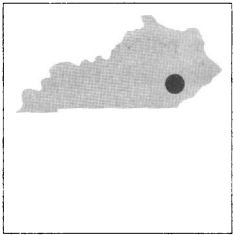


Hazard, Perry County, Kentucky

PHYLLIS E. LEHMANN



Hazard Family Health Services, one of four major health care systems serving the eastern Kentucky coalfields, began in 1972 as an outreach program aimed at reducing the high infant mortality rate in that part of Appalachia. Today, the system includes adult and pediatric clinics adjacent to the Appalachian Regional Hospital in Hazard, Ky., and family care clinics in three small towns within a 30-mile radius of Hazard. The four facilities serve about 25,000 patients a year. Outreach remains an important function. Nurses and social workers still canvas the hollows in jeeps, visiting 300 to 400 infants regularly.

At first, Family Health Services had only one National Health Service Corps physician, a pediatrician who arrived in 1976. Two years later, the staff included three doctors, a physician's assistant, and a nurse practitioner who were members of the Corps.

In eastern Kentucky, as in many other rural areas, attracting and keeping physicians is an ongoing battle. Through their work with organizations such as Family Health Services and the historic Frontier Nursing Service in Hyden, Ky., Corps members help bring quality health care to the mountains.

HAZARD, COMMERCIAL HUB OF THE EASTERN Kentucky coalfields, isn't a place you'd particularly choose to visit. This is Appalachia, a land of bleak beauty, its fortunes linked to the mineral wealth it contains.

But the bustling town of 8,000, named for naval hero Oliver Hazard Perry, in many ways defies the image of a rural backwater. With the resurgence of the coal industry, people are moving in, not out. The town has a modern shopping center with A & P and K-Mart stores, a network-affiliated TV station, a community theater and concert series, and rush-hour traffic jams. "There's a lot of money around here," people are fond of telling visitors. "A man can easily make \$10 an hour in the mines."

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Yet, the other Appalachia is not far from Main Street. Still clinging to the hillsides up and down the hollows are the sagging shacks and junk cars that inspired the nation to declare war on rural poverty more than a decade ago. For many mountain people, the war is far from won. Despite the new wealth, coal and dole remain the chief means of livelihood. And to a considerable extent, eastern Kentucky still must depend on outsiders for many things, including health care.

As recently as the early 1970s, most medical care in the area was provided by a few overworked private physicians. Now, thanks to a network of clinics and outreach programs, some health care is available to the poorest and most isolated families. In addition to the private practitioners, there are four major health care providers serving approximately 120,000 people in an 8-county area:

— Hazard Family Health Services, a system of four primary care clinics and an outreach program for mothers and children, associated with the Appalachian Regional Hospital in Hazard.

— Mountain Comprehensive Health Corporation, the pioneer provider of family health care in eastern Kentucky when it began operations in 1971 with money from the now extinct Office of Economic Opportunity. Mountain Comp now runs four clinics in Perry, Letcher, and Breathitt Counties.

— Frontier Nursing Service, with a 40-bed hospital, six satellite clinics, and a world-renowned school for family nurse midwives located in tiny Hyden, about 20 miles southwest of Hazard. The service was started by a Kentucky woman, Mary Breckenridge, who brought the first professional midwives to the United States after World War I to help reduce the risk of childbirth among mountain women.

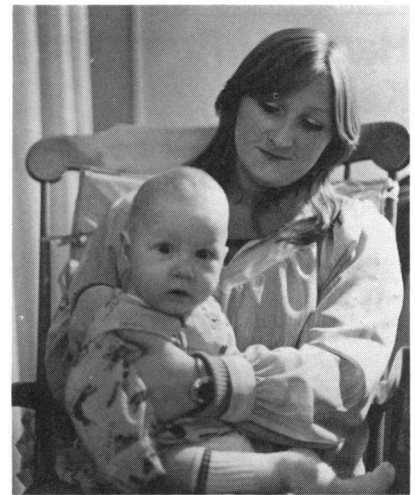
— Eastern Kentucky Health Services Corporation, with two clinics in Hindman, some 20 miles north of Hazard. The clinics were founded 6 years ago and are still operated by Dr. Grady Stumbo and Benny Bailey, sons of local coal miners, who recently won a Rockefeller Public Service Award for their work in bringing health care to rural Kentucky.

National Health Service Corps members have served at one time or another at all of these sites.

Family Health Services

The fastest growing of the four organizations is Family Health Services (FHS). It was launched as an infant care project in 1972 by Dr. Greg Culley, a pediatrician now with the University of Louisville Medical School, and Les Rogers, a social worker and currently director of FHS, to help reduce high infant mortality rates in Perry and surrounding counties. Funding came initially from Appalachian Regional Hospitals, Inc., a nonprofit chain of 10 hospitals in Kentucky, Virginia, and West Virginia built during the 1950s to serve members of the United Mineworkers of America and their families. Later, the project was supported by the Robert Wood Johnson Foundation. Over a period of 5 years, teams of nurses, health aides, social workers, nutritionists, and child development specialists followed nearly 4,000 children born at the Hazard hospital. Canvassing the hollows in jeeps, the health teams visited homes, monitoring each infant's growth, providing nutritional information, urging the mother to have the child immunized, and suggesting ways to stimulate the baby's development.

The program, along with improved medical care in general, contributed to substantial gains in child health. The infant mortality rate in Perry County dropped from 23



Although infant mortality rates have dropped significantly, child and maternal nutrition are still below par

deaths per 1,000 live births in 1971 to 5.2 per 1,000 in 1975. In 1970, half the children entering school had received no immunizations and had never had a medical examination. Almost 40 percent of children under 2 years who were admitted to the hospital had significant iron deficiency anemia. Five years later, about 90 percent of all 2-year-olds in the area were immunized, and the rate of anemia had dropped to 12 percent.

Eventually, the infant care project was expanded to include a pediatric clinic and child development clinic at the Hazard hospital. In 1974 it began offering prenatal services. In 1977, Family Health Services took over operation of independent clinics in three small towns within a 30-mile radius of Hazard, and in July 1978 began offering full family medical services at all four facilities.

The system now includes the pediatric and adult clinics in Hazard; the Homeplace Clinic in Ary, formerly a 20-bed hospital and now an outpatient clinic with its own laboratory, pharmacy, and X-ray facilities; the June Buchanan Clinic in Hindman, which has a full-time dentist as well as two family doctors; and a small clinic in Yerkes, visited by a physician 1 day



Homeplace Clinic in Ary has laboratory, pharmacy, and X-ray facilities

a week and soon to be staffed by a nurse practitioner 3 days a week.

The Hazard and Homeplace clinics operate 8 hours a day, 5 days a week. Emergency care is available around the clock at the Hazard hospital and at the June Buchanan Clinic, which has its own emergency room. Known for its "walk in" approach to obstetrics, the June Buchanan Clinic has a modern delivery room and 2 post-partum hospital rooms where mothers and babies spend 8 to 12 hours before being discharged. Since birth is very much a family matter in the mountains, husband and kin are encouraged to join the mother and baby in the room, to bring food, and generally to enjoy the occasion.

"I read an article recently about how 'rooming in' with new mothers is becoming big in New York," says Dr. Gene Watts, a Family Health Services physician who delivered 1,500 babies in his Hindman office before moving his practice to June Buchanan 4 years ago. "What's so new about that? We've been doing it for years." Perhaps the ultimate example of rooming in was the time Dr. Watts looked in on a new mother to find her husband lying in bed beside her, both of them sound asleep.

With its addition of new clinics and expansion to a full primary care system, Family Health Services has not lost sight of its original mission. In a scaled-down version of the infant care project, 1 R.N., 3 L.P.N.s and a social worker regularly visit 300 to 400 infants. (The Hazard hospital's home health agency cares for homebound adults.) Nurses usually visit babies at age 2 weeks and at 2 months to make sure all is well. A premature or low birth weight baby gets more frequent attention, and problem cases are seen as often as once a week. "We had one 14-month-old child who weighed only 13 pounds," says outreach supervisor Donna Creech. "The mother had 3 kids under age 3 — 2 of them only 8 months apart — and she just wasn't able to take care of the baby."

Often the battle is against ignorance. On a recent visit, the outreach nurses encountered an angry father who protested what he saw as meddling in his family life. Previously, it had taken FHS staff 3 years to convince the father to permit surgery on his older daughter's badly crossed eyes.

In another type of outreach, Family Health Services administers the local WIC (Women, Infants,

and Children) Program. These programs were started by the U.S. Department of Agriculture in 1974 to provide iron-rich foods to children under 5 years and to pregnant and lactating mothers who are certified by a physician or nutritionist as nutritional risks. Two thousand people in the Hazard area receive monthly vouchers good for purchases of milk, eggs, cheese, fruit juices, and iron-fortified cereals. The program also features nutrition clinics and check-ups held in church basements, schools, libraries, and clinics in some 20 crossroads communities — places like Busy, Mousie, Buckhorn, and Pippa Passes.

Les Rogers, director of Family Health Services and a Hazard native, is proud that most of his administrative staff are local people. "At one point, it was all missionary types who came down here and got us mountain folk involved," he says. "We've come a long way since 1972." Of the seven physicians currently employed by FHS, two are natives. Three others are members of the National Health Service Corps, and two more Corps physicians, a husband and wife, are scheduled to arrive soon. A family nurse practitioner and a physician's assistant on the staff also are Corps members.

Hazard's Special Qualities

Personal reasons for selecting Hazard vary among the Corps members, but most cite a desire to leave the city and to practice in a rural area where they could fulfill what one calls "the old medical school cliché of helping the people." All say they were attracted to Family Health Services because of its proximity to a 150-bed hospital.

For some, the area itself holds a special fascination. "I had a real curiosity about Appalachia and just wanted to experience it as much as I could," says Becky Warner, a family nurse practitioner from Illinois who

has been working at the Homeplace Clinic since January 1978. "I knew through Vanderbilt University, where I got my master's, that the Corps was one way to practice in a rural setting."

Others see the Corps as an opportunity to step out of an academic medical setting for several years and decide on the direction of their careers. David Werner was in the second year of a 3-year pediatric residency at the University of Virginia when he decided it was time for a change. "I was interested in a job with a small, responsive organization, where I wouldn't be bogged down. I knew who I wanted to work for; I just had to find the right place."

Leslie Grissom, who is working as a general practitioner at Homeplace, wasn't sure she liked her specialty of internal medicine and decided to fulfill her 3-year scholarship commitment to the Corps after completing her internship. "This has given me the opportunity to see what kind of practice I want," she says. "I'm really beginning to enjoy seeing kids, for instance."

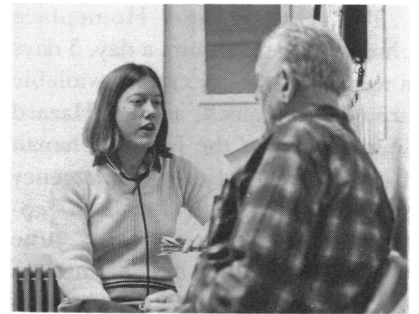
Site selection was more complicated for the married physicians, who also had to consider their spouses' careers. Two of the four Corps doctors at Frontier Nursing Service in Hyden were attracted to the site because their wives wanted to attend the famous nurse midwife school. For Sandy Schneider, an internist at Hazard Family Health Services, and her husband Paul, a hospital administrator, the decision was not an easy one. They spent months and more than \$1,000 of their own money looking at Corps sites before they decided Hazard was the best spot for both of them. Sandy could practice internal medicine while Paul could continue to work in a hospital. For Paul, the switch from executive director's aide at a Pittsburgh teaching hospital to personnel manager and assistant administrator in charge of everything



Dr. Sandy Schneider likes the variety of practice in the NHSC offers. As an internist at Hazard Family Health Services, she gets consults, works in the CCU and will soon be screening and treating coal miners who have black lung

from radiology to public relations at the Hazard hospital has proved more satisfying than he expected. Besides, eastern Kentucky offered a lifestyle that the Schneiders were eager to try. "There's still a missionary spirit alive in both of us," Paul says. "But we would never know if we wanted to live — or could live — in a rural area unless we came to an isolated place."

Rural health care systems such as those in the Hazard area offer Corps doctors the chance to practice a different kind of medicine than they would in an urban area. "This is a quick way to get a glimpse of what practice is like without working my way up from junior partner," says Sandy Schneider. "At one site I visited, they said, 'If you come here, in a year and a half you should have 10 people in the hospital, be getting referrals from other GPs, and maybe even get a chance to work in the coronary care unit.' I didn't want to wait a year and a half for that experience. I'm getting consults now, and I regularly work in the CCU." As soon as respiratory therapy equipment is set up in the hospital, she also will be involved in screening and treating coal miners with black lung.



Her NHSC service has given Dr. Leslie Grissom, a general practitioner, "the opportunity to see what kind of practice I want"

Mark Buchanan, a Corps internist at the Frontier Nursing Service, has found similar satisfactions. "In cities and suburbs, general internal medicine is becoming a restricted field," he says. "There's a lot of pressure to refer people right out to a subspecialist. Down here the nearest subspecialists are in Lexington, a 2 1/2-hour drive, so I can exercise my skills as far as I'm able to. As the only internist here, I do a fair amount of primary care, but it's understood that when there's a patient with an unexplained heart sound or a hematologic abnormality in a lab test that nobody can figure out, the problem ends up in my office. That really appeals to me."

For general practitioner David Coursin, a 2 1/2-year stint at Frontier Nursing Service has meant a chance to practice "hand and eye" medicine. "You don't learn that in a medical center setting," he maintains. "You learn how to order tests, how to interpret diagnostic laboratory studies, and how to decide who is the best consult to handle the patient. In a rural area where you don't have those things right down the hall, you have to make decisions on the basis of what you can see and feel and what lab tests you can do. Then you sweat it out. But I think you learn something that will enable you subsequently to practice an economical, sensible kind of medicine that is more human than technological."

For the most part, the National Health Service Corps practitioners at Family Health Services and Frontier Nursing are young, fresh out of training, just starting their careers. Then there's Yvonne Imbleau, an obstetrician who finished medical school 25 years ago and arrived in Hyden by way of the African bush. Imbleau was in private practice in New Jersey until 1971 when she decided that the malpractice insurance situation had become intolerable, closed the office, and went to Africa. She stayed 5 years, working without pay at maternity hospitals run by a mission. Returning home following an illness, she did not want to resume a city practice. "I like to be able to see the trees and sky. I came to Frontier Nursing Service because there is a need here, too, and because I got used to working with British and Irish midwives in Africa. Here, I'm the midwives' back-up more than anything else, but I also go out to the district clinics one afternoon a week. That's my favorite."

For Imbleau, a prime advantage of the Corps is being salaried. "I hate saying to a patient, 'Look, you owe me so much.'"

Having lived in the New York City area until age 40, Yvonne Imbleau is content with the quiet isolation of Hyden, population 300. For some younger doctors, though, eastern Kentucky was a bit of a cultural shock. One doctor recalls arriving before the moving van at the house he had just bought at the head of a hollow. "I was sitting there with just one chair and my plants, and I experienced 3 hours of sheer panic."

Another doctor found "the only adjustment I had was with my sinuses. It's too wet and damp here." But for most of those from cities, mountain life does indeed take some getting used to. Anonymity, for instance, is unheard of in a town like Hazard. "Something can happen in the clinic, and 20 minutes later everybody on any floor of the hospital knows about it," reports a newcomer.

Drawbacks

Petty frustrations are numerous. Corps people at one clinic complain that the phone lines go dead every time it rains — and it takes several days to get them fixed. There is a movie theater in Hazard, but it took more than a year for "Star Wars" to arrive. The fanciest bread in town is Roman Meal, although the new, much enlarged A & P is a haven for those with sophisticated palates. "We go in every day," says one doctor, "and count the packs of frozen wonton soup to see if anybody is buying it except us."

Former city dwellers do appreciate the peace and quiet, the slower pace, the freedom to leave the door unlocked. There is small-town friendliness, too, although outsiders find it difficult to break into local social circles and end up fraternizing mostly among themselves. Dinners and parties at one another's homes are more common than in a city where there are more outside diversions. Occasionally Corps members go to Lexington, the

nearest large city, 118 miles away, for a weekend escape. "Last winter, three of us would go to Lexington, check into a hotel with an indoor pool, astro-turf, and sun lamps and just soak it up," says a New Yorker. "I never thought I'd spend \$100 on a weekend like that."

Generally, the urge to get away isn't as great as anticipated. "When we came, I had plans to get out at least once a month and fly to Pittsburgh or elsewhere," says Paul Schneider. "I haven't left yet."

Practicing in Appalachia necessitates some professional adjustments as well. The outsider, for example, must learn to translate a patient's description of symptoms. "Everybody around here 'smothers'," reports nurse practitioner Becky Warner. "'Smothering' can mean anything from a cold to a goiter to chronic lung disease to dying." New doctors find they must deal diplomatically with reliance on home remedies and with some unusual customs. A brew known as "sheep dip tea" is given to babies about a year old to make them break out in "welps" or hives, in the belief that the hives are in the child and must come out. Since children are allergic to the tea, hives do indeed come out, usually without complications. The concoction also is taken for colds, which led to near tragedy for a woman who drank the arsenic-containing pesticide known as sheep dip. Fortunately, most home remedies are harmless. A man who had cut his leg soaked the wound in kerosene. It burned like crazy, he told the doctor, but at least it didn't get infected.

Are the conditions that bring people to the doctor substantially different in the mountains than in the city? "No," answered a doctor at Frontier Nursing, "but I had a guy last week who was bitten by a pig. I also see a lot of snakebites and a fair number of gunshot wounds. This is still Hatfield-McCoy territory."

Recruiting Physicians

For the people of Hazard, attracting and keeping an adequate supply of medical personnel is a continuing preoccupation. "I've only been here 3 years," says Jack Burch, director of a local community service organization, "and my little boy has already had four different pediatricians." When the town lost five doctors for various reasons in the summer of 1977, the citizenry decided it was time for an all-out recruitment drive. "It had gotten so bad around here that I made sure I behaved myself," jokes Mayor Bill Gorman. "I was afraid to have a heart attack."

The board of governors of Family Health Services, the hospital staff, some private physicians, and the Perry County Jaycees assembled a committee that placed ads in medical journals and contacted medical schools. Contributions were solicited from local residents so that prospects and their spouses could be invited to Hazard for a visit. "We rolled out the red carpet for them and showed them our area, but we told them our faults as well," says Betty Morton, chairman of the FHS Board of Governors. "We tried not to paint any false pictures." Their efforts paid off. In the past year, the town has welcomed a total of 11 new doctors, both private practitioners and salaried members of the hospital staff, including the 3 National Health Service Corps physicians.

The recruitment committee agrees that the lion's share of credit must go to Fred Rivara, a pediatrician who previously was Hazard's only National Health Service Corps physician. Before moving to Seattle to complete his training, Rivara and his wife J'May spoke on Hazard's behalf at National Health Service Corps recruitment meetings. Their enthusiasm proved infectious for people like Leslie Grissom. "I went to a meeting in Chicago where there were representatives from all the

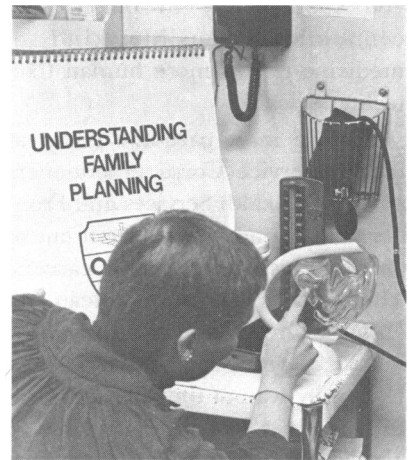


Diana Fortney, respiration therapist, and Dr. Schneider check equipment used to screen and treat miners with black lung

southeastern States," she says. "Fred Rivara spoke to me and said, 'The place you want to go is Hazard, Kentucky.' He was the only one who said anything like that. After checking four or five sites, I liked Hazard best because of the need in the area and because of the enthusiasm of the doctor who was here before."

Rivara also was instrumental in David Werner's decision to come to Hazard. "Just by serendipity, someone dropped off brochures about Hazard at the University of Virginia where I was in my residency. I called and talked to Fred Rivara and we hit it right off, because we had similar experiences and had the same feelings about academic medicine. He was about to leave and needed a pediatrician to replace him, so here I am."

Changes wrought by the recruitment drive, however, have not all been harmonious. The sudden influx of salaried physicians has created an "us and them" political situation within the medical community. Although the area has a long history of salaried physicians — first the doctors hired by the mining companies and later the staff of the miners' hospitals — some of the older private practitioners see the current trend as a threat to medicine as they know it. There are frequent rumblings about socialized



Although the birth rate is down considerably from 17-child families, mountain women still tend to have babies close together. Education on how to plan families is provided at the clinics



Dr. Grissom is one of five Corps members at Family Health Services



Dr. Schneider discusses X-ray with patient. Hazard offered professional opportunities to the physician and her husband Paul, a hospital administrator. And eastern Kentucky offered a life style both wanted to try

medicine. Even Dr. Eli Boggs, a private practitioner who serves on the Family Health Services board and was active in the recruitment campaign, worries about increasing government influence in health care. Some Corps members feel that the resentment is directed not so much at them or the other salaried doctors as at Family Health Services, whose costly outreach program is unpopular with conservative physicians.

For all the high-sounding arguments, much of the conflict boils down to dollars and cents. "Private practice of medicine is also a business," says Donnie Spencer, a young private physician who grew up on a farm outside of Hazard. "The business side of these doctors doesn't like the competition, even though on the medical side there will always be a need for more doctors."

Dr. Spencer, who is on the Family Health Services' board and a leader of the recruitment committee, finds himself in the position of peacemaker, a bridge between the old order and the new. He chose to go into private practice because, "I want to be completely in control of my own practice, and I like the idea that everybody who comes to see me chooses to come of his own free will." Yet, Spencer has a deep appreciation for the salaried physicians

and sees no reason why private doctors, who make a great deal more money, should feel threatened by them.

The upsurge in Government spending for rural health care in the past decade has created competition and bickering among the health organizations as well. Lois Baker, executive director of Mountain Comprehensive Health Corporation, sees the situation in Darwinian terms: "It's reached the point where it's survival of the fittest and the strongest. The intentions of the Federal Government were beautiful. They were going to bring health care to the mountains of east Kentucky, and they did. But I'm afraid that if the trend continues, they're going to put us all out of business, because we won't be able to meet the patient quotas the Government sets for us. You can't build a half-million-dollar clinic at every wide spot in the road just to keep some politician happy. The government should have enough sense to stop and give those of us they've already spent millions on a chance to survive."

Her feelings are not shared by most others knowledgeable about health care in eastern Kentucky. Dr. W. B. Rogers Beasley, director of Frontier Nursing Service, points out that the ratio of 1 physician for 5,000 or 6,000 people, which exists in

several counties, is clearly a medical shortage. And, of course, the Government concurs. But Beasley agrees that the situation can be most frustrating. "It's either feast or famine," he says. "You have a whopping staff, because people are here for training. Then, suddenly everybody leaves and goes off to India or North Dakota or somewhere, and you have to build up all over again."

Dr. Beasley manages some stability by requiring all students who train as nurse practitioners or midwives at Frontier to devote at least 1 year's service to the community after they graduate. "We admit 24 students a year, which means that people in this small community have 24 new faces looking at them each year, 24 strange people mashing on their bellies and asking all manner of personal questions. We feel these students are obligated to their main teacher — the community."

Appalachia's Health Needs

There is general agreement that no matter how many health practitioners are aboard at any given time, there is plenty of business for all. Health problems indigenous to Appalachia have not been wiped out. Although infant mortality rates have dropped significantly in the past decade, child and maternal nutrition still are below par. Pediatricians see a lot of children who fail to thrive both physically and intellectually.

Although the birth rate is down considerably from the days of 17-child families, mountain women still tend to have babies close together, which depletes the mothers' nutritional stores. A recent survey by the Coordinated Consumer Health Education Project in Hazard showed that 25 percent of the pregnant women studied were anemic, almost all were protein deficient, and about half had low

calcium levels. The survey revealed a significant deficiency of iron in infants' diets as well.

Breast feeding, not encouraged by physicians in the past, is generally considered taboo. Many mothers believe formula is both more sophisticated and better for the babies, according to Carol Golden, director of the Consumer Health Education Project. As early as 3 weeks of age, babies start receiving table food that is loaded with fats and sugars. These empty calories produce many overweight, but not necessarily healthy, infants.

Adult obesity and dental problems also are common consequences of the local diet. Lard remains a staple of mountain cooking, and in the new A & P tubs of lard are stacked almost to the ceiling. Consumption of soft drinks is legendary in eastern Kentucky. Reportedly, Perry Counties drink more Pepsi per capita than any other group in the nation. In the hollows, it's not uncommon to see a Pepsi machine on a front porch or along the road, sometimes wired into a house lacking indoor plumbing.

Such forms of exercise as walking and jogging are not part of the mountain culture. "Where am I going to walk?" an obese woman asked her doctor. "People will think I had a fight with my husband."

Mental problems are not necessarily more prevalent here than elsewhere, but they are more likely to go untreated. Because counseling is virtually nonexistent, pill-popping is the standard method for dealing with depression and anxiety. This is frustrating to the Corps members, who sometimes find themselves having to practice psychotherapy. Although families tend to be close-knit in some respects, individuals often are unable to tell their relatives their personal problems. Corps physician Leslie Grissom and nurse practitioner Becky Warner are working with a local group con-

cerned about spouse abuse, but they point out that transportation problems and lack of anonymity would make it difficult for battered wives to take advantage of support groups and shelters.

Medical care in the Hazard area continues to be crisis-oriented. Although some health education is incorporated into outreach programs and WIC nutrition clinics, patient interest in preventive care is low. Warner writes a question-and-answer health column for the Hazard newspaper; so far it has generated few inquiries. One problem in a deprived area, notes Carol Golden, is that people value simple pleasures like smoking and soft drinks. "It's hard to talk to a woman with nine kids and a husband who doesn't have a job about not drinking Pepsi."

A formal health education effort, planned by the Coordinated Consumer Health Education Project, will be aimed at the most receptive group — pregnant women and mothers of infants. The plan is to train lay women in four counties who will meet individually or in small groups with their neighbors to communicate health information. "Child care and transportation are such problems here that a woman is lucky if she can get to a clinic to see the doctor, much less come back in the evening to attend a health program," Carol Golden says. "Besides, these are private people who resist the idea of walking into a room with 20 other women and talking about what it feels like to be pregnant. We've got to reach them on their own ground, through a lady they may have seen at church or in the neighborhood who is coming around to talk as a friend and helper."

A key feature of the proposed project will be ongoing evaluation, which will include following a woman from the second trimester of pregnancy through the baby's first

year. The project planners also hope to enlist outside experts to help educate health professionals about nutrition, which gets short shrift in medical schools.

In the future, providing adequate medical care for eastern Kentucky will be a continuing battle for the Government, for health practitioners, and for the citizens of Hazard who are weary of searching for new doctors. Even with 11 new physicians in town and ambitious plans afoot for health education, the recruiting job is far from done. Hazard needs more specialists — another surgeon, an orthopedist — and upgraded facilities so it will be less dependent on Lexington.

Despite Hazard's hopes for stability, high turnover rates among Corps physicians and other health practitioners undoubtedly will continue. Corps members attribute this not just to a desire to leave the hills but to a general increase in mobility. To the mountain people, these rapid departures often smack of disloyalty or an inability to "stick it out."

Still, the people of Hazard dream of the time when they might have a self-sufficient medical center staffed and equipped so that overworked pediatricians would no longer have to transport a critically ill newborn 100 miles to Lexington. "I'd like to see us get doctors who would move in, put their roots down, and enjoy the beauty of the mountains," says Mayor Gorman. "Possibly a third of the population of Kentucky could be served out of this area. Right now a lot of people die needlessly between here and Lexington or here and Cincinnati."

In the meantime, Kentuckians are pragmatic enough to welcome help from wherever they can get it. All they ask in return is a commitment to providing quality health care. "If you want to help the sick," says Mayor Gorman, "we've got plenty of sick people to go around for everybody."