

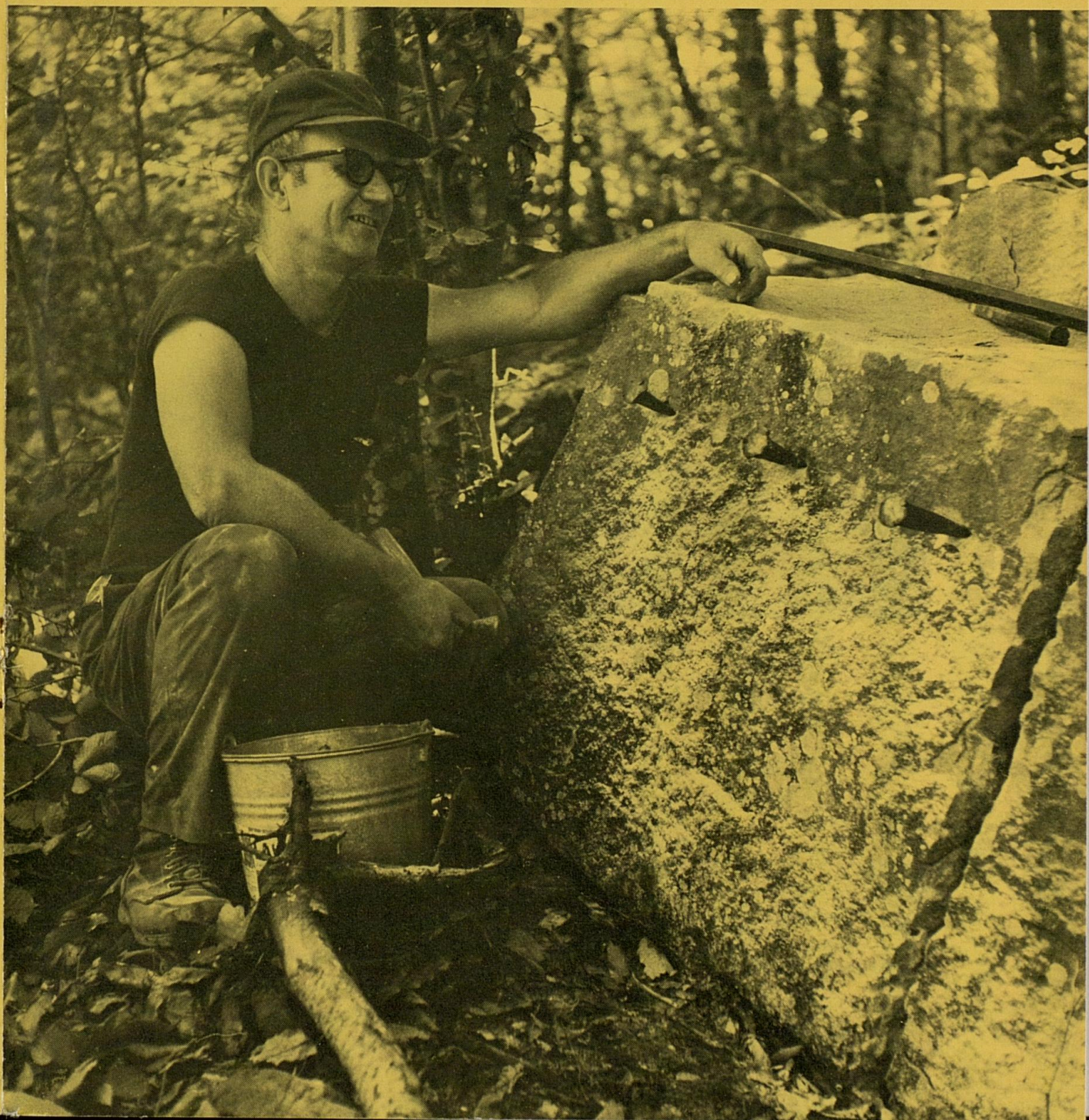
FRONTIER NURSING SERVICE QUARTERLY BULLETIN

VOLUME 53

SUMMER, 1977

NUMBER 1

FIFTY-SECOND ANNUAL REPORT



US ISSN 0016-2116

The photo on the cover shows J. G. Morgan splitting a stone which he used in rebuilding the steps down Hospital Hill from the Old Hospital to the road above the Mary Breckinridge Hospital.



Newly laid steps from Old Hospital to Joy House cut and set by J. G. Morgan. Photographs by Gabrielle Beasley.

FRONTIER NURSING SERVICE QUARTERLY BULLETIN

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SUMMER, 1977

NUMBER 1

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FIFTY-SECOND ANNUAL REPORT
of the
FRONTIER NURSING SERVICE, Incorporated
for the Fiscal Year
May 1, 1976 to April 30, 1977

PREFACE

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

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

Under the heading of Conclusion, we tell something of what the year has meant to us.

I.

FISCAL REPORT

The figures that follow are taken from the Balance Sheet, the Exhibits and Schedules of the Audit for the fiscal year which ended April 30, 1977.

ERNST & ERNST

Suite 7-B

Citizens Bank Square

Lexington, Kentucky 40507

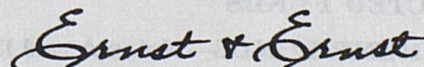
Board of Governors

Frontier Nursing Service, Inc.

Wendover, Kentucky

We have examined the balance sheets of Frontier Nursing Service, Inc. as of April 30, 1977 and April 30, 1976, and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Frontier Nursing Service, Inc. at April 30, 1977 and April 30, 1976, and the results of its operations and changes in financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.



Lexington, Kentucky

June 28, 1977

	BALANCE	
	FRONTIER NURSING	
	April 30	
	<u>1977</u>	<u>1976</u>
UNRESTRICTED FUNDS		
CURRENT ASSETS		
Cash and certificate of deposit.....	\$ 51,822	\$ 63,610
Accounts receivable:		
Patients.....	1,455,625	845,396
Other.....	11,239	14,241
	<u>1,466,864</u>	<u>859,637</u>
Less allowance for uncollectible accounts.....	1,178,700	643,449
	288,164	216,188
Federal construction grant receivable.....	-0-	128,466
Due from Medicare—estimated—Note B.....	120,000	120,000
	<u>408,164</u>	<u>464,654</u>
Inventories—Note A	81,049	73,738
Prepaid expenses	20,913	17,596
	<u>561,948</u>	<u>619,598</u>
TOTAL CURRENT ASSETS		
	561,948	619,598
PROPERTY, PLANT AND EQUIPMENT—Note A		
Land.....	86,658	86,658
Buildings.....	2,366,078	2,349,521
Equipment.....	2,002,693	1,953,653
	<u>4,455,429</u>	<u>4,389,832</u>
Less allowances for depreciation.....	1,013,339	836,125
	<u>3,442,090</u>	<u>3,553,707</u>
BOARD—DESIGNATED FUNDS—Notes A and D		
Consolidated Investment Fund:		
Cash (overdraft)	(4,061)	82,152
Receivable from estate.....	55,915	-0-
Investments.....	2,207,038	2,362,678
	<u>2,258,892</u>	<u>2,444,830</u>
Less endowment fund investments (restricted).....	187,586	189,087
	<u>2,071,306</u>	<u>2,255,743</u>
Mary Breckinridge Hospital and Development Fund:		
Cash.....	31,598	11,321
Investments.....	124,459	69,686
	<u>156,057</u>	<u>81,007</u>
	<u>\$6,231,401</u>	<u>\$6,510,055</u>
RESTRICTED FUNDS		
ENDOWMENT FUNDS—Notes A and D		
Cash.....	\$ 193	\$ 193
Investments.....	404,684	404,684
Investments included in Consolidated Investment Fund.....	187,586	189,087
	<u>\$ 592,463</u>	<u>\$ 593,964</u>

STATEMENTS OF CHANGES IN FUND BALANCES

FRONTIER NURSING SERVICE, INC.

Years Ended April 30, 1977 and 1976

	Unrestricted Funds	Endowment Funds	
		Permanent	Term
Fund balances at May 1, 1975 as previously reported..	\$6,188,162	\$468,738	\$105,000
Adjustment for amount due from Medicare—Note B..	120,000		
FUND BALANCES AT MAY 1, 1975 AS RESTATED	6,308,162	468,738	105,000
Excess of expenses over revenues for the year ended April 30, 1976.....	(317,823)		
U. S. Government participation in construction costs incurred.....	49,240		
Donations of property and equipment— at fair market value at time of donation.....	6,051		
Restricted contribution used for purchase of equipment.....	34,853		
Contributions restricted for specific purpose.....		5,117	
Restricted revenue earned by endowments held in Consolidated Fund.....		263	
Gain on sale of investments.....		14,846	
BALANCES AT APRIL 30, 1976	6,080,483	488,964	105,000
Excess of expenses over revenues for the year ended April 30, 1977.....	(322,474)		
Restricted contribution used for purchase of equipment.....	29,052		
Contributions restricted for specific purpose.....		500	
Restricted revenue earned by endowments held in Consolidated Fund.....		487	
Gain on sale of investments.....		2,512	
Write-off of common stock held under term endowment			(5,000)
BALANCE AT APRIL 30, 1977	\$5,787,061	\$492,463	\$100,000

See notes to financial statements

STATEMENTS OF REVENUES AND EXPENSES

FRONTIER NURSING SERVICE, INC.

	<u>Year Ended April 30</u>	
	<u>1977</u>	<u>1976</u>
PATIENT SERVICE REVENUE		
Hospital—inpatient.....	\$ 989,006	\$ 740,484
Hospital—outpatient.....	536,512	442,764
District clinics.....	133,693	87,705
Home health.....	138,670	51,086
	<u>1,797,881</u>	<u>1,322,039</u>
Less discounts, charity, bad debts and contractual allowances	563,293	557,252
NET PATIENT SERVICE REVENUE	1,234,588	764,787
OTHER OPERATING REVENUE		
Income for specific operating purposes:		
Donations, bequests, and other.....	74,836	80,610
Federal grants:		
Division of Nursing.....	170,866	105,461
Primex.....	867	63,641
Robert Wood Johnson Foundation.....	213,799	166,962
Drug sales, meals and other.....	313,770	246,461
	<u>774,138</u>	<u>663,135</u>
TOTAL OPERATING REVENUE	2,008,726	1,427,922
OPERATING EXPENSES		
Hospital.....	1,580,197	1,419,785
General and administrative.....	631,274	541,813
District clinics	296,510	229,160
Home health	90,840	85,429
School of Midwifery & Family Nursing.....	312,862	263,734
Depreciation.....	191,137	185,221
	<u>3,102,820</u>	<u>2,725,142</u>
TOTAL OPERATING EXPENSES	3,102,820	2,725,142
LOSS FROM OPERATIONS	1,094,094	1,297,220
NONOPERATING REVENUE		
Unrestricted gifts and bequests.....	501,731	527,754
Unrestricted income from endowment funds.....	8,449	7,767
Investment income from Board-designated funds.....	178,305	183,038
Gain from sale of investments—Board-designated funds.....	69,357	257,241
Other nonoperating revenue.....	13,778	3,597
	<u>771,620</u>	<u>979,397</u>
EXCESS OF EXPENSES OVER REVENUES	\$ 322,474	\$ 317,823

See notes to financial statements

STATEMENTS OF CHANGES IN FINANCIAL POSITION
FRONTIER NURSING SERVICE, INC.

	Year Ended April 30	
	1977	1976
SOURCE OF FUNDS		
Loss from operations.....	\$1,094,094	\$1,297,220
Provision for depreciation (which did not require funds).....	191,137	185,221
FUNDS REQUIRED FOR OPERATIONS	(902,957)	(1,111,999)
Nonoperating revenue	771,620	979,397
FUNDS REQUIRED FOR OPERATIONS AND NONOPERATING REVENUES	(131,337)	(132,602)
U. S. Government participation in construction costs incurred.....	-0-	49,240
Decrease in Board-designated funds.....	109,387	462,733
Contributions restricted for purchase of equipment.....	29,052	34,853
Increase in long-term debt.....	-0-	3,870
	7,102	418,094
APPLICATION OF FUNDS		
Additions to property and equipment.....	79,520	262,208
Decrease in long-term debt.....	1,275	-0-
	80,795	262,208
(DECREASE) INCREASE IN WORKING CAPITAL	\$ (73,693)	\$ 155,886
CHANGES IN COMPONENTS OF WORKING CAPITAL		
Increase (decrease) in current assets:		
Cash.....	\$ (11,788)	\$ 16,495
Accounts receivable	71,976	56,976
Inventories.....	7,311	14,521
Prepaid expenses	3,317	8,446
U. S. Government participation in construction costs incurred.....	(128,466)	49,240
	(57,650)	145,678
Increase (decrease) in current liabilities:		
Accounts payable	34,559	43,185
Accrued salaries and payroll taxes.....	(3,740)	10,614
Accounts payable and retainage due contractors.....	-0-	(195,656)
Accrued vacation payable.....	5,579	19,509
Other current liabilities.....	(20,355)	112,140
	16,043	(10,208)
(DECREASE) INCREASE IN WORKING CAPITAL	\$ (73,693)	\$ 155,886

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS

FRONTIER NURSING SERVICE, INC.

Years Ended April 30, 1977 and 1976

NOTE A—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting principles which materially affect the determination of financial position or results of operations are summarized below.

Patient Service Revenues: Patient service revenues are reported on an accrual basis in the period in which services are provided, at established rates regardless of whether collection in full is expected. Discounts, charity allowances, the results of other arrangements for providing service at less than established rates, and the provision for uncollectible accounts are reported as deductions from patient service revenue on an accrual basis. A major portion of services are provided to indigent patients at nominal cost and bad debts and charity are substantial.

Nonoperating Revenues: Donations, grants and bequests which are not restricted by donors are reported as nonoperating revenue.

Board-Designated Funds: Donations, grants and bequests received for constructing and equipping a new hospital at Hyden, Kentucky, and for certain operating purposes incident thereto were accumulated in the Mary Breckinridge Hospital and Development Fund. Since donations, bequests and income from this Fund in prior years were sufficient to meet the cost of construction of the new hospital, the Service considers all donations, bequests, and income from investments of this Fund in 1977 and 1976 to be available for specified and general operating purposes and such amounts are recorded as nonoperating revenue when received or earned. In accordance with the original designation of the Mary Breckinridge Hospital and Development Fund, the Service has determined that monies remaining in the Fund after completion of the new hospital are to be used for renovation of the outpost centers, for additional staff salaries, for the funding of the retirement program and for other contingencies.

The Board of Governors has designated The Consolidated Investment Fund for accumulating funds for such operating and general purposes as they may determine. During the years ended April 30, 1977 and April 30, 1976, the Service transferred \$385,000 and \$575,000, respectively, from the Consolidated Investment Fund to meet operating expenses.

Restricted Funds: Endowment funds represent funds which are not available for general operating purposes but the income from which is available for operating purposes. Such funds are classified as restricted funds and income therefrom is credited to revenue when earned in accordance with donors' instructions.

At April 30, 1977, the term endowment consists of a \$100,000 unsecured note receivable originally due April 1, 1978 which has been extended to December 31, 1988. Due to the uncertain financial condition of the issuing company, the common stock (cost of \$5,000) included in the term endowment was written off during the year ended April 30, 1977. The market value of the unsecured note is not determinable.

Frontier Nursing Service, Inc. is also income beneficiary of certain trust funds (aggregate market value at April 30, 1977 and April 30, 1976—approximately \$324,800 and \$329,400, respectively) which are not administered or controlled by the Service. Accordingly, such funds are not reflected in the balance sheets at April 30, 1977 and 1976.

NOTES TO FINANCIAL STATEMENTS—Continued

NOTE A—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—Continued

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

Donated Services and Supplies: The estimated value of services donated through volunteer work is not recorded in the accounts of the Service.

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

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

Buildings (including components)	—10 to 40 years
Equipment	— 5 to 15 years
Vehicles	— 4 years

NOTE B—MEDICARE AND MEDICAID PROGRAMS

The Service participated in the Medicare and Medicaid programs for eligible services provided through the Hospital and Home Health Agency.

Under cost reimbursement formulas in effect for the years ended April 30, 1977 and April 30, 1976, eligible program costs for the Hospital and Home Health Agency were in excess of customary charges for service and reimbursement therefore is limited to the lesser of cost or customary charges.

From May 11, 1973 to February 9, 1975, the Hyden Hospital was terminated as a provider of services under the federal Medicare and state Medicaid programs. The termination was a result of alleged inadequate safety precautions required under Medicare regulations at the Hospital. The Service appealed this decision to federal authorities. On June 11, 1976, a decision in favor of the Service was entered by an administrative law judge of the Bureau of Hearings and Appeals of the Department of Health, Education and Welfare, Social Security Administration. This decision was subsequently appealed by the Medicare program. The appeal was decided in favor of the Service and amounts will be paid by the Medicare program for services provided Medicare beneficiaries during the aforementioned period. The financial statements have been restated to reflect the amount estimated to be received (\$120,000). The Service and the Medicare intermediary are presently discussing methods of determining the final amount due from Medicare and effecting final settlement. The state Medicaid program has not made a formal binding commitment to reimburse the Service for services provided eligible Medicaid recipients during the period and the amount which may be receivable has not been recorded at April 30, 1977. Such amount is estimated to be between \$175,000 and \$250,000. The Kentucky Department for Human Resources and the Service have not yet commenced proceedings to determine the amount due under the Medicaid program for the period.

NOTES TO FINANCIAL STATEMENTS—Continued

NOTE C—RETIREMENT PLAN

Frontier Nursing Service, Inc. has a retirement plan for regular full time employees with 1000 hours of continuous service who are twenty-five years of age or more. The policy of the Service is to fund pension costs accrued. Past service liability is being funded over a period of 20 years. Total retirement plan expense for the years ended April 30, 1977 and April 30, 1976 was \$42,465 and \$25,850, respectively.

The actuarially computed value of vested benefits as of May 1, 1976 (the date of the last actuarial valuation), exceeded the total assets of the pension fund and balance sheet accruals by approximately \$49,000.

In accordance with the provisions of the Employee Retirement Income Security Act of 1974, the Service, as of May 1, 1976, made certain amendments to its retirement plan and made certain changes in the actuarial determination of pension costs.

NOTE D—INVESTMENTS

Investments are stated in the financial statements at cost and are not adjusted for amortization of premiums and accretion of discounts. Investment income is accounted for on the cash basis which is not significantly different from the accrual method. Cost and approximate market values at April 30, 1977 and 1976 are summarized as follows:

	1977		1976	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Board-designated funds:				
Consolidated Investment Fund:				
U. S. Government obligations.....	\$ 276,230	\$ 284,024	\$ 509,302	\$ 509,008
Corporate bonds	975,763	1,009,375	975,763	984,600
Common stocks	855,045	1,491,453	777,613	1,478,066
Other-term endowment	100,000	—	100,000	—
	<u>\$2,207,038</u>	<u>\$2,784,852</u>	<u>\$2,362,678</u>	<u>\$2,971,674</u>
Mary Breckinridge Hospital and Development Fund:				
U. S. Government obligations.....	\$ 124,459	\$ 124,459	\$ 69,686	\$ 69,686
Endowment funds:				
Corporate bonds	\$ 85,028	\$ 68,819	\$ 85,028	\$ 65,456
Common stocks	90,555	83,738	201,433	326,803
Investments in common trust funds..	229,101	347,075	118,223	118,223
	<u>\$ 404,684</u>	<u>\$ 499,632</u>	<u>\$ 404,684</u>	<u>\$ 510,482</u>

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1977 with Comparative Figures for 1976

	April 30 1976	Additions During Year	April 30 1977
Norah Oliver Shoemaker Memorial Baby's Crib	\$ 5,000	\$	\$ 5,000
Children's Christmas Fund in Memory of			
Barbara Brown	1,000		1,000
Donald R. McLennan Memorial Bed	12,750		12,750
Margaret A. Pettit Legacy	1,954		1,954
Jane Short Atwood Legacy	7,500		7,500
Mrs. John W. Price, Jr. Fund	10,800		10,800
Winfield Baird Foundation	105,000		105,000
Mrs. Henry Shipman Legacy	24,398		24,398
Wilson Neel Memorial Baby's Crib	1,462		1,462
Jessie Preston Draper Memorial No. 1	15,000		15,000
Jessie Preston Draper Memorial No. 2	185,000		185,000
Joan Glancy Memorial Baby's Crib	5,000		5,000
Isabella George Jeffcott Memorial	2,500		2,500
Belle Barrett Hughitt Memorial	17,000		17,000
Bettie Starks Rodes Memorial Baby's Crib			
John Price Starks Memorial Baby's Crib	10,000		10,000
Mary Ballard Morton Memorial Wing	85,251		85,251
Marion E. Taylor Memorial	10,000		10,000
Fanny Norris Fund	10,000		10,000
Marie L. Willard Legacy	3,127		3,127
Mrs. Charles H. Moorman Fund	1,100		1,100
Lillian F. Eisaman Legacy	5,000		5,000
Lt. John M. Atherton Memorial	1,000		1,000
Mrs. Morris B. Belknap Fund	26,375		26,375
Elisabeth Ireland Fund	22,458		22,458
Elizabeth Agnes Alexander Legacy	5,000		5,000
Richard D. McMahon Legacy	943		943
Mrs. W. Rodes Shackelford in Memory			
of Her Two Children	15,000		15,000
Hattie M. Strong Memorial	10,000		10,000
Beulah Bruce Brennan Memorial	2,000		2,000
Anna R. Gooch Memorial	16,625		16,625
Jeannie B. Trull Legacy	33,253		33,253
Frances Kendall Ross Legacy	17,100		17,100
Elizabeth Sherman Lindsay Memorial	5,000		5,000
Helen N. and Beatrice A. Wilson Fund	10,000		10,000
Sophia Cogswell Stiger Memorial	23,401		23,401
Dr. Charles N. Kavanaugh Memorial	1,000		1,000
Margaret C. Breckinridge Legacy	3,000		3,000
Mary Hallock Armstrong Legacy	2,000		2,000
Winifred Irene Leckie Memorial	1,000		1,000
Lena G. Anderson Legacy	7,233		7,233
Lisette Hast Legacy	10,944		10,944
Edward S. Jouett Legacy	1,000		1,000
Herman Bowmar Fund	1,000		1,000
Mrs. Henry James Legacy	5,000		5,000
Jean Hollins Memorial Fund	5,286		5,286
Anne Steele Wilson Memorial	4,074	205	4279

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1977 with Comparative Figures for 1976

	April 30 1976	Additions During Year	April 30 1977
Mary Churchill Humphrey Fund	\$ 1,001	\$	\$ 1,001
Mrs. Bissell Carey Legacy	5,000		5,000
Dr. John M. Bergland Memorial	1,000		1,000
Edward C. Wilson Legacy	49,250		49,250
Ann Allen Danson Fund	3,432	541	3,973
Helen Rochester Rogers Legacy	5,000		5,000
Virginia Branham Memorial	18,501	550	19,051
Mrs. Herman F. Stone Fund	2,000		2,000
Annie Wallingford Anderson Memorial	5,100		5,100
Mrs. Edna C. Lapham Fund	15,250		15,250
Edith M. Douglas Legacy	10,000		10,000
Adeline Shaw Martindale Legacy	82,718		82,718
Flora G. Fletcher Legacy	39,753		39,753
Fannie B. McIlvain Memorial	3,015		3,015
Catharine Mellick Gilpin and Roger D. Mellick Memorial	5,421	50	5,471
William Nelson Fant, Jr. Memorial	78,350		78,350
Lucie Wilshire Graham Memorial	20,182	1,699	21,881
Mrs. Abigail Hodges Trust	1,000		1,000
Anna Marshall Miller	42,300		42,300
Elizabeth B. Perkins Legacy	152,972		152,972
Eliza Davitt Hartley Legacy	150,000		150,000
Cordie M. Williams Legacy	458,254		458,254
Margaret H. T. Hunt for Caroline H. P. Thornton Memorial	1,000		1,000
Anonymous (Bankers Trust Co., N.Y., Trustee)	137,496		137,496
Elizabeth Canby Bradford duPont Memorial	40,000	1,000	41,000
Louie A. Hall Legacy in Memory of Sophronia Brooks	26,834		26,834
Marion S. D. Belknap	175,000		175,000
Elizabeth M. Anderson Memorial	4,839		4,839
Margaret Norton Davidson Legacy	10,000		10,000
Louise Clark Whitaker Memorial	2,654		2,654
Mrs. Louise D. Crane	4,000		4,000
Mrs. Frederic Moseley Sackett	10,000		10,000
Mrs. Eliza A. Browne	16,000		16,000
Winfield Baird Fund	550		550
Lillie McGinness	4,797		4,797
Harriet H. Grier	5,000		5,000
Maurice S. Miller	5,000		5,000
Leila A. Morgan	5,000		5,000
Eliza Davids	6,933		6,933
Bertha G. Woods	13,029		13,029
Doris A. Farrington	4,920		4,920
Mrs. E. A. Codman	2,000		2,000
Mrs. Irving E. Raymond	4,000		4,000
Mrs. George M. Toewater	12,418		12,418
Mrs. Oswald Villard	1,000		1,000
Leila M. Weeks	2,469		2,469

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1977 with Comparative Figures for 1976

	April 30 1976	Additions During Year	April 30 1977
Frances Margaret Bradford	\$ 5,000	\$	\$ 5,000
William E. Brigham	10,000		10,000
Mrs. Polk Laffoon	1,000		1,000
Mrs. W. Garland Fay	1,000		1,000
Mrs. Louise W. Breckinridge	2,000		2,000
Elizabeth R. Hooker	5,000		5,000
Mable H. Dwiggin	5,000		5,000
Margaret McLennan Morse	5,000		5,000
George B. McLaughlin	2,500		2,500
May Kirtland	5,000		5,000
Rosamond B. Rheault	5,000		5,000
Mrs. Harriet D. Cummings	1,000		1,000
Annette VanBezey	1,000		1,000
Elsie Foerderer	2,000		2,000
Ernestine M. McPherson	9,270		9,270
Frances K. M. Bowdoin	5,000		5,000
Edna Patten Jennings	133,885		133,885
Franklin Bruce McKillip	7,866		7,866
Katherine B. Tower	1,000		1,000
Betsy Ware Adams	10,000		10,000
Mildred Horberg	1,871		1,871
Walter G. Ross	25,000		25,000
T. S. Powell	2,390		2,390
Edith D. Wright	1,000		1,000
Peter R. Ehrlich	694		694
Mary G. Lansdale	2,000		2,000
Margaret S. Bigler	1,500		1,500
Mrs. Betty Errett Estate	1,000		1,000
Charles H. and Donald R. McLennan Memorial	11,853		11,853
Jean S. Ramsay Estate	5,000		5,000
Florence O. Padgett Legacy	7,979		7,979
Sarah Minis Goodrich Legacy	60,015		60,015
Almeda Spangel Legacy	16,624		16,624
Rose M. Starratt Legacy	8,016		8,016
Jean Claire Hanna Memorial Fund	25,000		25,000
Katherine N. McLennan Legacy	10,617		10,617
The Friends Fund	5,237	500	5,737
Louise B. Morrison Estate	10,000		10,000
H. Harrison Smith Estate	5,000		5,000
M. Ethel V. Fraser Legacy	22,375	1,007	23,382
Anna May January Legacy	2,000		2,000
Pearl W. Burnam Legacy	100,000		100,000
Transfer from Mary Breckinridge Hospital and Development Fund	1,000,000		1,000,000
Elizabeth J. Allin Legacy		5,000	5,000
N. Edith Harney Legacy		5,000	5,000
Alma L. Wilson Legacy		64,067	64,067
TOTAL CONTRIBUTIONS PLACED IN TRUST	\$3,935,664	\$ 79,619	\$ 4,015,283

FRONTIER NURSING SERVICE, INCORPORATED
LEXINGTON, KENTUCKY
STATEMENT OF DONATIONS AND SUBSCRIPTIONS PAID
MAY 1, 1976 TO APRIL 30, 1977

SUMMARY

	Contributions	Benefits and Bargain Box	Total
Baltimore Committee	\$ 780.00	\$	\$ 780.00
Boston Committee	16,792.55	10,500.00	27,292.55
Chicago Committee	4,213.88		4,213.88
Cincinnati Committee.....	5,338.33		5,338.33
Cleveland Committee	54,378.94		54,378.94
*Daughters of Colonial Wars	1,437.60		1,437.60
Detroit Committee	23,110.67		23,110.67
Hartford Committee.....	3,875.00		3,875.00
**Kentucky:			
Blue Grass Committee	11,045.00		11,045.00
Flat Creek Nursing Center Committee		629.85	629.85
Louisville Committee.....	24,765.79		24,765.79
Oneida Nursing Center Committee		5,955.74	5,955.74
Miscellaneous State	25,721.71		25,721.71
Minneapolis Committee	2,254.00		2,254.00
New York Committee	66,165.40	2,454.06	68,619.46
Philadelphia Committee.....	23,464.01	6,045.94	29,509.95
Pittsburgh Committee.....	33,040.31		33,040.31
Princeton Committee	6,011.09		6,011.09
Providence Committee	362.00		362.00
Rochester Committee.....	1,884.58		1,884.58
Washington, D.C. Committee.....	17,719.53	5,550.00	23,219.53
Miscellaneous.....	69,232.83		69,232.83
Sub-totals.....	\$391,593.22	\$31,085.59	\$422,678.81
Less Transfer to Endowments.....	205.00		205.00
TOTALS.....	\$391,388.22	\$31,085.59	\$422,473.81
*Donations from various state chapters.			
**Total for Kentucky:	\$ 68,118.09		\$ 68,118.09

II REPORT OF OPERATIONS

1.

INTRODUCTION

In concluding our operational report in the last fiscal year, we promised to work assiduously to assure the continuity of health care to all in this area. This "continuity" means that patients will see the same nurse or doctor at each visit and will get as much care as possible at one place. The increased staff stability has enabled much of this continuity; the beginnings of organized teams of family nurses and doctors is helping. Further staff growth will be necessary before full continuity will be achieved.

We promised to enhance the FNS training capability for youth of our areas as well as for professionals from outside. One of the great successes has been the Health Careers Program for high school students; 23 students had such a good introduction to nursing, medicine, dentistry, and medical records that even a larger class is planned for this fall. Both our report on the School and the report on volunteers which follows, and the previously reported success of the Health Careers Program, illustrate our efforts towards this commitment.

We promised to become a participating demonstration in wider neighborhoods where concerned family care services are needed. To this end our services have been expanded to Lee and Owsley, to Knott and Clay Counties through contracts. Our midwives are providing care to dozens of new mothers, and our pediatric nurses to vast numbers of new children and their parents. The whole family is our concern. Our Couriers and Volunteer Program has an imaginative, joyful, hardworking chief courier who is making many new activities possible on district, in all parts of the hospital, in ever so many homes in the county, and in the lives of us all. The Advisory Committee has had able leadership, and each member has given hours of service in reviewing our activities—or lack of them, our problems and possible solutions, and in encouraging the staff when they are weary.

One of the most important activities towards which all of our committee members have worked and written letters is that of the emerging national legislation to provide payment for the services of nurse practitioners and nurse-midwives. In our small way we

hope we have helped in this change, and we are jubilant over the vigorous letter writing campaign that FNS engaged in to seek congressional support.

The new hospital and expanded services necessitates an enlarged staff and increase in expenditures. To make best use of our mini-medical center with its staff of six medical specialists at the Mary Breckinridge Hospital, and to assure the availability of skilled nursing care in the homes of our community and in neighborhood nursing centers, it has been necessary to regroup and restructure much of our staff in the past year.

The Home Health Agency, which serves people who are homebound and those recently discharged from the hospital, was separated from our traditional district nursing service. Under the able direction of Verna Potter, this was forged into a program based in the Old Hospital building. Its two excellent secretaries have years of FNS experience, and with Dr. Wasson as medical advisor, the strong nursing staff has become a self-supporting unit in the FNS cycle of health care.

Following the closure of three district nursing centers last fall, the group of ten family nurses, nurse-midwives, and registered nurses on district completed the first year without further change.

The medical and dental staff of eight has been filled constantly although there were replacements in two positions during the course of the year. The dental program, which was initiated with assistance from the Margaret Voorhies Haggin Trust, concluded its first year with a request to add an additional operatory in the Mary Breckinridge Hospital and to initiate dental services at the Oneida Clinic. It was with pleasure that we welcomed the Mental Health Program under the roof of FNS a year ago. Because of decreases in their staff and increased need for space in the hospital business office, the Leslie County Mental Health Program was moved into the Old Hospital area at the end of the fiscal year.

The Oneida Project in its first year of existence has achieved its goal of providing health care to that community of almost 3,000 individuals and to achieve a self-supporting status. The Oneida Community contributed more than \$5,955 for the necessary renovation of the clinic space and its equipment (including an EKG machine), and is already preparing for its fall Horse Show. The management principles authorized by the Community Com-

mittee and implemented under Skip Spell's direction, have been outstandingly effective. This methodology will be applied to the other centers and will be an essential ingredient in the initiation of the new center at Pine Mountain. In May, the Board of Governors authorized the necessary steps to be taken to develop a new and self-supporting nursing center at the old Pine Mountain Settlement School for that Northside Community of approximately 4,000 people.

Although the much-discussed principle of FNS establishing its own mechanic for the maintenance of its vehicles was implemented during the past fiscal year by a renovation of the cow barn in Hurricane Pasture, this initial effort has not been a success, but the concept should not be abandoned.

The growth in patient care is displayed in the following comparison of the numbers of patients and services provided in the last two years. We rejoice in the growth of total patient care. Although there was a small decrease in the numbers of patients seen at the Primary Care Center and in the numbers of visits to the home, the overall numbers of patient visits increased. The growth of the quality of services in the Mary Breckinridge Hospital confirms the confidence of the community in these services. The increase in laboratory tests is doubly impressive because those figures also demonstrate the very marked decrease in the number of tests that had to be sent to Lexington. The FNS laboratory is of the highest quality.

The total deliveries have increased by 16%. Parenthetically, since the completion of this fiscal year, the Director has had the pleasure of doing a vacation relief for Dr. Gilbert with our midwifery staff, some of whom are recent graduates, some of whom are experienced but new staff, and some of whom are old-timers. The quality and devotion of the midwifery care being provided by the present staff is clearly equal to that of any previous staff. Perhaps this is the golden age!

The data in this section are supplied by the record department of the Frontier Nursing Service.

2.
HOSPITAL
Comparative Analysis of Service Provided
In the Two Fiscal Years, 1976 and 1977

	1976	1977
ADMISSIONS		
General	809	940
Obstetrics	414	475
Pediatrics	243	271
Newborn	283	324
TOTAL ADMISSIONS	1,749	2,010
DEATHS		
Institutional (over 48 hours)	12	13
Non-institutional (under 48 hours)	4	0
Institutional (under 48 hours)	0	6
Non-institutional (ER or OPD)	0	2
TOTAL DEATHS	16	21
PATIENT DAYS		
All Patients (except newborn)	6,203	7,122
Percent of Occupancy	42%	49%
Newborn	1,414	1,420
Percent of Occupancy	39%	39%
TOTAL PATIENT DAYS	7,617	8,542
AVERAGE DAILY CENSUS		
All Patients (except newborn)	17.0	19.5
Newborn	3.9	3.9
AVERAGE LENGTH OF STAY		
All Patients (except newborn) ..	4.2	4.2
Newborn	4.9	4.4
OPERATIONS		
Major	121	167
Minor	160	220
TOTAL OPERATIONS	281	387
ANESTHESIA	279	381

X-RAY EXAMINATIONS

Inpatient Procedures	1,467	1,539
Outpatient Procedures	2,992	3,258

TOTAL	4,459	4,797
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EKGs

Inpatient	433	750
Outpatient	504	382

TOTAL	1,037	1,132
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LABORATORY

Inpatient	8,984	13,035
Outpatient	13,513	16,621
Referred in from District	3,741	9,744
Referred out to Lexington	11,307	5,119

TOTAL	37,545	44,519
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*TOTAL PATIENTS SEEN IN THE
PRIMARY CARE CENTER

(OUTPATIENT DEPARTMENT)	30,330	27,139
Average Primary Care Center Visits Per Day	82.9	74.

*EMERGENCY ROOM VISITS

Total Patients Admitted to Hospital From Emergency Room	5,152	6,151
	NA	613

**DENTISTRY

Inpatient	0	18
Outpatient	0	1,902

TOTAL	0	1,920
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PRESCRIPTIONS FILLED	NA	47,213
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*Includes Weekends and Holidays

**A dentist was not employed by Frontier Nursing Service in Fiscal Year 1976

3.
DISTRICT NURSING

	1976	1977***		Total
		District	HHA	
PATIENTS ATTENDED.....	11,255	12,201	103	12,304
Children and Babies	3,961	4,304	5	4,309
FAMILIES ATTENDED	3,318	3,699	93	3,792
VISITS TO HOME.....	11,033	3,924	6,468	10,392
VISITS AT CLINICS	12,888	15,941	15	15,956
TOTAL VISITS.....	23,921	19,865	6,483	26,956

Visits by Payment Source — Districts

	1976	1977
Medicaid.....	15.0%	20.5%
Medicare.....	9.5%	11.5%
Other Insurance	1.5%	1.0%
Private Pay.....	51.0%	49.0%
Employees	2.0%	1.0%
Free Well-Child and Maintenance	21.0%	17.0%

4.
MIDWIFERY
Registered Cases

	1976	1977
Women Attended in Childbirth	275	320
Live Births	284	318
Twin Deliveries	4	6
Miscarriages.....	7	6
Stillbirths.....	3	2
Delivered by Physician.....	24	39
New Cases Admitted.....	344	354
Maternal Deaths.....	0	0

Emergency Cases — Unregistered

	1976	1977
Emergency Deliveries	17	25
Live Births	3	7
Twin Deliveries	1	0
Emergency Miscarriages	14	18
Maternal Deaths.....	0	0

***The Frontier Nursing Service Home Health Agency (HHA) was separated from the District Nursing Service during Fiscal Year 1977.

5.

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

The Frontier School of Midwifery and Family Nursing admits two classes of twelve students per year, and during the 52nd fiscal year, a total of 38 registered nurses were enrolled. The course content of the School is designed to allow students to take 2, 3 or 4 trimesters, depending upon their individual preferences. During the year sixteen nurse-students completed the course work leading to nurse-midwifery certification and an additional thirteen, of whom two were already certified nurse-midwives, qualified for family nurse certification. The remaining nine students continued their education into the ensuing fiscal year. In its education program for nurse-midwives, FNS has graduated 472 students since the School was begun in 1939. An additional 77 students have completed the family nursing trimesters since this component was added to the program in 1970.

The nurse-midwifery students continued to gain additional experience in labor and delivery at the Holston Valley Community Hospital in Kingsport, Tennessee, where there is an active nurse-midwifery service. Students also attended prenatal, postpartum and family planning clinics at the Kentucky River District Health Department in Hazard, at the Hindman Clinic and at the Letcher County Health Department in Whitesburg. Midwifery interns went for additional experience to the Cleveland (Ohio) Metropolitan General Hospital and to the Pine Ridge Indian Health Service Hospital in North Dakota.

In the fall of 1976, the American Nurses Association offered the first national examination for family/adult nurse practitioners. Of the 790 nurses who took the first exam, approximately 540 persons, including a number of Frontier School of Midwifery and Family Nursing graduates, became Certified Family Nurse Practitioners (CFNP).

The School was granted accreditation from the American Nurses Association for continuing education in family nursing in the spring of 1977. In the summary of their report, the site visitors wrote: "It would be possible to go on for pages describing the virtues of the program. However, let it suffice to say that it is extremely impressive."

A contract for an academic affiliation between the University of Kentucky College of Nursing and the Frontier School of

Midwifery and Family Nursing has been written. "It is agreed and understood that the Frontier School of Midwifery and Family Nursing will serve as an off campus site for course offerings in Family Nursing by which credit is earned and may be applied toward a degree." The contract will be reviewed by the faculty and administrators of both institutions during the summer of 1977 and, hopefully, will be signed before the end of 1977.

6.

SOCIAL WORK DEPARTMENT

The Social Work Department has continued to locate and refer indigent and eligible persons to the Bureau for Social Insurance, Department of Human Resources, and to act as client advocate when patients encounter bureaucratic red tape.

The department has participated in area and professional organizational efforts such as the Leslie County Interagency Council, the Children At Risk Committee, the Southeast Kentucky Health Social Workers Association, the Hyden-Leslie County Development Association and the Settlement Institutes of Appalachia, headquartered at Berea College, Berea, Kentucky.

The social workers counsel individual patients, provide consultation to FNS staff on individual patient problems and, with the Courier Service, provide transportation for patients referred for specialist care to medical centers in Lexington, Cincinnati and Louisville.

7.

VOLUNTEER WORKERS

Thousands of hours of volunteer time have been given by couriers, physicians, nurses, medical and nursing students, members of the Auxiliary, and by Committee members in and outside the mountains. The work of these good friends has been of immeasurable help to the entire organization.

8.

GUESTS FOR OBSERVATION AND STUDY

During the last three decades, the Service has entertained an increasing number of guests, for observation and study of its

work, from many areas of this country and abroad. Health professionals have come to the Kentucky mountains from well over sixty countries and all six continents, and the widespread interest in an expanded role for the registered nurse has continued to bring us professional guests from many parts of the United States.

FIFTY-TWO YEAR TOTALS

It will be of interest to our readers to see a few totals covering the work of fifty-two years:

Patients registered from the beginning	67,884
Children (including babies under 1 year).....	40,569
Adults	27,315
Maternity Cases (registered) delivered	17,847
Maternal Deaths: 11 (9 puerperal, 2 cardiac)	
*Patients admitted into FNS Hospital	48,794
Number of days of occupation in FNS Hospital	392,800

*For 48 years and 6 months. The FNS Hospital in Hyden was opened in the fiscal year 1928-29 and operated only six months in that year.

CONCLUSION

Work to safeguard the lives and health of mothers and children continues to be an exercise towards stability, summoning every ounce of energy from field staff, from volunteers, from committees, from the Board of Governors and from unnumbered individual supporters. All have our most grateful thanks.

“We sail a changeful sea through halcyon days and storm,
and when the ship laboreth, our steadfast purpose
trembles like as the compass in a binnacle.

Our stability is but balance, and wisdom lies
in masterful administration of the unforeseen.”¹

KATE IRELAND, National Chairman
HOMER L. DREW, Treasurer
W. B. R. BEASLEY, M.D., Director

¹“The Testament of Beauty” by Robert Bridges

IN THE INTEREST OF PRIMARY HEALTH SERVICE

By Gertrude Isaacs, D.N.Sc.

[Editor's Note: In the summer of 1976, Dr. Gertrude Isaacs was invited to testify before the House Ways and Means Subcommittee Hearing on National Health Insurance "in the interest of primary health service."

According to media reports in the summer of 1977, "the House Ways and Means health subcommittee approved Medicare reimbursement by non-physicians in rural health clinics. Payment would be made for covered service furnished to Medicare beneficiaries on the basis of the costs incurred in providing the services. The rural clinics would have to meet certain standards. Reimbursement would be made for any service which is otherwise covered under the Medicare program when provided by a physician. The clinic's 'primary care extender' (a physician's assistant or nurse practitioner) would have to be authorized by state law to perform such services and would be required to meet certain criteria relating to qualifications established by the government. However, the 'primary care extender' would not have to be performing under the supervision of a physician.

"The proposals sent to the full House Ways and Means Committee includes provisions:

"Directing the Health, Education and Welfare Secretary, on a demonstration basis, to provide reimbursement for services provided by physician-directed clinics in medically underserved areas, on a cost-related basis.

"Allowing Medicare reimbursement for the services of 'primary care providers', employed by physicians practicing in rural, medically underserved areas, on a cost basis.

"Directing the HEW secretary to establish demonstration projects to provide reimbursement for services provided in centers offering comprehensive outpatient mental health services."

The outpatient department of the Mary Breckinridge Hospital has been licensed as a Primary Care Center, and the outpost nursing centers of Frontier Nursing Service have been licensed as Primary Care Center Extensions. However, no payment mechanism has yet been implemented in Kentucky.

Dr. Isaacs testimony before the House Ways and Means Subcommittee follows.]

There is no need to present the lack of health service resources in rural areas or to dwell on the inequitable distribution of these resources in favor of urban areas, and the health problems of the working poor. They are known to all. Attempts to change this can only lead to failure, until our nation makes definitive changes in its health policies and regulations.

For many reasons reimbursement is the first area to which Congress needs to address itself. Speciality care is more ap-

appropriately provided in urban areas. The rewards are greater. It is more prestigious. It is more dramatic, and therefore more highly valued by society and the health professions. Primary health services, essential for reducing specialty care needs, in contrast receive little recognition and minimal reward.

Primary health services, which focus on the ordinary day-to-day problems, lack popular appeal. Approximately one-fourth is maternal and child health and other preventive services, one-fourth is care of the chronically ill and the disabled, after the medical regime and plan of care is established, one-fourth is the care of minor conditions, infections, bruises, cuts and identification of conditions requiring medical care, and one-fourth is primary medical care. All of the above are grossly neglected in our health care system, and as a result costs of specialty care are becoming prohibitive.

Each service area referred to above involves a large segment of health education and counseling which prepares the individual, the family and the community to assume appropriate responsibility for their own care and health services. Medical care without health education and counseling produces undue dependence on medical and institutional care. This we cannot afford, personally or economically.

Seventy-five percent of primary services can and should be provided by non-physicians—the primary care nurse (i.e., the registered nurse who has received special training in family health, nurse-midwifery, pediatric, psychiatric and/or geriatric care), the social worker, the pharmacist, the nutritionist, the registered nurse, the dentist, the physical therapist, the medical, laboratory and x-ray technicians and other prepared health workers. Each has a significant contribution to make to the health of the people, and they provide services at lesser cost. The primary care physician's major contribution lies in his ability to diagnose and treat disease, which will continue to be of prime importance in the delivery of primary care. This does not negate what medicine has done or is doing in providing medical services, but they cannot be expected to assume the broad responsibility for total health service.

The success of the health care team lies in their ability to work together and to consult with one another in the interest of the people served. In today's society no one health service provider

can have sufficient knowledge and expertise to work efficiently as an independent practitioner. We all need one another. This change is essential if health services are to become a national right. By this I mean that each individual should be assured of equitable accessibility to the services available. This country can never afford to do all things for all people but it can strive toward the equitable distribution of reasonable service. We are doing this in elementary education, and we can do it in health if we put our minds to it.

Studies show that neonatal and maternal mortality rates can be substantially reduced through primary care services. In 1932 Metropolitan Life reported a study which indicated that if the nurse-midwifery services offered by the Frontier Nursing Service were extended to the rest of the country, 10,000 mothers' lives, 30,000 newborn lives and 30,000 stillbirths would be saved annually. In the past 24 years there has been no maternal death in over 8,000 deliveries conducted by the Frontier Nursing Service (over 90% were delivered by nurse-midwives), and neonatal deaths, stillbirth and prematurity rates continue to drop, as family planning provided through primary care nursing is making its impact felt. Other nurse-midwifery service studies in this country report similar successes. This represents substantial national savings in human lives, suffering and costs at a pertinent stage in life. In spite of the above evidence, neither the nurse-midwife nor the family nurse can be reimbursed through third party payors.

A 1971 study conducted by the University of Kentucky Medical Center, at the Frontier Nursing Service, showed that the health of children from an area where the average income is below the poverty level is as comparable to the health of children from the middle income group in Boston, if they and their mothers received good primary care services from the nurse-midwife and the family nurse. This unfortunately is not true of children in surrounding areas. Care such as this represented considerable savings in costs, in addition to improving the health of the nation. The reimbursement available for these services is minimal.

Hospitalization of the chronically ill and the 65 and over age group in the area served by the Frontier Nursing Service over the past 20 years has been 70-75% below the national average. This represents the greatest single saving in health care costs. In a

recent study of 230 diabetics, receiving primary care services through the Frontier Nursing Service, it was found that the diabetic patient was hospitalized on an average of only 1.6 days in comparison to the national average of 5.4 days—a 70% reduction in hospitalization. Furthermore, the Frontier Nursing Service hospitalized diabetic patient had fewer complications related to their disease, and they were an average of eight years older than the national average of hospitalized diabetic patients. Only fourteen percent of the ambulatory care was provided by the physician. Nurses, social workers, pharmacists and nutritionists do not replace the physician but they serve to reinforce good health practices, the medical plan of care, and assist the patient and his family through the stress of changing their life style. The aim is to minimize the debility that often accompanies a chronic illness.

The average cost of care to the diabetic patient per year was \$309. This included hospitalization, home health care, clinic care and drugs. Average national cost for hospitalization alone is \$637. per annum, at \$118. per patient day. Only two of the 230 diabetic patients were referred to the Medical Center for hospitalization—one was a pregnant mother and one had psychiatric complications.

Other chronic conditions such as hypertension, CVA's and cardiac conditions are similarly responsive to primary health services. Four home visits can be made for the cost of one day in the hospital, and they help the family and the community broaden their responsibility to the comfort and well-being of the patient and his family. Ten clinic visits can be made for the cost of one day in the hospital. There can be no question about the savings in health care cost that can be brought about by decentralized primary health services. Dr. John Runyon, University of Tennessee, reported similar findings in his study of a similar chronic care program.

Other benefits derived from primary health services, such as demonstrated by the Frontier Nursing Service in its fifty years of operations and such as are being developed in many parts of this country today, include: 1) early detection of cancer, hypertension, ophthalmological, ear, nose and throat problems; 2) the reduction of rheumatic heart disease and glomerulonephritis, through early detection and treatment of streptococcal disease; and, thus, the

reduction of chronic heart problems and costly kidney transplants; 3) the reduction of communicable disease through immunizations; and 4) stabilization of severe injuries in preparation for transfer to the bigger medical centers.

Perhaps the most important benefit of all is the consumers increased participation in self care and community services, which helps lower the biological, environmental and life style health risks. For amplification of this I would refer you to Breslow's longitudinal study on the impact of health practices on health status; and Marc Lalonde's book "*A New Perspective in the Health of Canadians*". Both emphasize the necessity for improved health practice which is notably neglected in preference to medical care in Western society.

More studies are needed 1) to quantify the benefits derived from primary health services; and 2) to establish a balance between costs, efficiency and accessibility to care in the interest of people. Decisions cannot be based solely on cost. They must reflect benefits derived. Moral issues must be given equal considerations, and political issues cannot be ignored.

The irony of our social value system, as it is currently used to determine life saving measure, must be faced squarely. An elegant heart transplant may prolong the life of one individual for two years if he is lucky, at catastrophic costs and major personal inconvenience and suffering, while 1000's of traffic deaths may be prevented annually by the use of the safety belt and reduced speed on the highway. In contrast, the cost and inconvenience is minor. There can be no doubt that catastrophic health care insurance would have minimal impact on the prolongation of life in comparison to the impact of primary care in relation to the costs incurred. The humane benefits can not be measured.

The effects of good nutrition, physical fitness, clean air and water; the avoidance of excessive eating, drinking, use of medications, sedentary living and smoking are other changes in life style that have sufficient impact on the health status to justify program changes without further study. They necessitate a certain degree of self discipline and restraint, which requires an integrated and whole hearted effort on the part of the government, society and the health field. They can be mostly appropriately initiated through primary health care services.

Such changes as are recommended will require time and

planning. The impact will not be immediate. In fact, as primary care is introduced it will initially cause a rise in hospitalization as we take care of those conditions that have been neglected in the past. This should not discourage you. We must take action now to avoid the accumulative effect of continuing neglect. Nor can we postpone the introduction of primary health services because this may create competition with medical care. We need both.

Per capita reimbursements for primary health services is needed to assure equitable access to care. The Commonwealth of Kentucky has developed regulations for licensure of Primary Care Centers and is planning to provide appropriations, but certain legislature and problems must first be resolved. HMO's have adequately demonstrated that prepayments lead to major savings in medical services, but they are not practical in lower income areas. Fee for service has led to increased utilization of medical service and increased costs without evidence of improved outcome. It has led to discriminatory practice and in many instances to corruption. The grant mechanism for providing health services is an abomination to society. It does not permit systematic long range planning.

Furthermore, health care outcomes must be related to costs and services provided. We cannot afford to continue with haphazard treatment based on traditional practice without looking at all three. Nor can we afford to postpone the introduction of primary health services until we have more precise measures to determine the certainty and predictability of a health oriented approach. There is sufficient validity in current findings to warrant positive action, *now*.

Legislation, which will recognize and provide reimbursement for health services provided by nurses, social workers, and other health workers; and which provides for preventive and health maintenance services is long overdue. (See Senate Bill S. 3644 introduced by Mr. Pearson and Mr. Huddleston and referred to the committee on finance.) Too much moneys have been expended comparatively on fees for medical care services and costly hospital beds without comparable results or appropriate audit. Primary care nursing services have been and are being subjected to much more rigorous audit than we have ever seen in medicine, and much of it is being conducted very poorly and extravagantly, e.g., the Social Security Program for reimbursement of Nurse

Practitioners and Physician's Assistants. If we are to control costs, audits must be done locally, with random review by the authorities; like the Internal Revenue Service does it. We cannot expect the State or the Federal Government to do an intelligent job of auditing if they have the main responsibility for control. This main responsibility must remain at the local level, where audits must be done on each patient seen so that reimbursement may be made according to the quality of care provided, rather than according to the credentials of the person providing the care. Until all health professions are given *due recognition*, *honest reimbursement* and *fair representation* in the planning and organization of health services, and until *the people* have a *clear voice* and *become actively involved* in their own health care, there is little hope for improving the health status of our nation, of lowering health care costs, or of creating a community spirit for sharing. The latter is sadly lacking and urgently needed if better care is to be provided.

It is much easier to give of self when due recognition is received, and the reward is tangible. This must begin at the first level of care, in the home; and the rewards must be balanced in favor of health rather than illness. Leadership must be provided.

Neither the Federal Government nor the medical profession can afford to postpone their obligations. Others must be helped and permitted to assume appropriate responsibilities, rather than deterred.

Legislation must also address itself to changing health care regulations which give recognition to the differences between primary care hospital and specialty care hospital needs. (See H.R. 13267 introduced by Mr. Max Baucus to amend the medicare/medicaid provisions of the Social Security Act. The small primary care hospitals, so urgently needed in rural areas, cannot afford to operate under the same certification requirements for professional personnel, equipment or construction as the speciality care hospitals. Neither should they be required to do so to receive reimbursement. We do not all need Cadillacs. In some areas the Jeep is still much more practical. What we need are regulations that are adaptable to the areas and preferences of the people served.

These are only a few of the absurdities to which both the State and Federal Governments need to address themselves in the

interest of national health; and they must work together with the local people, the consumer and the provider.

We may well need to look toward separate systems for financing primary health services and specialty medical services, which requires careful assessment of priorities in terms of long range goals. This cannot be done without confronting the people frankly and honestly with the issues at stake. These decisions cannot be left solely in the hands of the providers or the legislators.

A MOCKERY OF SCIENCE

DALLAS — A mockingbird made life miserable for a Dallas electronics expert who had rigged his garage door to open and close when he whistled a certain tune.

The bird visited the garage every day and whistled the door up and down, up and down.

—*The Courier Journal*
September 14, 1977

RADIO SPOT #19

Measles Vaccine

Sound; Children in sprinkler

Narrator: The age group most likely to get measles is young children. The number of measles cases in East Kentucky has increased in the past months. This could be due partly to the fact that fewer children are getting their measles shot. All it takes is one shot. Have your children been given a measles shot?

This message is brought to you as a public service by the Frontier Nursing Service.

OLD STAFF NEWS

From Pam Love in Mexico

—May 1977

Right this minute I'm nine feet in the air, perched in my little jungle home! We hiked 35 miles from Main Base to this beautiful, deep jungle spot. We've been building our house all week and moved in as soon as the roof was on. This has been hard work but so much fun! We've learned how to tie poles together with bark strips for a solid pole house, and how to make shelves and tables out of sticks tied with bark.

We came to Jungle Camp from Dallas via Mexico City in early March. Our group is made up of 5 single girls, 18 couples and 22 children. We've developed all sorts of new skills or improved on old ones like swimming, canoeing (in 800 pound log canoes!), skulling down rapids, hanging jungle hammocks, building fires! But the highlight for me was working with a young Tzeltal girl to learn her language.

.

From Dorothy Helwig Roberts in Enumclaw, Washington

—May 1977

We leave Friday for the eastern part of the state, to visit our older two children at college. WSU sponsors a mothers' weekend every May. It's a mad, hectic mess, with so many extras on campus but is also a good time to see what is going on in the various departments. Our younger two are still in high school but Charlie graduates in a month. He plans to live at home next fall and attend a nearby community college.

Have had an interesting time this spring, attending the 1977 session of the legislature. Five of us serve as unpaid lobbyists for the state PTA, promoting children's interests.

.

From Norma Brainard in The Gambia

—May 1977

I am teaching a course in social medicine (strong emphasis in MCH, family spacing) at the School of Public Health, teaching some auxiliary midwives family spacing, working in two family spacing clinics per week, giving clinical instructions and supervi-

sion to some Community Health Nurses (midwives) in a school up country, plus committee meetings, curriculum development, helping with the planning of a community nursing program, working/planning with Ministry of Public Health officials and WHO officials concerning an eradication program for measles and T.B., plus visits to health centers. We are trying to get a standardized reporting system for the country as statistics at present are almost nil.

I have a lovely house near the beach. Alex Haley has put us on the map!

.

From Maggie Wilson in Launceston, England

—June 1977

My home keeps me busy and gives me lots of pleasure. Ma and Pa come over fairly often—Pa to do jobs that I am unable to do, like building walls to keep the soil on the garden. This is a big holiday weekend when we celebrate 25 years of Queen Elizabeth's reign. All sorts of things are happening—flags and bunting flying from all prominent places, tea parties, sports. Launceston is having an "Elizabethan Fayre" tomorrow which should be worth a visit.

.

From Evelyn Mottram in Hindman, Kentucky

—July 1977

I completed my last day of work today. It seems strange after almost thirty years not to be on call for labor cases. I know I shall miss it. I'm all packed up and ready to move, next week, to the Clear Creek Baptist School near Pineville, Kentucky. It's a lovely place to visit so come see me. I'll be starting up a clinic for the students and their families. It's a new venture for the school, and for me, so I'm all excited. I shall miss Hindman and Knott County very much. I'm so glad Pat Tyson is here to help take over my job at the clinic—she's a great worker.

.

From Mary Jo Clark in England

—June 1977

Came over on the 19th for three weeks, travelling with a

Michigan friend. Right now we're in Dartmoor. Have been on the small byways for the last couple of days, soaking up local lore. We're going to York tomorrow and then to Scotland. Spent a delightful evening and overnight with Stevie [Joyce Stephens] and hope to see Hilly [Elizabeth Hillman] in London before I leave England.

.

From Judi Floyd in Houston, Texas

—July 1977

It's hard to believe that I was travelling in Kentucky only a month ago—it seems like I've been back in Houston forever. I'm all settled into an apartment now—enjoying living by myself after these past four years in community living. I've transferred to the 3-11 shift in the Intermediate Care Nursery at TCH and love my work. We seem to have a high percentage of babies with trisomies and other birth defects, which is sad, but working evenings is giving me a lot of meaningful contact with parents. I'm soon to become involved with parent classes and plan to start an intensive 6-7 week cardiology course next week. This fall I hope to work several mornings a week in the nursery at the church, just to have contact with well babies, and to be more active in the church. And I still have spare time beyond that to quilt!

.

From Dr. Ed Dodge in Iverness, Florida

—July 1977

We are taking Randy up to Taylor University in Indiana in September and may be able to stop in at FNS and visit, if there's time. It would be nice to see old friends and the new hospital also.

.

From Mary Grace Redman in Indonesia

—August 1977

We are beginning a village health program which will, hopefully, be partly sponsored by World Vision of Indonesia. We are teaching a low level village health worker course as well as trying to get water piped to the center of each village and, in the future, we will have gardens growing a greater variety of crops in an effort to improve the diet of the Dani people. Our doctor and his

wife teach the men students in Indonesian. The men are taught how to diagnose and treat some of the more common diseases. Kathleen Crumb and I teach the women in Dani. We have just finished a month series of classes which included nutrition, hygiene and weighing of children under five. We let them go for three weeks to work in their gardens. When they return, we will begin our registration of children who will be involved in the weighing program. Later on, I will be teaching simple basics of prenatal care and delivery. For a cleaner delivery in the huts we plan to get them to use a banana leaf, which has been passed through the fire, to put under the mother. I have gotten quite interesting reactions from various people when I mentioned this! But when you see the very crude and basic huts in which they live, you can better understand that a clean banana leaf is better than the dirty hut floor on which to have a baby!

.

From Phyllis Long in College Park, Georgia

—August 1977

Things are going well here and I'm enjoying the job. It's great to be in clinical practice and it's really fun to work with other CNMs as a team. We each have a caseload of our own patients which makes it interesting and good for patient education. We live seventeen miles from Atlanta. Our house has a lawn, a few trees and a little garden. I've been busy making furniture—nothing fancy, only functional.

.

Liz Palethorp writes that it has been "old home week" in the south of England this summer. While **Noel Smith McAlister** was in England, she, Liz and **JoAnn Hunt Rossiter** spent a couple of days together in Dorset and Bath, and Noel went up to Norfolk to spend a night with Helen Browne who is spending August and September with her sisters. Liz was expecting Brownie to be in her area in early September and was also planning a visit with **Maggie Willson** and **Nancy Sandberg** later in the month. Nancy will spend a weekend with Maggie on her way back to the United States from Ethiopia.

.

Our sincere sympathy goes to the family and friends of **Sue Burman** who died suddenly on July 10, 1977, at her home. Sue was a recent graduate of the Frontier School of Midwifery and Family Nursing and was working with the Chicago Board of Health-Illinois Masonic Hospital Nurse-Midwifery Service at the time of her death.

Weddings

Miss Mary Louise Simmers and Mr. Ralph George Penton in Arlington, Massachusetts, on April 29, 1977.

Miss Ardith M. Clair and Mr. Walter L. Houghton in Hingham, Massachusetts, in June, 1977.

Best wishes to Mary and Ardie from all their friends in Kentucky.

A Baby

Born to Mr. and Mrs. Van Adams (Ellen Howard) of Wendover, Kentucky, a son, James Douglas, 9 pounds, 1 ounce, at the Mary Breckinridge Hospital on August 25, 1977.

This young man is a rather special "FNS baby". His parents were both delivered (a few years ago!) by Wendover District nurse-midwife Margaret McCracken one day apart, and both of his grandfathers, James Howard and Coy Adams, are former FNS employees. His mother has been on the FNS staff since 1968.



MOUNTAIN TRAILS HEALTH PLAN, INC.

A contract has been signed between Frontier Nursing Service and the Mountain Trails Health Plan, Inc. whereby FNS will provide total care—health education, diagnostic and therapeutic and health maintenance service—to entire families who hold this insurance policy. Mountain Trails is, in fact, a Health Maintenance Organization (HMO) based in Harlan and Bell Counties. The most exciting aspect of this contract is that it promises to reimburse for the professional services of family nurse practitioners and nurse-midwives.

URGENT NEEDS

For Primary Care Center Extensions

(Outpost Nursing Centers)

30 Metal Specula @ \$17.00 each	\$510.00
12 Travelling Desks @ \$7.75 each	93.00
4 Refrigerators @ \$200.00 each	400.00

For Dietary Department

Mary Breckinridge Hospital

1 Blender	65.00
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For Laundry and Linen

Mary Breckinridge Hospital

2 Laundry Bag Holders @ \$35.00 each	70.00
1 Sewing Machine	350.00

For X-Ray-Mary Breckinridge Hospital

1 Shield Apron	40.00
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For Primary Care Center (Outpatient

Department)-Mary Breckinridge Hospital

1 Hct. Centrifuge	315.00
1 Lakeside Cart	55.00
12 Specula @ \$17.00 each	204.00

For Home Health Agency

2 Typewriter Tables @ \$66.20 each	132.40
12 Travelling Desks @ \$7.75 each	93.00
1 Visible Card File	110.00

For the Donor Office at Wendover

3 Addressograph Plate Drawers @ \$8.00 each...	24.00
Metal Position Tabs for Addressograph Plates and Card Files to allow more flexibility in the use of existing equipment and save staff time	256.00
3 20-Drawer Cabinets for Metal Tabs @ \$6.95 each	20.85

Two of our most urgent needs are for staff, not equipment. Dr. E. Fidelia Gilbert, our staff obstetrician, is beyond retirement age and, although she has promised not to leave us without a replacement, she does want to transfer to part-time status and we are trying to find an obstetrician to relieve her. We also badly need an internist—an essential specialist for a forty bed hospital.

If any physician is interested, or any Bulletin reader knows of an internist or obstetrician who might be available, please get in touch with Dr. W. B. R. Beasley at 606 672-2901.

Please cut or tear along this line

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Windsor, Ontario K7L 1T7

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Foster Nursing Service, Windsor, Ontario

POSTAGE

CHRISTMAS GIFT SUBSCRIPTIONS

We would like for more people to know about the Frontier Nursing Service—our medical and nursing work, our family nurse-midwifery training program, our pediatric program, our work with the young people of Leslie County. Please tell your friends about our activities.

Why not give a Christmas gift subscription to the *Quarterly Bulletin* to three of your friends? We'll send a Christmas gift card in your name.

W. B. Rogers Beasley, M.D.
Director

Please cut or tear along this line)

Quarterly Bulletin Office
Frontier Nursing Service
Wendover, Kentucky 41775

Please send _____ Christmas gift subscriptions to the *Quarterly Bulletin* to the following:

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Please sign the gift cards: _____

My check in the amount of _____ (Each subscription \$2.00), made payable to
Frontier Nursing Service, is enclosed.

Signed: _____

To: _____
 From: _____
 Subject: _____

We would like for more people to know about the benefits of the _____ program. Our medical and training work _____ the _____ people of _____ County. Please let your friends about our _____

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Please call or write _____ to the _____ Project in the _____.

Please call or write _____

OLD COURIER NEWS

From Nan Sersig on the Appalachian Trail

—May, 1977

Yes, we're still alive and have hiked over 650 miles so far. We skipped about 175 miles of the Trail south of the Shenandoah National Park where we are now. Our feet are finally feeling pretty good—fewer new blisters! We've each lost fifteen pounds. The wildflowers are by far the best part of the trip.

.

From Irene McKenna in Gerrards Cross, England

—May, 1977

I started teaching again in January at a school in Hertfordshire so I've been down in the south of England for the past four months, on a temporary contract until the end of this academic year. I have been accepted at the Sheffield School of Nursing for the shortened course for graduates commencing August 1. All being well, I should qualify in two years. The school runs a post-registration course in Health Visiting which I am interested in doing because I think I shall prefer community work.

.

From Mary Richardson and Lisa Greene in

Charlton, Massachusetts—August, 1977

Marty: Ever since I showed Lisa my corn husk doll of an FNS nurse-midwife (made by Sarah Hall and recognized as such by Lisa), I'd had in mind a letter for you all from us one-time couriers now located in Charlton, the home of the Joslin Camp for diabetic boys. It is a lucky break for me since it's turned out to be the best sort of preparation for nursing school plus a fun environment.

Lisa: I'm in the process of sewing spray-painted disposable syringes onto the official "Camp Joslin Golden Syringe Award"—each camper who gives his first insulin shot at camp gets one. We've had a great summer, a very happy one! Did you know that I'm going to Vanderbilt University? I'm really excited and anxious to start. I have to begin as a freshman because I've had no sciences but . . . I am driving down with a friend who also goes there and she'll help me find a place to live which will be a lot less

scary! I think about you all a lot and absolutely devour the Quarterly Bulletins.

.

From Freddy Holdship in Sewickley, Pennsylvania

—August, 1977

On Friday we leave for Finland, then Poland, returning on September 13. We hope to have time in Finland for a "reindeer round-up", but Lapland is a mite further from Helsinki than we realized!

.

From Katie Pratt in Boston, Massachusetts

—September, 1977

Although I haven't been writing I can assure you that I miss being at Wendover with all of you and I miss being a courier. The time I spent (it's already a year ago!) meant so much to me and was a rare and precious experience. All that I did and learned was valuable and something I would like to repeat.

A lot has happened since I left Kentucky. After Thanksgiving with my family, I settled into working as a volunteer in the Archives of American Art and I also have the lucky opportunity to begin a "crafts cart" at the Middlesex County Hospital in the O.T. department. In February I took private French lessons and left for Greece in the beginning of March. I travelled with a friend until the end of May and then settled down alone in Paris. There I found myself a wonderful French family, and a weaving and a drawing course, and I lived happily in Paris for two and a half months. What a wonderful experience that was too. I was just feeling ready to stay there for another year to study when my brother and sister came to join me. We travelled in Austria, Germany (saw the wonderful wine country of the Rhine and Mosel rivers) and, last of all, wonderful Holland.

I've been back in the States for two weeks and I soon go to Colby College in Maine. I am looking forward to school as I haven't been in a classroom situation for twenty months.

.

Weddings

Miss Wendy Bowman Ware to Daniel Gleason, M.D. on

Saturday, August 20, 1977, in Aspen, Colorado.

Miss Carlann Smith to Mr. Robert C. Welch, during the past year. The Welchs are now living in Leverett, Massachusetts.

Our very best wishes to both of these young couples.

A 17th Century Nun's Prayer

Lord, Thou knowest better than I know myself that I am growing older and will some day be old. Keep me from the fatal habit of thinking I must say something on every subject and on every occasion. Release me from craving to straighten out everybody's affairs. Make me thoughtful but not moody; helpful but not bossy. With my vast store of wisdom, it seems a pity not to use it all, but Thou knowest Lord that I want a few friends at the end.

Keep my mind free from the recital of endless details; give me wings to get to the point. Seal my lips on my aches and pains. They are increasing, and love of rehearsing them is becoming sweeter as the years go by. I dare not ask for grace enough to enjoy the tales of others' pains, but help me to endure them with patience.

I dare not ask for improved memory, but for a growing humility and a lessing cocksureness when my memory seems to clash with the memories of others. Teach me the glorious lesson that occasionally I may be mistaken. Keep me reasonably sweet; I do not want to be a Saint—some of them are so hard to live with—but a sour old person is one of the crowning works of the Devil. Give me the ability to see good things in unexpected places, and talents in unexpected people. And, give me, O Lord, the grace to tell them so. Amen.

—Contributed

NURSE-MIDWIVES AND FAMILY NURSES IN THE NEWS

Legislative action in Massachusetts and California in 1977 has added both of these states to a growing number which have legalized the practice of nurse-midwifery. At the same time, the Nurse Practice Acts of a number of states are being amended to expand the authority of family nurses and physician assistants. A recent amendment to the North Carolina Nurse Practice Act allows the delegation of orders to nurses by family nurses and physician assistants. According to an article in the June 19, 1977, edition of the New York County Coast Star of Kennebunk, Maine, an amendment is before the Maine Legislature that will allow family nurses to function in their new and expanded role "to diagnose, treat and prescribe any measures necessary under the protocol set up between the nurse and the physician".

Appalachia, the Journal of the Appalachian Regional Commission, in the June-July 1977 issue, reports that the practice of nurse-midwifery has legal status in all thirteen states of the Appalachian Region. This same issue of *Appalachia* features the Maternal Health Services of Northeastern Pennsylvania, a program which was begun by Dr. Margaret Livengood, a former FNS staff physician, to serve fifteen Pennsylvania counties. "Four years ago, the neonatal death rate in Wilkes-Barre, Pennsylvania, was extremely high—more than double the national rate. 28.6 babies in every 1,000 live births died in Wilkes-Barre, compared to a national rate of 13.0 per 1,000. But today the city can boast of having one of the states' lowest neonatal death rates. The 1973 rate dropped to 7.8 per 1,000 live births in 1975, a drastic and happy reduction which health officials attribute almost totally to the excellent services provided through the certified nurse-midwifery clinic of the Maternal Health Services located at Mercy Hospital." One of the five full-time nurse-midwives at MHS is Mary O'Connor, a Frontier School of Midwifery and Family Nursing graduate and former FNS staff member. This clinic sees between 30 and 40 patients a day and averages 39 deliveries a month.

The Pittsburgh Post-Gazette, in a July 7 article, reports:

" 'Birthing' in the United States is taking a giant step backward into the future

"The midwife, and even delivery at home, are returning to favor. They're stirring up considerable controversy among expectant mothers and in the entrenched hospital obstetrical system while they're about it. . . .

"According to Helen Fedde, assistant director of public health nursing for Allegheny County, a registered nurse-midwife herself, [and a former student and Dean of the Frontier Graduate School of Midwifery] Western Pennsylvania is lagging far behind the trend. . . .

"McKeesport Hospital, with three at full complement, is the only one using midwives in our area. Nurse-midwifery was initiated at McKeesport Hospital by Dr. Kenneth Teich, no longer in the area in 1974. Dr. Richard Mann, chairman of obstetrics and gynecology, now supervises the program. 'The whole department helped prepare for the midwives,' Dr. Mann states. 'We are all enthusiastic about them. They are helping to give quality care and more personal care and we heartily endorse them. Any active midwife service with proper supervision can only improve the care given in any community hospital.' "

The nurse-midwifery program associated with Emory University School of Medicine and Grady Memorial Hospital in Atlanta, begun in 1971, is of special interest to FNS because of the number of former FNS nurse-midwives associated with it—Katherine Vandergriff, Phyllis Long, Martha Burk, Peggy Wieser, Mary Malone. The work being done by nurse-midwives in Atlanta was featured in "Birthin' ", the newsletter of the *Southeastern Regional Council on Development of Nurse-Midwifery*, in the spring 1977 issue:

"To have a good nurse-midwifery education program there first needs to be a sound nurse-midwifery service. This was the basic premise held by representatives of the Emory University School of Medicine, Department of Gynecology and Obstetrics, the nursing department and the administration at Grady Memorial Hospital in Atlanta, Ga. Grady Memorial serves as one of the major teaching sites for the Emory School of Medicine. In the meeting, organized by Dr. John D. Thompson, chairman of the Department of Gynecology and Obstetrics at Emory, discussion centered on the shortage of maternal and infant health manpower in the southeast.

"A shortage of manpower was also the problem at Grady

Memorial. According to Miss Mary Woody, assistant director of Grady Memorial Hospital and director of nursing, a change in the Emory curriculum had reduced the number of deliveries performed by medical students. The house staff was unable to provide adequately all the services demanded by the approximately 6,000 deliveries performed by the hospital each year. The department agreed that extended health care providers were needed. The certified nurse-midwife was the professional they wanted . . . A Joint statement of practice was written and signed by the executive director of the hospital, the chairman of gynecology and obstetrics, and the director of nursing to insure that nurse-midwifery was both a legal and an integral part of the hospital. Miss Elizabeth S. Sharp, C.N.M., Dr. P. H., was asked to join the hospital staff and serve as director of the nurse-midwifery service. By the summer of 1971, the nurse-midwifery service at Grady Memorial was operational.

“In addition to the support given to nurse-midwifery by Dr. Thompson and Miss Woody, the vice chairman of the department of gynecology and obstetrics, Dr. W. Newton Long, contributed to the establishment of Grady Memorial’s nurse-midwifery service. Dr. Long was a resident under Dr. Nicholson J. Eastman at the Johns Hopkins University, who for many years served on the advisory board for the Frontier Nursing Service in Kentucky. ‘I was weaned on the idea of nurse-midwifery from early days on,’ said Dr. Long . . . ‘Nurse-midwifery has always been kind of a friend to me,’ he said. ‘It’s been a big help.’ ”

TIME, in its August 29, 1977, issue, devoted a page to “Rebirth for Midwifery: Rising Costs and Feminism Bring Back an Ancient Art”. The article sites some of the arguments in opposition to midwifery—such as the difficulty in regulating the practice, and the belief that women get better care in hospitals as many deliveries may require aid that midwives cannot provide in the home. The article goes on to say: “The advocates of trained midwifery . . . are passionately unimpressed by such arguments. Where prenatal screening is properly practiced, most of those patients likely to need specialized care can be anticipated—and handled in hospital.”

Sue Palmer of Hyden, whose second child was delivered by a nurse-midwife at the Mary Breckinridge Hospital, has written to congratulate TIME for bringing the subject of delivery to national

attention but feels that "your piece needed historical perspective. Nurse-midwifery is not a sudden, new fad but a workable part of the health care system in this country. I'm surprised your writer did not know about the Frontier Nursing Service which established the first midwifery service in the country and where nurse-midwives have been safely delivering babies since 1925. . . . You imply that midwives most often do home deliveries with all the possible attendant risk. While there are some home deliveries, most are done in hospitals or birthing centers with standby supervision of obstetricians and with all the scientific, technological advancement of medicine available to the nurse-midwife delivery. . . . You speak of the difficulty of adequate licensing and training. While it's true that state laws are a maze of confusion and there may be some variation in the training of lay midwives, there is much organization in the field of Nurse-Midwifery. There are fourteen schools of nurse-midwifery throughout the country, a national board for examination and certification, and an American College of Nurse-Midwives to help guide the profession. It is important to note that nurse-midwifery is not second class medicine for poor women but an alternative available to all women; nurse-midwifery conserves the specific skills of the obstetrician for the difficult deliveries."

CLOMA MOORE APPOINTED

Mrs. Cloma Moore of Hyden, the immediate past president of the Mary Breckinridge Hospital Auxiliary, has been appointed to the Kentucky Hospital Association Council on Volunteer Services by Mr. Russell Hester, KHA President.

The Council on Volunteer Services is charged with the responsibility of planning, developing and recommending various programs for volunteer and teenage volunteer activities as needed within the Association membership. The membership of this Council is recommended by the State Auxiliary President. The Council shall be the policy study and formulation body for purposes of providing recommendations to the KHA Board of Trustees, within the mission heretofore outlined.

ONEIDA HORSE SHOW A GREAT SUCCESS



W. S. Amburgy and sons brought their 4-mule team.

The second annual Charity Horse Show sponsored by the Oneida Nursing Center Committee Saturday, September 17 was a great success by every measurement.

Financially, \$3,331.55 was raised for the support of the physical needs of the Oneida Center for the coming year. This was \$761.06 more than was raised a year ago.

A greater crowd attended the event than last year.

Everyone taking part made a free gift of their time and effort, a genuine expression of community spirit and support. Scores of people worked during the show as gatekeepers, in the concession stands, in many ways, several score entered horses while over forty individuals or groups made contributions of cash and trophies.

The crowd was perfectly behaved, not a single incident, and this was rather remarkable with so many people. Thus everything made for a most pleasant four-hour evening.

The track was wider, the lighting better positioned and brighter, and the arrangement of seating and concession stands all reflected a continuing effort to improve.

The Oneida Committee remains quite active, meeting monthly to review Clinic operations and progress.

Notable advances have been made in the addition of four rooms and a restroom for the doctor, two rooms added for a dentist, renovation of the waiting room, and all is in readiness for the opening of the pharmacy.

Joe Gibson, Jr. spearheaded the organizing of the Horse Show, and he and Orville Burns and Jennings Asher Roberts, all local committee members, worked many hours during the past year improving the lighting, track and field. Mrs. Ica Roberts, treasurer of the committee, worked many hours arranging for the concessions and supervising the many volunteers who helped her. Local woodcarver Val Jean Burns created another of his works of art in wood as a gate prize.

Ring Master was building contractor Ed Hacker, and the judge was Arthur Miniard. Both are noted horsemen. The announcer was Max Duncan, the farrier was Max Becknell, and Oneida



Preston Baker, Katherine Damrel, Ray Wilson, and Charles Damrel



Joe Gibson, Jr.



Jennings Roberts and Jeff Minor

Baptist Institute student Jeff Minor played the organ throughout the performance.

The Oneida Committee is already laying plans for the third show which will be held on Labor Day weekend, 1978.

—Barkley Moore, Chairman
Oneida Nursing Center Committee



Gail Jo Gibson carried the colors.



Kizzie Hensley, Carol Reed, Irene Davidson, Wilma Combs



SUMMARY OF FNS QUESTIONNAIRE

By Ron Hart

[Editor's Note: At the request of the FNS Board of Governors, a questionnaire was designed by staff and distributed to the community in February 1977. The returned questionnaires were tabulated by a member of the Board of Governors, Miss Jane Leigh Powell, and Mr. Hart's summary of Miss Powell's tabulations follows.]

This report is a summary of data received in the February 1977 survey.

The construction of the survey (number and types of questions) and its broad distribution (1600 copies) offered an opportunity for anyone concerned with FNS and its work to give a constructive evaluation of just about any aspect of its operations and suggest ideas for improvement in its functioning.

The response rate, however, while being far too low (17.5%) to yield statistically significant data* did surface some possible areas of concern which could be examined further for validity.

Due to the nature of the response rate, percentages in the summary will be of the total group responding ie., 280 = 100% and not individual groups.

Summary

The majority said they (93%) do go to FNS for some to most of their health care, indicating a preference for the nearest facility ie., district or hospital, as the first step when they are sick.

While more than half (55%) have not been hospitalized at the new hospital since it opened, 63% were treated by the Mary Breckinridge Hospital Primary Care Center, 56% by district clinics and 15% by Home Health within the last year.

Data on hospitalization care was weak, but clinic treatment data indicated that the **majority** felt they received enough time with the health care professionals during their visits, that they were never refused a doctor when they asked to see one, that they preferred to be seen on an appointment basis, and that transportation was not a problem in getting to the hospital. They were aware

*Anything below 30% is generally considered a poor response rate.

that family nurses, nurse-midwives, and pediatric nurses were registered nurses with additional education and qualifications. They likewise knew that each student was an R.N., worked under medical orders and did not mind being seen by them in place of a nurse-midwife, family nurse practitioner or doctor. They would be willing to talk directly to the pharmacists about their medicines, felt FNS should allow student doctors in training to work in the hospital or clinics under supervision, and want an emergency ambulance service.

About a third thought care improved with the use of the medical teams, half described the emergency room care as fair to excellent and most felt the hospital provided the services they wanted and saw the facilities as adequate.

There was some indication to warrant examination into the following areas:

1. Confidentiality of patient's problems kept by staff at hospital and on district.
2. Professional dress of staff.
3. Presence of medical students and nurses while being examined by the doctor.
4. Excessive waiting time between registration and being called into the clinic.
5. Channels of communication for registering complaints.

Many (41%) rated in-patient care from fair to excellent, felt that one's pastor should be informed of his condition and most (67%) thought the hospital should have a small chapel for use of the patients.

While over half were aware that their medical card or insurance did not cover the full cost of care, they were hard pressed to offer solutions for collection of unpaid bills. The majority did agree (71%) that FNS should have a special person whom the people could call about their bills and about one fifth of the group suggested ideas stemming around improved business procedures as a solution.

More than half the group were satisfied with the district health facilities, service and coverage, feel the referral system is adequate, think the charges are reasonable and want the nurses to continue to live at the centers as well as make home visits.

They seemed satisfied with the work of the Home Health Agency.

The majority felt FNS should continue the School of Midwifery and Family Nursing and about half felt it should also have an affiliation with a local practical nurses program, and present education programs to the community, indicating the past successful programs of the Service.

Little response was gained on the issue of community support for scholarship monies for health related professionals from Leslie and Clay counties, and helping FNS by offering a Day Care Center for working parents.

Most rated the communications media used by FNS for announcing new services as adequate and did not seem to be bothered by the many professional guests visiting the facilities.

Outside staff were described as friendly (70%), well mannered (51%) and polite (49%).

About one third indicated that the community could make adequate suggestions for management of FNS through the district and advisory committees as well as the district and clinic nurse.

Directions

As the survey indicated, some areas for concern surfaced for examination as to their validity and seriousness:

1. Patient confidentiality
2. Excessive waiting time
3. Number of staff present during examination
4. Professional dress of staff
5. Communication channels for registering complaints
6. Application of business procedures.

Besides those areas, the overall results of the survey seem to indicate two further areas of concern that should be looked into:

A. Community Involvement

One would wonder from the degree of returns as well as answers rendered whether the community serviced by FNS

really feels it has an active role in the life and direction of our work. Without community involvement, our work is rendered ineffective. Attention and possible new efforts should be addressed to this area to insure active participation.

B. Community Education:

One would wonder whether the community is really aware of the issues centering around FNS, its goals, its work and value at present, primary care, the hospital and its functioning, the community involvement necessary, etc. This may be the first step to get community involvement.

RADIO SPOT #38

Health Systems Agency

Narrator: Tired of not having the health services you need? Well, now you can do something about it. Federal law has established health planning and development agencies across the country called Health Systems Agencies. Each state has a number of agencies responsible for a section of that state. The Eastern Kentucky Health Systems Agency represents Eastern Kentucky and must draw up a five year plan for developing health programs in this area. If you'd like to see certain health programs or services established in your community, find out more about East Kentucky Health Systems Agency. Write or call for information at the central office in Winchester, Ky., 7 Carol Road, phone 744-7950 (area code 606).

This message is brought to you as a public service by the Frontier Nursing Service.

OUR MAIL BAG

From the Hon. Jefferson Patterson

Marvin read to me yesterday the sympathetic and generous reference to me and my state of health included in the recent FNS Bulletin. I trust I may justify the notice so given by responding to the good wishes expressed by an active return to a more desirable status. Having had the aid of experts to bring me across the dividing line, I trust that I may show enough will power to restore me to "normalcy" and thereby to merit the encouragement so kindly shown by so many members of the FNS.

From Edmund D. Pellegrino, M.D.

I have just received the latest issue of the Frontier Nursing Service Quarterly Bulletin. May I congratulate you on your thoughtfulness in dedicating the entire issue to the hospital employees. These are the people who make every hospital work and give it whatever special quality it might have. We are all too insensitive to that contribution. Would that more hospitals follow your wonderful example.

From an Applicant to the Frontier School of Midwifery and Family Nursing

I look to the Frontier School of Midwifery and Family Nursing to prepare me for mission work, whether it be along the rivers of Columbia or working with the Spanish migrant workers of the United States. I feel that the FNS program is ideal in that it is a two-fold program—teaching not only mother-child care, but also family care—health assessment, diagnosis, treatment. In rural settings one must become an independent practitioner and learn to *do* where there is no one else. It would be invaluable to me as a practitioner, providing educational opportunities unequalled in other nurse education programs. I am impressed with the pioneering spirit of the FNS and enthused about working with the people of Appalachia.

CHILD HEALTH CARE

By Carol Tracy, R.N., C.P.N.P.



Advances in child health care have been rapid during recent years. Research carried on by disciplines such as psychology, sociology, and anthropology has contributed increased understanding of the growth and development of children, the art of parenting, and the effects of family disruption. The role of the

pediatric nurse has been influenced by these findings and has been expanded by such research. He/she is now a team member working with other nurse specialists to render care to the family unit.

"The Declaration of the Rights of the Child", approved unanimously by the 14th General Assembly of the United Nations on November 20, 1959, states:

"The General Assembly proclaims this declaration of the Rights of the Child to the end that he may have a happy, healthy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth and calls upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities and national governments to recognize and strive for the observation of these rights. . . ."

In keeping with this philosophy we at Frontier Nursing Service must ensure continued good health care for children. A basic and logical mechanism to meet this goal is the Well Child Clinic. These clinics monitor a child's growth, development, nutritional status, and allow insights to the family network. Also, it is far easier to establish rapport with a healthy child and his/her family for transference in times of need than vice versa.

The concept of well child checks has always been an important aspect of FNS philosophy but has not always been promoted in our national health care system. Mass media tends to focus on illness and acute care rather than health maintenance. Accordingly, parents have not always understood the importance of preventive medicine. Our efforts to encourage these practices include: a thorough physical exam, audiometry and vision testing, developmental assessment, a regular immunization schedule and family counselling. Our service is free for any child six years of age or younger. In addition, Kentucky Medical Care (KMC) offers an annual reimburseable well child check. These two facts have boosted our clinic attendance, as have mail appointment reminders. Health care is, therefore, directly and indirectly improved through community awareness and education.

Recently FNS broadened its well child clinics to outlying Lee and Owsley Counties where there are only four primary care physicians serving the entire two county area. Attendance at these clinics is averaging 20-25 children per day. Many mothers,

after having their children checked, have been heard to request similar exams for themselves. Extension services to meet these needs are now in the planning stages.

As health care workers and as humanitarians, we must all be cognizant of the contribution we can make in maintaining the integrity of the family. By offering guidance, preventing illness, and monitoring the rights of children, we will sustain us all and continue to give hope for the future.



Dr. Dean noted that bulk foods include raw leafy vegetables, such as lettuce or celery, and wheat bran. A low-fat diet contains only small amounts of meat and dairy products. Protein can be substituted from vegetable sources, such as beans and grains.

DIET MAY PREVENT BOWEL CANCER

Eating food high in bulk and low in fat may be a way to avoid cancer of the bowel—the most common type of serious cancer and the second most fatal in this country.

“While we do not have conclusive proof, there is strong circumstantial evidence that such a diet may prevent cancer of the colon and rectum, that is, the large bowel,” Dr. Thomas M. Dean, medical director of the Frontier Nursing Service in Kentucky, said in an interview recently.

His conclusions, reported in the California Medical Association’s June *Western Journal of Medicine*, summarize reports and studies on the subject.

In countries in Africa and Asia, where diets are more primitive and contain more fiber, there is a low rate of cancer of the bowel, he said.

“The rates increase in countries where western influence is greater, with the highest rates being found in Britain and the United States,” Dr. Dean writes. “In countries that have relatively recently taken on a more western life style, such as Japan and Italy, mortality rates from large bowel cancer are rising.”

He said that additional research indicates that environment, not genetic differences, is the causative factor. It has been shown that in people from societies with more primitive diets there is an increased incidence of such cancer after they move to more developed countries, such as the United States.

Several investigators have also implicated fat in the diet as a cause of bowel cancer. Researchers have observed that fat increases the concentration of compounds thought to be carcinogenic (cancer causing).

By increasing the bulk in one’s diet and lowering the intake of fatty foods, two benefits occur, he pointed out. First, food moves through the intestines faster, reducing the time these possibly carcinogenic agents are in contact with the bowel. Secondly, the actual volume of such agents is reduced.

Dr. Dean noted that bulk foods include raw leafy vegetables, such as lettuce or celery, and wheat bran. A low-fat diet contains only small amounts of meat and dairy products. Protein can be substituted from vegetable sources, such as beans and grains.

Beef and pork are highest in fat content, fish are lowest, and poultry is in between.

Because the formation of cancer in the bowel takes years, early detection could save many lives, he said. Everyone over age 40 should be medically tested for bowel cancer, he said—especially those whose families have a history of bowel cancer.

—NEWS from the California
Medical Association

RADIO SPOT #19

Labelling

Announcer: This is a test. You are thirsty and you want a drink. In front of you are two brown bottles—one on the right, the other on the left. One is filled with ice cold water, the other is filled with a clear, odorless poison. You don't know which is which. Now here's the test. Which brown bottle do you drink from: the one on the right or the one on the left?

(Buzzer)

Time's up. The answer is, you throw them both out, of course. Since they are not labelled, there is no way of telling what's in them. The same goes for any medicines. Medicines must always be labelled. If they're not, throw'em away!

This message is brought to you as a public service by the Frontier Nursing Service.

BEYOND THE MOUNTAINS

Coming Events

Washington—

The Bishop, Dean and Chapter of the Washington Cathedral

request the honour of your presence at

the dedication of

Banners in Memory of Mary Breckinridge

Founder of the Frontier Nursing Service

Wednesday, October 19, 1977, at 4:00 p.m.

The Very Reverend Francis B. Sayre, Jr., Dean, officiating

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The pair of banners in memory of Mrs. Mary Breckinridge, which will be dedicated at a regular Evensong service at Washington Cathedral on October 19, are the gift of Mrs. Jefferson Patterson, Mrs. Breckinridge's cousin and the former National Chairman of Frontier Nursing Service.

The banners, linen backed with wool, which are 9½ feet long by 2 feet wide, were designed by Mrs. Mildred Strickler of Berea, Kentucky, and the designs have been executed by Mrs. Strickler in stitchery with Persian yarns. One banner features a mother and children and the wording "Eve The Mother Of All Living". On the back is the wording "Praise God For Mary Breckinridge And The Work She Created". The second banner shows an adolescent shepherd with sheep and the FNS Motto from Isaiah: "He shall gather the lambs with his arm and carry them in his bosom, and shall gently lead those that are with young". On the back of this banner is the seal of FNS.

Before Mrs. Strickler takes the banners to Washington, they will be displayed, during the week beginning September 25, at the Appalachian Fireside Gallery on Main Street in Berea. Mrs. Strickler received a B.A. in Art from the College of Wooster (Ohio) and is a graduate of the Colorado Springs (Colorado) Fine Arts

School. She is a member of both the Kentucky and the Southern Highlands Guilds of Artists and Craftsmen.

The poles and stands for the banners have been made by the Berea College Student Industries. At the top of each pole is a carving by Helen Shepherd of Berea—one, a horse, and one, a chicken—two members of the Animal Kingdom of which Mrs. Breckinridge was very fond.

Following the dedication of the banners, the Washington Committee of Frontier Nursing Service will have a reception in the Rare Book Room for FNS friends who attend the service. We hope many of our friends in the Washington area will be able to be present.

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With the kind permission of Mrs. Peter Jay, the wife of the new British Ambassador to the United States, the Washington Committee will hold its fall meeting at the British Embassy from 6:00 to 8:00 p.m. on Thursday, November 3, 1977.

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Philadelphia—

The FNS Philadelphia Committee will meet on November 6, 1977, at the home of Mr. and Mrs. Ernest R. von Stark, at which time we will know the fortunate person who will be awarded the beautiful needlepoint rug that has been a special project of the Philadelphia Committee.

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Boston—

The Christmas Preview, the most successful annual event of the FNS Boston Committee, will take place in early November, beginning with a dinner for the Preview Sponsors at the Harvard Club on the evening of Monday, November 7. The Preview itself, offering a wide variety of shops which will enable FNS friends to do their Christmas shopping all under one roof, will be held at the Chestnut Hill Country Club on November 8, 9 and 10.

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Chicago—

Plans are under way for the biennial meeting of the FNS

Chicago Committee to take place on the morning of Monday, December 5 at the Womens Athletic Club, 626 North Michigan Avenue.

Cleveland—

The Cleveland Committee is planning an early buffet, at 5:00 p.m., at The Intown Club in Cleveland, on Tuesday, December 6, 1977.

The National Chairman, Miss Kate Ireland, and the Director, Dr. Rogers Beasley, hope to be on hand for all these "coming events", to report to FNS friends on the work they so generously support.

Frontier Nursing Service has three 16 mm. films of the work in Kentucky—**The Forgotten Frontier**, filmed and produced by Marvin Breckinridge (Mrs. Jefferson Patterson) in the early 1930's; **The Road**, produced by Vision Associates in 1967; and **Cherish the Children**, contracted by the Agency for International Development and filmed by Airlie Productions three years ago. During the period 1966-1977, Mrs. Patterson has shown one or more of the films one hundred times, not only in the Washington area but also in Arizona, Maine, Michigan, Pennsylvania and Mexico. Her audiences have included FNS and personal friends, government and embassy officials, school and church groups. Mrs. Patterson knows that 2,235 people have attended her smaller viewings of the films; there is no way of knowing the total numbers who have seen the films as part of the larger groups.

FIELD NOTES

Edited by Peggy G. Elmore

In mid-September, Frontier Nursing Service had the pleasure of entertaining a number of its Trustees who came to the mountains for a brief look at the program. We are planning a similar "open house" for Trustees in October and hope to schedule such occasions for our friends next spring and summer. Mrs. Grant Ackerman, the newly-elected National President of the Daughters of Colonial Wars, an *ex officio* Trustee, came from Lincoln, Nebraska. Two new Kentucky Trustees, Mrs. Albert P. Smith, Jr. of Russellville, and Harvey Sloane, M.D., Mayor of Louisville, and their wives joined Mrs. Ackerman and three local Trustees, Miss Betty Lester, Mr. Dwight Hendrix and Mr. George Wooton for the tour of two outpost centers, dinner at Wendover, and a visit to the new and old hospitals.

Since we always like to take advantage of the expertise of any of our guests, arrangements were made for Dr. Sloane to speak to the family nursing students about issues in health care at the national level and his work as a member of The National Committee on National Health Insurance. Friends in the community who are interested in oral history joined the Trustees at lunch at the hospital to talk with Mr. Smith who is Chairman of the Kentucky Bi-Centennial Oral History Project.

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The fall meeting of the Board of Governors of Frontier Nursing Service will be held at Hyden and Wendover on October 1, 2 and 3, 1977. The Board has invited staff and community to an open meeting on October 1, to discuss beliefs, ideas and concerns for Frontier Nursing Service which will lead to a decision by the Board on specific goals for the future of the Service.

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In August, the Mead-Johnson Company presented a continuing education program, "Infants at High Risk—The Treatment of Common Problems of Prematurity," at the Mary Breckinridge Hospital. The program qualified participants, who followed the study guides and took the self-assessment quiz, for one hour of continuing education credit.

The Credentials Committee of the Medical Staff of the Mary Breckinridge Hospital of Frontier Nursing Service, at its meeting on August 5, reviewed the recommendations of the administrative nursing committee and recommended that the following nurses be granted admitting privileges as specified in the Medical Staff Bylaws:

In Family and/or Pediatric Nursing: Cynthia Morrison, Deirdre Poe, Lillian Link Levine, Kim Beck, Carol Tracy, Esther Seeley and Elizabeth Washak.

In Midwifery: Bernadette Hart, Molly Lee and Ann Hamel.

In both Midwifery and Family Nursing: Mary Weaver, Christine Schenk, Elsie Maier, Susan Albritton, Ida Laserson and Susan Harris.

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A most generous donation from a staff member has enabled Frontier Nursing Service to purchase the equipment necessary to set up its own offset printing shop in the basement of Haggin Quarters. Printing is being handled by Bill Weaver, a professional printer, who moved to Hyden a couple of years ago when his wife, Mary, came to enter the Frontier School of Midwifery and Family Nursing. The ability to print our own forms, reports, educational materials, will save the FNS a great deal of money and, since there is no other press in Leslie County, printing for the community will accrue additional income.

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The Frontier Nursing Service business office has been reunited under the roof of the Mary Breckinridge Hospital and the community Mental Health program has moved from the Hospital to the Morton-Gill Building (the old hospital).

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The telephone PBX has been removed from Wendover and private lines have been installed for FNS and some resident staff. The Wendover Big House (and the Donor Office) has retained the old Wendover number—606 672-2317. The number 606 672-2318 goes into the ground floor of the Garden House and 606 672-2046 reaches Garden House residents who do not have their own phones, including the couriers. Barn residents share 606 672-3183.

Our various volunteers—bless their hearts!—have contributed much to FNS this summer. The couriers are spending an increasing amount of time helping out in various areas of the hospital, enjoying those jobs which bring them in contact with the patients and cheerfully coping with the other somewhat-less-interesting chores in business office and pharmacy. In the early part of the summer Jamie Kane, Chardon, Ohio, Margaret (Meg) Hanna, West Simsbury, Connecticut, Ellen Rynick, Newtown, Pennsylvania, and Amy Weiss, Ridgewood, New Jersey, were our couriers. Then came Stephanie Danforth, Providence, Rhode Island, Laura Ellis, Needham, Massachusetts, Lesley Lamb, Sudbury, Massachusetts, and Leah Morris, Ridgefield, Connecticut, followed by the three girls who will be with us this fall—Marian Barrett, Cincinnati, Ohio, Katherine (Kit) Jamieson, Toledo, Ohio, and Anne Saunders, Dedham, Massachusetts.

The three young men who had volunteered their services for six months to a year—Jim Fulmer of “Radio Spot” fame, Sam Powdrill, everybody’s handyman, and Woody Wilson—all left during the summer to continue their education. Woody’s farewell gift to the staff is reprinted on the inside back cover of this Bulletin.

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A senior medical student from the University of Louisville, Ray Bowling, spent a couple of weeks with Dr. Thorngate in his surgical practice, and Jonathan Schultz of Brown University was with us for nearly two months. Elizabeth (Tizzie) Denny, Boston University School of Nursing, and Joan Houriham, Burbank School of Nursing, spent some weeks with the nurses at Red Bird and Brutus Centers. Tizzie’s mother, Sybil Waldron, had been a volunteer in the old hospital offices one summer some fifteen years ago. Two R.N.s, Jeannette Rader and Sister Roberta Naegele, helped out for several weeks at the hospital and R.N. Elaine Berdam has just arrived to work as a volunteer in Home Health. Leonida Rasenas, an EMT, and Mary Garding, an aide, are useful members of the ER staff.

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We are grateful to three physicians who provided vacation relief for our medical staff during the summer—Dr. Robert

French, an internist from Lexington, Dr. Don Palmer, a pediatrician from Alabama, and Dr. Carol Leitner, a surgeon from Louisville.

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New students in the Frontier School of Midwifery and Family Nursing, in Family Nursing IA in the class which began September 1:

From the FNS staff: Susan Barry, Sr. Ellen Hartung, Kathy O'Dell, Patty Rogers, Karen Slabaugh.

Newcomers to the scene: Julie Gorwoda, Sr. Yvonne deTurenne, Paulette Hunt, Susan Keilman, Linda Kilheffer, Sr. Roberta Naegele, Carol Read.

Welcome and good luck!

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Present staff and some recent "old staff," students and recent graduates of the School had quite a reunion in July in Easton, Pennsylvania, the occasion being the wedding of Shelley Russell and Enos Grubb. According to TIDBITS, the FNS staff newssheet, it could be surmised that all the tears shed at the wedding probably caused the Johnstown flood! FNSers attending the wedding were Mary O'Connor and Laurie Rendall (Pennsylvania), Corinne Dunn (Washington State), Linda Somers (Vermont), Becky Ruohoniemi (Minnesota), Aleta Freeland (Ohio), Sandy Graves (on her way to enter the master's program at the University of Rochester), and Laura Pilotto, Mona Lydon, Joanne Jackman, and Sisters Kathryn Gates, Val Chaplain and Barbara Brilliant from Kentucky. Laura, Val and Barbara were on their way to a vacation in France, Spain and Italy before Val begins work in Mexico and Barbara goes to Liberia.

Our very best wishes to Shelley and Bub.

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Staff go in the School, students complete the course and some stay on the staff, vacancies occur and are filled, inter-Service transfers take place—the FNS staff is ever fluid! Some of the transfers and positions filled are noted on the back page of staff in every Bulletin but the staff is too large to list everyone.

During the summer the Home Health Agency staff "turned

over" completely with the positions now being filled by Mary Fuchs, Karl Gorwoda, Janice Noren (a transfer from the hospital), Dawn Osborn and Kathy Smith. We think Mary Mayer Fuchs merits a special note as she is the first FNS courier (1968) to return to the full-time staff as a registered nurse! Her husband, Gil, a lawyer, is working with the Appalachian Research and Defense Fund in Barbourville.

There are other familiar faces. Chris Schenk and Ida Laserson have returned to the School faculty. Edith Williamson and Janice Bowling are back as the secretary and aide at the Flat Creek Center; Patty Maggard is in Miss Peck's office, taking over from Ellen Adams who is on maternity leave; and Hope Muncy, a long-time member of the medical records staff, is back part-time (and the rest of the time she is working toward her degree at Eastern Kentucky University).

Nina Redgrave has transferred from Home Health to the maternity ward. Another new nurse on maternity is Judith (J.K.) Hameloth. Ann Langendorf, Douglas Farling, and Charlotte Albrecht are new to the medical-surgical floor and Sister Mary Janine Rajkowski has taken over the O.R. from Kathy O'Dell. Marguerite Ray has replaced Sister Ellen Hartung as the staff C.R.N.A., and Elaine Waters is a new pediatric staff nurse. Ruth Blevins, the much loved "Miss Ruth" to the Brutus District for nearly ten years, has decided to transfer to the Primary Care Center at the hospital, and Wanda King has transferred to Brutus. Rita Miller is taking over the Red Bird District from Jennie Carlson and Jean Barker has joined Gail Alexander at the Betty Lester Clinic.

When Ann Hamel decided to go on educational leave, we were most fortunate to be able to recruit an experienced nurse-midwife to take her place. Bernadette Hart is the new nursing care coordinator on maternity and her husband, Ron, has joined the staff as an administrative assistant. Ron has something to say elsewhere in the Bulletin.

Donna Mancuso, Pharm. D., has joined Joe Lewis in the MBH Pharmacy and, a bit later, will be offering pharmacy services at Oneida. Sr. Pat Skowronski, M.T., is new in the Laboratory and Mabelle Groff is relieving in the Lab. for Danny Bryant who had the misfortune to fracture vertebrae in an automobile accident. Our new x-ray technologist is Charles McCrady, R.T., and a

second physical therapist is Janet Kaczmarcyk. Recent students Mary Weaver, Lillian Levine, Susan Harris and Sue Albritton have assumed faculty or Primary Care Center responsibilities and the new Nurse-Midwifery Education Coordinator is Carolyn Miller, another experienced midwife.

All the best wishes in the world go with Juanetta and J.G. Morgan who resigned from the FNS staff at the end of August. They are much missed at Wendover.

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It was good to see some old friends this summer. Mable Turner and Connie Becker came up from Georgia to show a California friend something of the area. Nan Sersig took a vacation from walking the Appalachian Trail and popped in for an afternoon. Myrna Goodman spent a couple of days at Wendover and Harriet Jordan Palmer and her two daughters stopped by for a couple of nights with the Beasleys as they travelled from east to west coast. Now that the practice of nurse-midwifery is legal in California, Harriet is looking forward to working in a new birthing center in San Francisco and had been to New York to visit family and take the American College of Nurse-Midwives national certification examination.

Overseas professional guests included a nurse from Australia and physicians from the Philippines and Indonesia. Nursing students, staff or faculty from the Ireland Army Hospital at Ft. Knox, from Seton Hall, the University of North Carolina and Vanderbilt University were in the mountains during the summer months. We are looking forward to a visit next week from three staff members of the Rockefeller Foundation, Dr. Kenneth Warren, Dr. Virgil Scott and Dr. Elizabeth Connell.

Mr. and Mrs. Lindsay Hanna came down to pick up Meg at the end of her courier term and Mrs. Samuel King spent a night with Debby. The week that Agnes Lewis spent at Wendover in August was all too short and we hope to see her back again before long. Agnes went on to California from Wendover to visit our old friend and Trustee, Miss Margaret Gage, and writes that she had a marvelous time.

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Another old friend and Trustee, Miss Hope McCown, has given

us all a good giggle which we think she won't mind our sharing since so many of the old staff and old couriers will remember "Sister Hope". She writes that she is approaching her 85th birthday and, with heavy traffic around her home, and somewhat wobbly legs, she has found it difficult to do such things as shop for groceries. She thought maybe some sort of motorized tricycle would be the answer to her problems and went to consult the Chief of Police. His reply? "Good heavens, NO! I have enough trouble, without having an old lady in a golf cart out loose up and down Route 60." Sister Hope said she was somewhat deflated but decided to give up her idea of a three-wheeler!

RADIO SPOT #33

Hospital Quiz #1

Music Introduction

Narrator: This is the hospital quiz, brought to you as a public service by the Frontier Nursing Service. The question is:

What is a family nurse? Choose the correct answer.

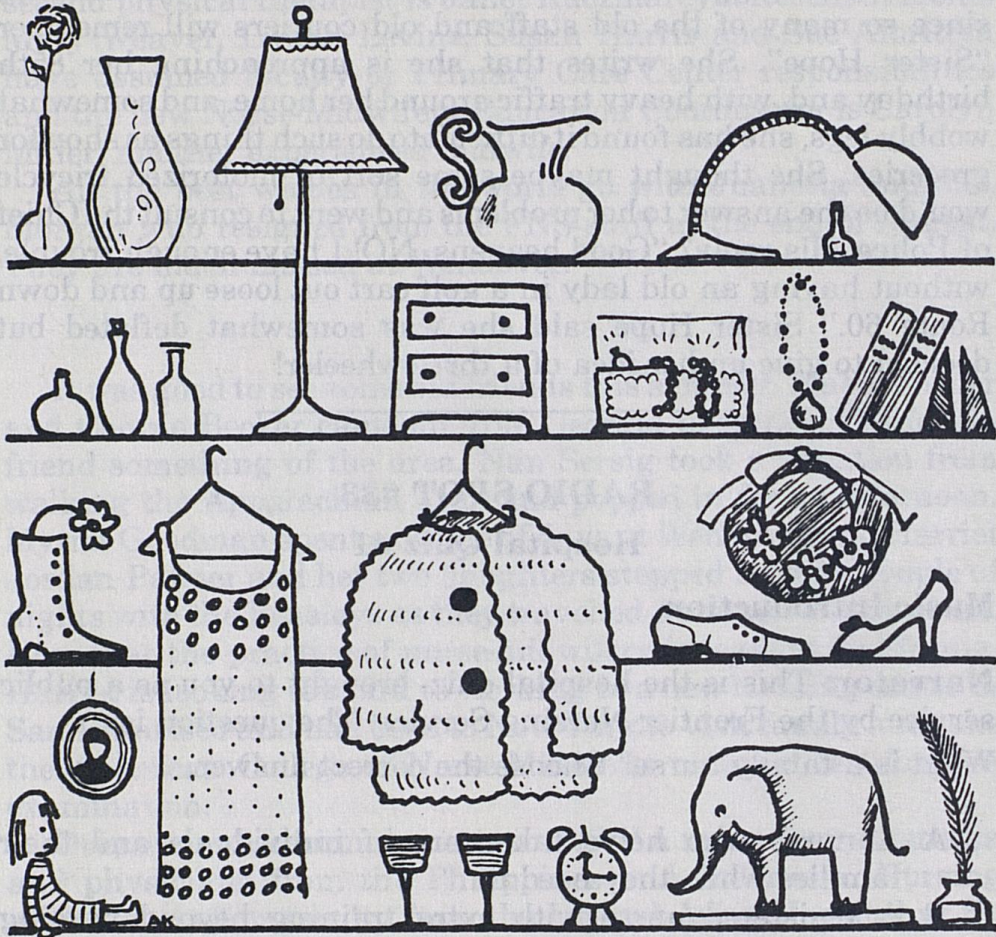
- A. A nurse who helps take care of individuals and their families when they need it.
- B. A registered nurse with extra training beyond nursing school.
- C. A nurse who has been trained to do physical exams and well child checks.
- D. A nurse who has training in diagnosing and managing common health problems.

Sound: Buzzer

Narrator: The correct answer is A, B, C, and D—all of these are correct! A family nurse is a highly trained health professional devoted to promoting good health.

If you have a question on health or health related topics, write it down on a card and send it to Box 19, Frontier Nursing Service, Hyden, Ky.

WHITE ELEPHANT



DON'T THROW AWAY THAT WHITE ELEPHANT
SEND IT TO FRONTIER NURSING SERVICE
 1579 Third Avenue, New York, New York 10028

You don't have to live in or near New York to help make money for the Nursing Service at the Bargain Box in New York. We have received thousands of dollars from the sale of knickknacks sent by friends from sixteen states besides New York. The vase you have never liked; the ornaments for which you have no room; the party dress that is no use to shivering humanity; the extra picture frame; the old pocketbook; odd bits of silver; old jewelry—There are loads of things you could send to be sold in our behalf.

If you want our green tags, fully addressed as labels, for your parcels—then write us here at Wendover for them. We shall be happy to send you as many as you want by return mail. However, your shipment by parcel post or express would be credited to the Frontier Nursing Service at the Bargain Box if you addressed it

FRONTIER NURSING SERVICE
 1579 Third Avenue
 New York, New York 10028

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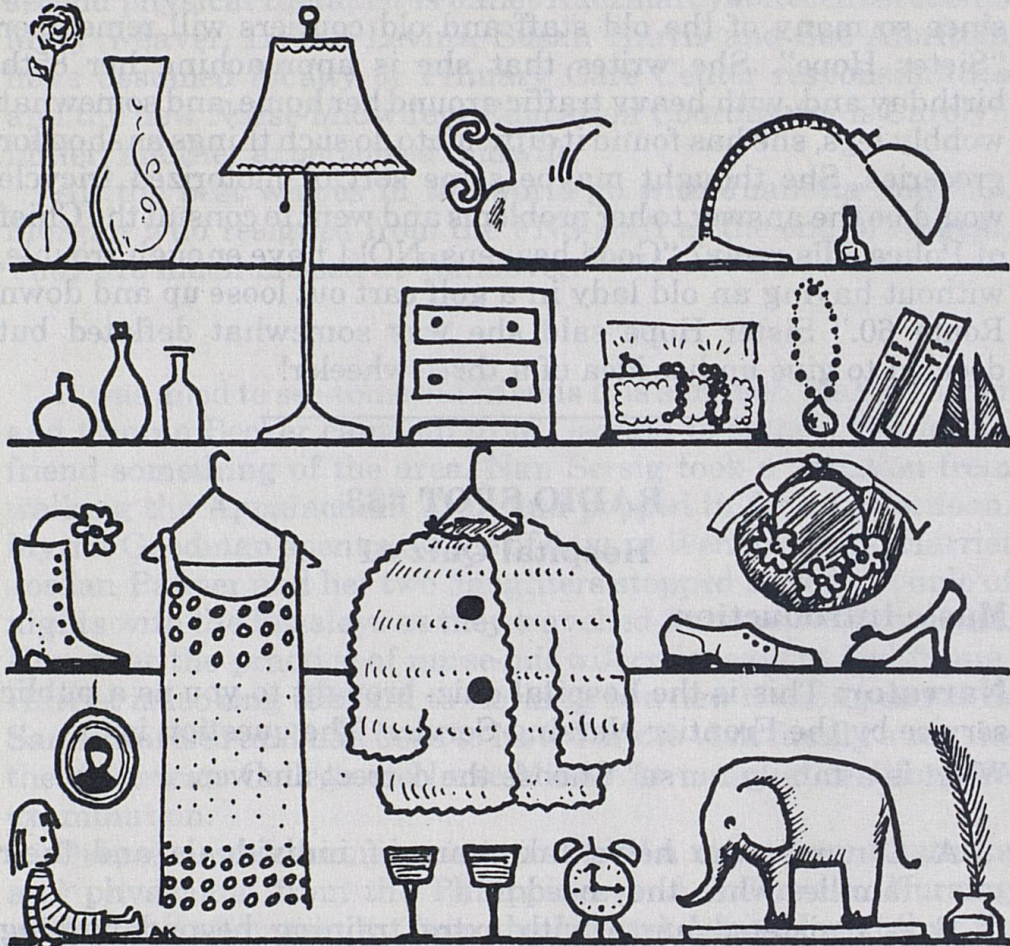
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F.N. indicates nurses who have completed post-graduate education in Family Nursing
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Hyden, Kentucky 41749

Associate Director

Director of Nursing
Evelyn M. Peck, R.N., M.A.
Hyden, Kentucky 41749

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Christine Schenk, R.N., M.S., C.N.M.,
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Position Vacant

Nancy Williams, District Records

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Oneida District

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

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Care Coordinator

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FORM OF BEQUEST

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

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

HOW ENDOWMENT GIFTS MAY BE MADE

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

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

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



FRONTIER NURSING SERVICE, Inc.

Its motto:

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

Its object:

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

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

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



FRONTIER NURSING SERVICE

For the convenience of those who wish to receive information concerning the Frontier Nursing Service, please contact the following:

Frontier Nursing Service, Inc., 1000 North Broadway, Louisville, Kentucky 40203. Telephone: (502) 581-1111. Cable: FNRSKY.

The Frontier Nursing Service is a non-profit organization that provides nursing care to the people of the rural South. It was founded in 1905 by Lavinia Lloyd Dock, a nurse and social reformer. The service is based in Kentucky and operates in several other states. It provides a wide range of services, including nursing care, medical care, and social services. The service is funded by a combination of government grants, private donations, and fees for services. The service is committed to providing high-quality care to all people, regardless of their ability to pay. The service is also committed to promoting the health and well-being of the community as a whole. The service is a proud member of the American Nurses Association and the National Rural Health Care Association.

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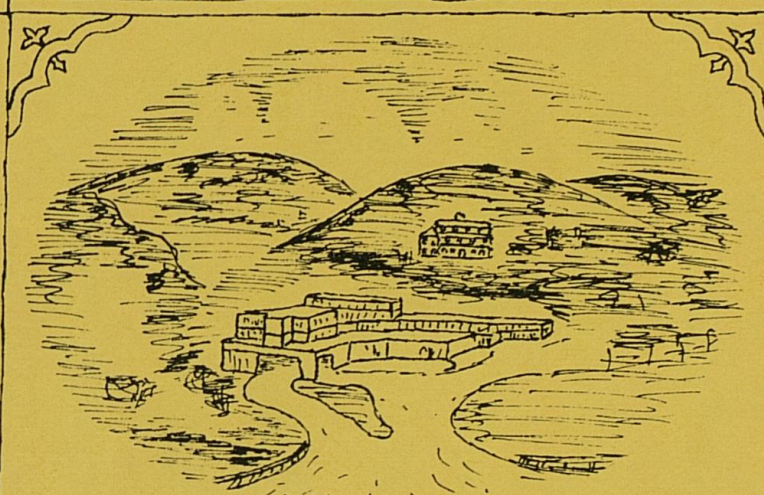
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*As You Work Together Toward The Future,
May You Draw Strength From Your Beginnings.*

WOODY 1977

He will gather the lambs in his arms, he will carry them in his bosom, and gently lead those that are with young.

Who has measured the waters in the hollow of his hand and marked off the heavens with a span.... It is he who sits above the circle of the earth...

who stretches out the heavens like a curtain and spreads them like a tent to dwell in....

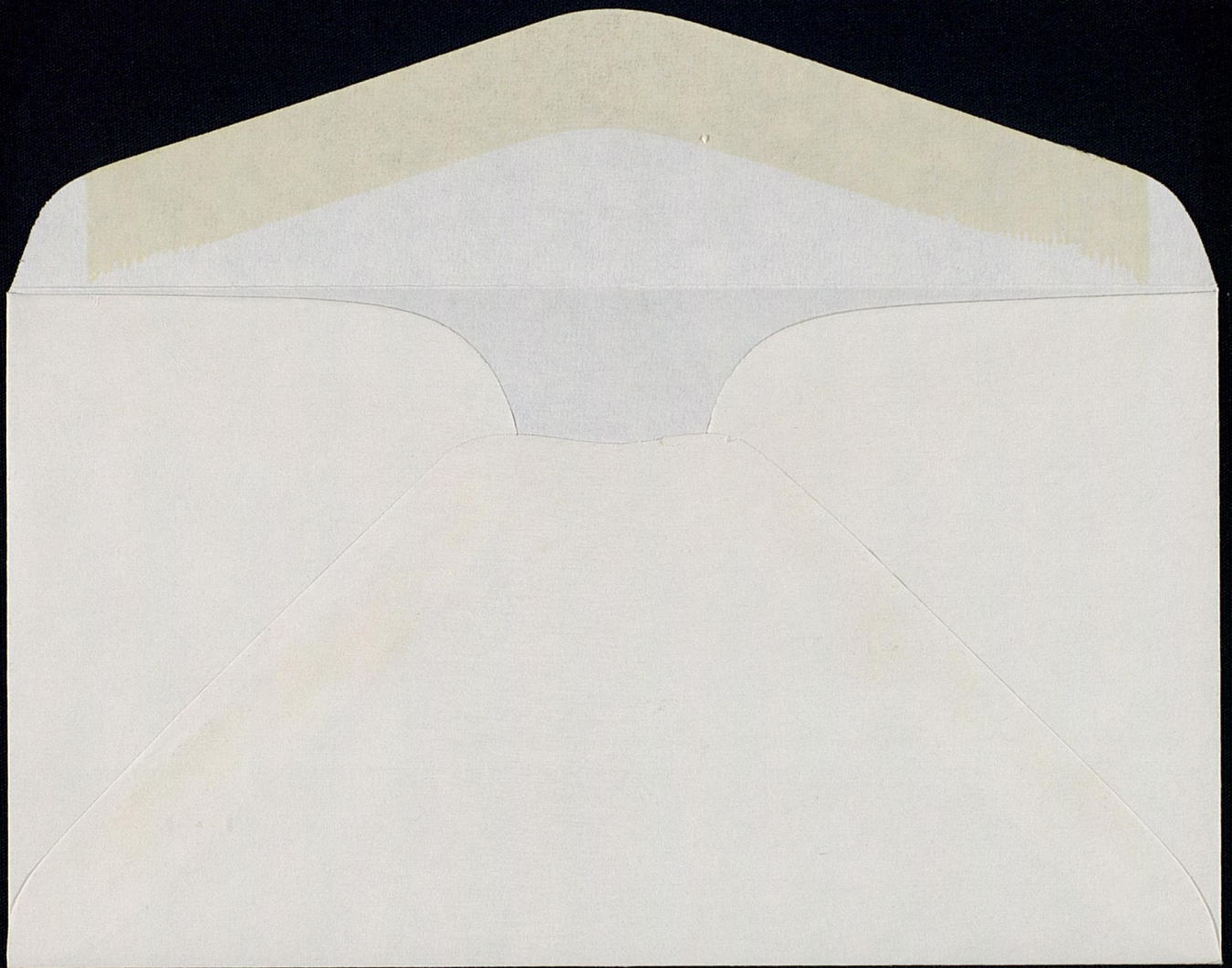
They who wait for the Lord shall renew their strength, they shall mount up with wings like eagles, they shall run and not be weary, they shall walk and not faint.

FROM ISAIAH 40



Quarterly Bulletin Office
Frontier Nursing Service
Wendover, Kentucky 41775

Loose Item



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