in naming the graduates.



Class No. 6



Class No. 14

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. KATHLEEN BUCKNER CARTER
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Southfield, Michigan

MISS LEONA D. SMITH
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MR. CURVIN E. WAGNER
Ellicott City, Maryland

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. MARJORIE A. CUNDLE
Liverpool, England
Mother of ex-staff Anne Cundle

MR. DAVID S. INGALLS, SR.
Chagrin Falls, Ohio
Former Cleveland Committee member

MR. GLENN SMITH
Hyden, Kentucky
Husband of FNS staff member Lisa Smith

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.

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MRS. MARJORIE A. CUNDLE

Our most sincere sympathy is extended to Anne Cundle, Wendover, Kentucky, and Judy Cundle Perry of St. George's, Bermuda, on the death of their mother, Mrs. Marjorie A. Cundle. Mrs. Cundle died on April 13 in Thomasville, Georgia, from cancer of the pancreas. We were saddened to hear of her illness, but once we learned of the diagnosis, we were thankful that the last days of her life were peaceful and swift.

Mrs. Cundle began visiting FNS in 1961 while both of her daughters were working as FNS nurse-midwives, and has continued to return for the winter months for over 25 years. She soon endeared herself to members of the FNS staff, who affectionately gave her the nickname of "Mum." She spent hours in the Wendover kitchen cooking her specialties and did mending for the Hyden Hospital, the centers, and Wendover. She always made visitors and couriers feel at home, and became a special friend to many of the couriers during the past few years through the weekly teas she has held each week at Willow Bend.

Mrs. Cundle will be remembered as a kind and cheerful lady, with a unique sense of humor and a love for adventure in life. She had a deep sense for the beauty of nature and also used her gift of creativity in the making of many needlework items.

Memorial services were held both in Tallahassee, Florida, and at St. Christopher's Chapel in Hyden, Kentucky. Anne carried her remains back to Liverpool, England, for burial.

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URGENT NEEDS

The Mary Breckinridge Hospital needs an ultra-sound stethoscope (Doppler fetal pulse detector), used to detect fetal heart tones before emergency C-sections. A monitor of this kind costs about \$390. FNS also needs a number of battery-operated smoke detectors for residential buildings. The desired type costs about \$30 each. Contributions toward the purchase of any of these items would be greatly appreciated. Donations should be sent to the Development Office, Frontier Nursing Service, Wendover, Kentucky 41775, where they will be gratefully received.

COURIER/VOLUNTEER COORDINATOR NEEDED

Danna Larson, Coordinator of Wendover and the Courier/Volunteer Program, has decided to return to college for graduate studies next fall. Although she will be with us for several months more, we need to find a qualified replacement as soon as possible. This is a position that should appeal particularly to individuals who would enjoy working in a rural setting with young people of high school and college age, who is willing to devote additional time in managing the happenings at Wendover, and who is interested in preserving Wendover as a historical site. Inquiries should be addressed to Darrell Moore, Director of Personnel, Frontier Nursing Service, Hyden, Kentucky 41749.

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

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FOR YOUR PARTICIPATION



The Frontier Nursing Service
Wendover, Kentucky 41775

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Mary Breckinridge's home at Wendover.
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FRONTIER NURSING SERVICE, Inc.

Its motto:

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

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