Healthcare Education Leaves the Hills: Frontier Nursing University's Move from Appalachia

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I. INTRODUCTION

Rural communities lack maternity and childbirth services, and access is getting worse. Despite the serious need for more rural-focused childbirth services, Frontier Nursing—the most famous rural-focused childbirth healthcare provider and educator—recently left the historic rural location it had called home since its inception nearly a century ago. Frontier Nursing, established in the
Appalachian Mountains in 1925, initially provided nursing and midwifery care focused on the residents of Leslie County, Kentucky, and in 1939 established a school in Leslie County to train future rural nurse-midwives. Frontier Nursing was America's first nurse-midwifery service and has been heralded many times over as a great example of a successful rural health program, serving as a model for other rural healthcare providers and educators. Yet, despite this success over nearly 100 years deep in the remote and rural Appalachian foothills, Frontier Nursing recently left its mountain home in Leslie County, choosing to relocate to the suburban community of Versailles, Kentucky. Mary Breckinridge, who founded Frontier Nursing, had family and other connections to Woodford County where Versailles is located, yet it was not her choice for Frontier Nursing. This move out of the hills harms not only the people of Leslie County but also rural communities who might otherwise have been served by midwives trained in the remotely rural location in the Kentucky hills. Rural women in America face serious obstacles in accessing maternity care, and, at a time when more rural nurse-midwives are needed, Frontier Nursing's departure from a rural community dampens the previous rural focus of its midwifery education.

moving-student-activities-to-Versailles-422839114.html (announcing the purchase of a new campus in Versailles in 2017 and a planned move).

Nurses, midwives, and nurse-midwives have different credentials and roles in healthcare. Nurses have medical training but do not necessarily specialize in childbirth. Midwives deliver babies and can—but do not have to be—nurses. Nurse-midwives are midwives who also hold degrees in nursing. Mary Breckinridge favored the term nurse-midwife to describe a nurse-educated midwife, although that terminology was not initially used by all, it is now commonly used. LAURA E. ETTINGER, NURSE-MIDWIFERY: THE BIRTH OF A NEW AMERICAN PROFESSION 173–76 (2006).

See generally COCKERHAM & KEELING, supra note 2 (providing a history of the Frontier Nursing school); see also ETTINGER, supra note 4, at 74 (“[T]he Appalachian Mountains [through Frontier Nursing] offered the first location for nurse-midwives to practice.”).

ETTINGER, supra note 4, at 14.


Stricklett, supra note 3.

BRECKINRIDGE, supra note 2, at 38 (noting cousin Anne Steele lived in Woodford County); id. at 160 (noting the first chairman of her organization was Dr. Alexander J.A. Alexander of Woodford County).

This essay contemplates this move by Frontier Nursing in light of the serious need for childbirth services in rural areas. This essay is both academic and personal. I write and teach about reproduction and the law in rural areas, and access to childbirth services in rural areas is part of the larger academic study of reproduction and the law. But I also have a personal connection to Leslie County and Frontier Nursing. My maternal ancestors lived in Leslie County for generations, and my mom was the first Leslie County native to graduate from Frontier Nursing when she graduated in 1979. In the early 1980s, my mom was employed as a Family Nurse Practitioner and Nurse Midwife at the clinic in Frontier Nursing’s Mary Breckinridge Hospital when my dad—a new doctor from South Dakota—got a temporary job as an Emergency Room Doctor. It was Frontier Nursing that brought my parents together and gave them both training in the provision of medical services in remotely rural areas.

As part of West Virginia Law Review’s “Health in the Hills” symposium, this essay is both a celebration of Frontier Nursing and a critique of its recent move to suburbia. I use the label Frontier Nursing as a universal term that can mean both the healthcare organization most recently known as the Frontier Nursing Service and the school which is currently known as Frontier Nursing University.

The essay proceeds in two parts. Part II discusses how Frontier Nursing benefited the rural communities in Leslie County, Kentucky. This includes

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13 Interview with Arlene Day Alsgaard, retired Nurse Practitioner/Nurse Midwife, in Yankton, S.D. (Dec. 25, 2021); Cockerham & Keeling, supra note 2, at 144 (listing Arlene Day Alsgaard as a 1979 graduate); Commentary, Cover Page, Frontier Nursing Serv. Q. Bull., Spring 1979, at 1 (noting Arlene Bowling—a last name from a prior marriage—was the first graduate from Leslie County).

14 Interview with Hartley Alsgaard, retired Medical Doctor/Psychiatrist, in Yankton, S.D. (Dec. 24, 2021); Interview with Arlene Day Alsgaard, supra note 13.


16 This essay talks exclusively about Leslie County, but Mary Breckinridge did interact with and serve other counties bordering Leslie County. Goan, supra note 2, at 97.
establishing the original rural focus of Frontier Nursing and its impact on the provision of healthcare in Leslie County. Part II also notes the economic impact that Frontier Nursing had on Leslie County over the years.

Part III turns to the impact of the school, including its initial role as a rural-focused educational program and how it has impacted midwifery laws across the country. The reflections in Part III focus on nurse-midwives, rather than midwives without nurse training, because Frontier Nursing used and trained nurse-midwives. Nurse-midwives, including those trained by Frontier Nursing University, have proven to be successful at providing prenatal and childbirth care. Midwifery care is particularly important in rural communities where women have limited hospital access, and Part III ends by discussing Frontier Nursing University’s recent move out of the hills to suburban Kentucky. Ultimately this essay concludes that regardless of the motives that prompted Frontier Nursing’s move, the abandonment of Leslie County reflects poorly on both Frontier Nursing and the broader society that continuously refuses to invest in rural communities.

There are several types of midwives, the most highly trained of which are nurse-midwives. There are also certified midwives and lay midwives, who practice midwifery without nursing training. Stacey A. Tovino, American Midwifery Litigation and State Legislative Preferences for Physician-Controlled Childbirth, 11 CARDOZO WOMEN’S L.J. 61, 68–69 (2004); Christopher Rausch, The Midwife and the Forceps: The Wild Terrain of Midwifery Law in the United States and Where North Dakota Is Heading in the Birthing Debate, 84 N.D. L. REV. 219, 223–24 (2008). While nurse-midwives and other types of midwives are aligned on some issues, there can also be conflict. Kukura, supra note 1, at 283. While non-nurse midwives deserve attention in their own right, this essay does not attempt to cover them.

Nethery et al., supra note 10, at 128 (finding success in midwifery care); Kukura, supra note 1, at 251 (describing research on the success and utility of midwives); ETTINGER, supra note 4, at 200 (“Studies repeatedly show that nurse-midwives are at least as safe and often safer birth attendants than physicians, even among high-risk populations.”); Elizabeth Kukura, Contested Care: The Limitations of Evidence-Based Maternity Care Reform, 31 BERKELEY J. GENDER L. & JUST. 241, 277 (2016) (“Contemporary midwifery proponents finally have a solid body of medical evidence on which to draw when defending the right of midwives to practice and promoting the midwifery model as a safe, health-affirming, and cost-effective form of maternity care for women with low-risk pregnancies.”). Because childbirth can be attended by physicians (generally obstetricians or family practice doctors), nurse-midwives, and lay midwives, opinions differ as to what method of childbirth is best. This essay is not intended to settle any dispute regarding which types of childbirth providers are best. Other scholarship addresses that topic, including Jennifer Hickey, Nature Is Smarter Than We Are: Midwifery and the Responsive State, 40 COLUM. J. GENDER & L. 245, 271 (2020).


For a discussion of society’s failure to invest in (and outright extraction from) Appalachia, see STEVEN STOLL, RAMP HOLLOW: THE ORDEAL OF APPALACHIA (2017), and Ann M. Eisenberg, Distributive Justice and Rural America, 61 B.C. L. REV. 189 (2020).
II. PROVIDING SERVICES IN RURAL APPALACHIA

In 1922, 100 years before publication of this essay, Mary Breckinridge visited family in Kentucky and began thinking about providing medical services in the hills of Eastern Kentucky.\(^{21}\) The next year, Breckinridge would spend a summer exploring Eastern Kentucky and surveying local midwifery practices.\(^{22}\) For her headquarters, Breckinridge chose Leslie County, a county of 400 square miles of dense Appalachian Mountains.\(^{23}\) Breckinridge followed through with her plans and created an organization in 1925 that would ultimately become the Frontier Nursing Service\(^{24}\) and would later include Frontier Nursing University.\(^{25}\) Although her program quickly expanded to the provision of other public health services, Breckinridge started with the focus that nurse-midwives in a rural area could lessen the risks faced by women and infants in childbirth.\(^{26}\)

The rural location was purposeful. Breckinridge could have done many things with her life. She had substantial family resources and connections (among other things, her grandfather John Breckinridge served as the Vice President to President James Buchanan).\(^{27}\) After the death of her first husband, the death of her two children, and a divorce from her second husband, Breckinridge broke free of her societal expectations of marriage and serving as a husband’s helpmate,\(^{28}\) took back her maiden name,\(^{29}\) and became a nurse-


\(^{22}\) Cockerham & Keeling, supra note 2, at 23; Bartlett, supra note 21, at 9–10; Anne Z. Cockerham & Janet L. Engstrom, “See One, Do One, Teach One, and Record Your Results Accurately”: How and Why the Frontier Nursing Service Told its Story with Data, 118 REG. KY. HIST. SOC’Y 545, 579–82 (2020).

\(^{23}\) Leslie County, Kentucky, U.S. Census Bureau, https://data.census.gov/cedsci/profile?qg=0500000US21131 (last visited Mar. 1, 2022) (2020 Census Data) (“Leslie County, Kentucky has 400.7 square miles of land area and is the 33rd largest county in Kentucky by total area.”).

\(^{24}\) Wilkie & Moseley, supra note 21, at 89 (noting the initial meeting that founded the Kentucky Committee for Mothers and Children in May 1925); id. at 100 (noting the first clinic opened in September 1925).

\(^{25}\) Cockerham & Keeling, supra note 2, at 16.

\(^{26}\) Goan, supra note 2, at 10 (describing Breckinridge’s belief that “[r]ural areas across America lack access to primary care providers, and nurse-midwives—carefully distinguished from lay midwives by their training and their respect for science—could fill this gap”).

\(^{27}\) Goan, supra note 2, at 18–19 (credentials of John Breckinridge); Wilkie & Moseley, supra note 21, at 57 (noting the money she inherited from a great-aunt).

\(^{28}\) Goan, supra note 2, at 1–2, 23.

\(^{29}\) Id. at 54.
midwife. After her first husband died, Breckinridge received nurse’s training at St. Luke’s Hospital School of Nursing in New York City. Cockerham & Keeling, supra note 2, at 20. Following the death of her two children, Breckinridge worked as a nurse in post-war rural France and later obtained midwifery training with the goal of founding a midwifery and healthcare service in a remote and rural area. Goan, supra note 2, at 73 (noting 1923 nurse-midwife education at the British Hospital for Mothers and Babies).

Although Breckinridge wrote in her autobiography that she had “no partiality” between “city or country” children, she believed that “in America much had been done for city children, whereas remotely rural children had been neglected.” Breckinridge’s belief that Progressive Era (1890–1920) initiatives had focused disproportionately on urban mothers and babies led her to focus on neglected rural women and children for the rest of her life.

Leslie County, Kentucky, was the perfect remotely rural location for Breckinridge to establish her midwifery and healthcare program. Breckinridge had substantial family connections in Kentucky, which she knew she could leverage to her advantage. With regards to choosing a particular location in Kentucky, Breckinridge decided on Leslie County because of the inaccessibility of the area due to the dense mountains. The county—including its county seat, Hyden—was inaccessible by train or car at the time, requiring 27 miles of overland travel after disembarking at the closest train station. No cars had arrived in Leslie County, so residents still relied on horse and mule travel, using creek beds as roads. Breckinridge also understood that due to the hills limiting travel and industry, Leslie County was one of the “poorest and most isolated” parts of Kentucky. Before the Frontier Nursing Service arrived, there was little medical infrastructure in Leslie County and women generally gave birth with the
help of a “Granny doctor” or “granny midwife.” These lay midwives were neighborhood women who had experience delivering babies but little or no formal medical training. The local lay midwives were hampered in their ability to provide adequate care because a lack of local medical doctors limited their ability to refer complicated cases to qualified physicians.

Upon moving to Leslie County, Breckinridge built a rural home and the Frontier Nursing headquarters on a piece of land she named Wendover, followed by outpost nursing centers. Then in 1928 came a hospital in Hyden. The services provided to Leslie County residents by Frontier Nursing staff were successful and critical to the health of the community. A local author explained that “[o]ne of the greatest blessings that ever came to Leslie County was Mary Breckinridge and her Frontier Nursing Service.”

Although my family and my ancestral community owe much to Mary Breckinridge, she is not above reproach. Breckinridge was a daughter of the confederacy who was taught that the racial hierarchies of the antebellum South

39 STIDHAM, supra note 12, at 148–49.
40 COCKERHAM & KEELING, supra note 2, at 23. In 1922, the Kentucky board of health recorded that in Leslie County “forty-three midwives attended 265 births while the one physician in the county attended forty.” Dye, supra note 7, at 488. While Leslie County was isolated and rural, it was populated enough for there to be nearby neighbors and midwives. In other parts of America, such as the West during homesteading days, geographical distance meant women delivered their babies without the help of any midwife, sometimes alone and sometimes with the help of otherwise un-trained neighbor women. JENNIFER J. HILL, BIRTHING THE WEST: MOTHERS AND MIDWIVES IN THE ROCKIES AND PLAINS 22-23 (2022) (providing narrative examples of such births).
41 GOAN, supra note 2, at 69; Dye, supra note 7, at 493–94; ETTINGER, supra note 4, at 36–38.
42 While there were some educated physicians in the region, most of the medical providers in Leslie County had no real medical training; instead, healers tended to use religious and herbal medicine. Matthew R. Sparks, The ‘Charm Doctors’ of Leslie County: Oral Histories of Male Witches, Midwives, and Faith Healers in Leslie County, Kentucky 1878–1978, 12 BULL. TRANSILVANIA U. BRASOV 123 (2019).
43 Crowe-Carraco, supra note 7, at 186.
44 STIDHAM, supra note 12, at 162; Crowe-Carraco, supra note 7, at 186. This small hospital was built four years before a paved road connected Hyden to the larger town of Hazard in 1932. GOAN, supra note 2, at 71.
45 STIDHAM, supra note 12, at 159.
46 See also GOAN, supra note 2, at 11 (arguing that while Mary Breckinridge should not be set on a pedestal, she also deserves praise as well as criticism for the work she did under the constraints she faced).
47 BRECKINRIDGE, supra note 2, at 7 (noting that her father fought for the Confederacy as a teenager); GOAN, supra note 2, at 18 (noting that Mary Breckinridge’s grandfather John C. Breckinridge served as a brigadier general in the Confederate Army and later then Confederate Secretary of War); BARTLETT, supra note 21, at 127 (referring to Mary Breckinridge as a “diehard Confederate”).
were a good thing;\textsuperscript{48} she could be a self-interested and difficult person;\textsuperscript{49} and she adhered to eugenic beliefs about the strength of northern European stock.\textsuperscript{50} Despite these flaws, Breckinridge should be praised for choosing to leverage her wealth and family name to successfully improve the lives of the rural poor in Leslie County.

Beginning with its formation in 1925, the Frontier Nursing Service brought nurse-midwives and other trained medical professionals to Leslie County, improving infant and maternal survival rates and otherwise improving healthcare access for some of America’s poorest and most isolated people.\textsuperscript{51} After establishing a home base at Wendover, outpost centers spaced throughout the mountains, and a hospital in the county seat of Hyden, the Frontier Nursing Service provided midwifery and public health care to the people of Leslie County for decades.\textsuperscript{52} Even after Mary Breckinridge’s death in 1965, she “live[d] on through the Frontier Nursing Service,” which—for many years—was “as active as ever in the mountains of eastern Kentucky” providing healthcare to a rural population in need.\textsuperscript{53} These services are particularly praiseworthy because rural America, and especially Appalachia, has long been left without services available in other parts of America.\textsuperscript{54}

In 1975, Frontier Nursing replaced its 1928 Hyden hospital with a modern 40-bed hospital just down the hill named the Mary Breckinridge

\textsuperscript{48} GOAN, supra note 2, at 22, 236–38. Breckinridge’s views on race also impacted her work: “FNS founder Mary Breckinridge’s refusal to employ Black nurse-midwives contributed to race-based divisions within midwifery, further fracturing the profession and creating midwifery-oriented spaces that were marked by exclusionary policies and attitudes.” Kukura, supra note 1, at 257. See also ETTINGER, supra note 4, at 25 (“Mary Breckinridge, founder of the Frontier Nursing Service, used her racism, and that of her potential supporters, to raise money for FNS, which served mostly white women.”).

\textsuperscript{49} See, e.g., GOAN, supra note 2, at 225 (providing example of when “Breckinridge fought to maintain control of her organization”); see also Dye, supra note 7, at 497 (describing Breckinridge as a “strongminded individual”).

\textsuperscript{50} ETTINGER, supra note 4, at 33; GOAN, supra note 2, at 45, 106–11, 239–41; Cockerham & Engstrom, supra note 22, at 584-88. For a discussion of how Appalachian reformers had split views on the value of preserving the “pure Anglo-Saxon culture” and stock found in Appalachia, see STOLL, supra note 20, at 17.

\textsuperscript{51} Cockerham & Keeling, supra note 2, at 24–26. Cf. Stoll, supra note 20, at 144 (contesting whether Appalachians truly were impoverished considering the adequacy of food).

\textsuperscript{52} See generally Crowe-Carraco, supra note 7, at 183–91 (describing services provided by Frontier Nursing); ETTINGER, supra note 4, at 62 (same).

\textsuperscript{53} Wilkie & Moseley, supra note 21, at 185; see also GOAN, supra note 2, at 255–61 (describing changes made after Breckinridge’s death).

\textsuperscript{54} See, e.g., Eisenberg, supra note 20, at 194 (“It is, in fact, not difficult to establish that rural residents throughout the United States suffer from inequitable allocations of various critical resources.”).
In addition to providing local healthcare for almost 90 years, Frontier Nursing provided economic opportunities in a location with otherwise limited work options. When Mary Breckinridge arrived, most families were subsistence farmers, sometimes earning money from moonshine or timber. Eventually, Leslie County’s economics became intertwined with the ups and downs of the coal industry. Throughout its time in Leslie County, Frontier Nursing was a steady source of employment for locals. Breckinridge hired local workers from her earliest days, and by the 1930s, Breckinridge “became an advocate for economic development.” When Frontier Nursing University announced its move in 2017, there were 30 employees at the school that would be impacted by the move. Because Frontier Nursing was a “key employer in the county . . . the loss of jobs and economic activity caused by the changes has hurt” the local economy.

The economic impact was larger than just hiring local workers. Frontier Nursing’s presence also provided a steady stream of outside money from nurses and students who lived in Hyden, or at least visited for brief stints for in-person

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55 Crowe-Carraco, supra note 7, at 190; GOAN, supra note 2, at 259; see also COCKERHAM & KEELING, supra note 2, at 93 (“On May 28, 1970, a reporter for the Courier-Journal broke the exciting news that the FNS had been awarded $1.6 million in federal and regional grants for a new 45-bed hospital.”).
58 GOAN, supra note 2, at 71. For more discussion of what subsistence farming meant in the Appalachian context, see STOLL, supra note 20, at 67 (discussing the choice to use “subsistence” to describe Appalachian farming), and Eisenberg, supra note 20, at 236 (noting subsistence farmers in Appalachia often did not own the land they farmed).
59 GOAN, supra note 2, at 71 (“[C]oal would not transform Leslie County’s economy until the 1940s.”).
60 BRECKINRIDGE, supra note 2, at 174; GOAN, supra note 2, at 168.
61 GOAN, supra note 2, at 8; see also ETTINGER, supra note 4, at 59–60 (discussing the economic assistance facilitated by Mary Breckinridge during the Depression).
62 Stricklett, supra note 3. Frontier Nursing University announced it had offered every employee the chance to relocate when the school moved. Id.
education. As Joel Brashear, the chairman of the Leslie County Community Foundation, explained in 2019 about the planned move:

It's a significant impact on our local economy. We've got several jobs, dozens of jobs that are going to be affected. Plus the folks that are coming in that are taking these classes are spending money in the restaurants and the gas stations and the general stores. So we're gonna lose all that when these folks leave. 64

With the Mary Breckinridge Hospital under new ownership 65 and the school relocated to central Kentucky, Hyden and Leslie County no longer have a direct relationship with Frontier Nursing. Frontier Nursing did donate Wendover and its Hyden campus to Leslie County, 66 at least preserving some history in Leslie County and hopefully providing residents of the hills the opportunity to continue to use and benefit from those locations.

III. RURAL EDUCATION TO SERVE OTHER RURAL AREAS

The goal of Frontier Nursing was never about only Leslie County—Breckinridge had a dream of nurse-midwives serving in remotely rural communities across the country, and she hoped to demonstrate the feasibility of her remotely rural nurse-midwife program and have it replicated in other areas. 67 With its rural-based program, Frontier Nursing served as an example for rural healthcare provision domestically and abroad. 68 Breckinridge always hoped to

64 Connor James, Frontier Nursing Looks to Move to Versailles, Possibly Taking Some Leslie County History with It, WYMT (Sept. 26, 2019, 7:37 PM), https://www.wymt.com/content/news/Frontier-Nursing-looks-to-move-to-Versailles-possibly-taking-some-Leslie-County-history-with-it-561476491.html; see also Stricklett, supra note 3 (quoting David Sandlin, co-owner of the Red Light Café in Hyden, regarding the students who eat at his restaurant).

65 Kaprowy, supra note 56.


67 COCKERHAM & KEELING, supra note 2, at 13. Although Breckinridge herself never replicated Frontier Nursing by opening another midwifery service, nurses who worked with her did. ETTINGER, supra note 4, at 136–37.

68 See, e.g., WILKIE & MOSELEY, supra note 21, at 186 (noting international guests interested in learning about Frontier Nursing and explaining that it "is a beacon lighting not only the territory it serves, but also the distant countries which have heard of it").
create a graduate school for rural nurse-midwives, using Leslie County "as a training field for the preparation of nurses and midwives for other isolated sections of the country." While a school was always part of the plan, it was World War II and the corresponding nursing shortage that prompted the creation of the school. Two impacts of the school are particularly notable for this essay—the training of medical professionals to serve in other rural areas and the licensure of nurse-midwives and their establishment as a legitimate American profession.

The school was necessary to train nurse-midwives for the Frontier Nursing Service during World War II, and it was another way "to serve rural areas by training specialized practitioners." In 1939 when the school first graduated students, the only other nurse-midwifery school in the United States was in New York City. Frontier Nursing, through its hospitals, clinics, and university, has educated many medical professionals throughout the years. For early graduates of the school, the education included living in Leslie County and providing care to local women and families. The practical education included caring "for patients in the service’s tiny hospital, as well as in dark and often drafty patient homes and distant outpost nursing centers." Part of the training, then, was exposure to midwifery practice in remote and rural areas without easy or predictable physician availability, a useful skill for graduates who would be working in remote and rural areas after graduation.

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69 Anne Z. Cockerham, Babies Aren't Rationed: World War II and the Frontier Nursing Service, 29 NURSING HIST. REV. 23, 25 (2021) ("Breckinridge had long hoped to open an FNS training program with an emphasis on rural midwifery.").


71 GOAN, supra note 2, at 174 ("From the start... she looked forward to the day when she would create her own facility to train nurse-midwives."). Mary Breckinridge originally sought to situate the school itself in Lexington associated with the University of Kentucky with field work being done in Leslie County. BARTLETT, supra note 21, at 109; COCKERHAM & KEELING, supra note 2, at 25; GOAN, supra note 2, at 174.

72 WILKIE & MOSELEY, supra note 21, at 167; BARTLETT, supra note 21, at 110; GOAN, supra note 2, at 174; ETTINGER, supra note 4, at 53.

73 GOAN, supra note 2, at 174.

74 ETTINGER, supra note 4, at 15 (noting the history of the Lobenstine Midwifery Clinic and School); COCKERHAM & KEELING, supra note 2, at 29; see also GOAN, supra note 2, at 175 (noting the Lobenstine school was insufficient to staff Frontier Nursing because nurse-midwives were in too high demand).

75 Susan Stone, Foreword to COCKERHAM & KEELING, supra note 2, at 13; see also BARTLETT, supra note 21, at 176 (telling one story of a delivery attended by a student).

76 COCKERHAM & KEELING, supra note 2, at 33.

77 Id. at 73 ("Frontier graduates particularly valued honing their midwifery skills in an area where a physician was not immediately available."); see also id. at 59 (providing an example of students receiving necessary remote and rural education for their future endeavors). The goal of
The reach of the school was large, but not without its challenges as the medical industry changed. In the 1960s, as physicians began “choosing subspecialties in urban areas” and there was a shortage of primary care providers, Frontier Nursing added a nurse practitioner track in family medicine to further train rural healthcare providers.\(^{78}\) Hyden’s new Mary Breckinridge Hospital, built in the 1970s, increased educational opportunities for students.\(^{79}\)

But challenges continued. In the 1980s as births dropped in Leslie County, it became harder to attract qualified faculty and more students were applying than could be accommodated.\(^{80}\) Despite difficulties, Frontier Nursing continued to offer a “unique education”\(^{81}\) focused on rural care.\(^{82}\) In 1987, Frontier Nursing had graduated one-fourth of America’s certified nurse-midwives.\(^{83}\) Because there were no longer enough births in Leslie County to provide adequate clinical education to students, Frontier Nursing became a distance education school in 1989.\(^{84}\) Even after transitioning to distance education in order to allow for students to obtain practical experience in their home communities, Frontier Nursing remained in Leslie County for another two decades and brought students for intensive training in Hyden to expose students to rural healthcare provision.\(^{85}\) In 2007, the school had trained “almost one-fourth” of the certified nurse-midwives in the United States,\(^{86}\) and graduates the school was to staff Frontier Nursing Service in Leslie County then to send excess graduates to other rural midwifery practices.\(^{87}\) \(^{82}\) Id. at 111-12 (quoting Lydia DeSantis, Frontier School of Midwifery and Family Nursing—Reassessment, FRON TIER NURSING SERV. Q. BULL., Winter 1980, at 45-46).

\(^{88}\) ETTINGER, supra note 4, at 54–55.
worked in Leslie County, other rural parts of the United States, and even around the globe. 87

The training of rural nurse-midwives remained central to Frontier Nursing throughout its time in Leslie County. While many of the students were from urban or suburban backgrounds, 88 Frontier Nursing also attracted students already interested in working in remote and rural areas. 89 Although Mary Breckinridge initially declared that the school would train “daughters of leading citizens in the mountains” when she announced the school in 1939, 90 no Leslie County native graduated from the school until my mother in 1979. 91 The school should have made it possible for more Leslie County natives to become nurse-midwives, and should have worked to attract more rural and diverse students from the beginning, but at least the school remained focused on rural education for rural areas, meaning that graduates “carried with them Breckinridge’s concept of rural health care.” 92

In addition to producing rural-focused graduates, Frontier Nursing had a substantial impact on licensing for nurse-midwives and state laws impacting childbirth services. 93 When the graduate school opened in the 1930s, the state of Kentucky gave these first graduates a license to practice as Certified Midwives in Kentucky. 94 Early on, only a few states licensed nurse-midwives, but now all states and the District of Columbia authorize nurse-midwifery practice in at least

87 BARTLETT, supra note 21, at 214 (“Every six months, the school produced seven new certified midwives. Many of its graduates were now working in places as far flung as South America and the Middle East.”); COCKERHAM & KEELING, supra note 2, at 128–29 (profiling rural work of graduates).
88 COCKERHAM & KEELING, supra note 2, at 80.
89 Id. at 35–37.
90 GOAN, supra note 2, at 176 (citing Progressive Education, Q. BULL. FRONTIER NURSING SERV., INC., Sept. 1929, at 17, 18).
91 Interview with Arlene Day Alsgaard, supra note 13; see also GOAN, supra note 2, at 176 (noting Frontier Nursing “would train few if any area natives” and “recruited students from around the world but failed to educate those in its own backyard”); id. at 142 (“Critics have charged that the FNS never sought to train local women as nurse-midwives.”).
92 GOAN, supra note 2, at 186.
93 Frontier Nursing leadership was critical in forming the American Association of Nurse-Midwives in 1928 with its membership composed solely of Frontier Nursing staff. WILKIE & MOSELEY, supra note 21, at 165–66. The group was originally called the Kentucky State Association of Midwives and changed its name in 1941 to the American Association of Nurse-Midwives. GOAN, supra note 2, at 235; Dye, supra note 7, at 506. When a national licensing group later organized, conflicts between Mary Breckinridge and other national figures kept the American Association of Nurse-Midwives from becoming the dominant national group. ETTINGER, supra note 4, at 178–80.
94 WILKIE & MOSELEY, supra note 21, at 168; ETTINGER, supra note 4, at 56.
some settings.95 This change was, in part, due to advocacy by the Frontier Service nurses and graduates. One alumna “wrote the first piece of Oklahoma legislation for nurse-midwives”;96 another was critical in the fight for legislation in Illinois.97 Of course, current regulatory and licensing schemes are far from perfect,98 but Frontier Nursing was the pioneer institution that played a critical role in the expanded presence and licensure of nurse-midwives in America.

Although Mary Breckinridge died in 1965, her dream lived on in the hills of Kentucky for several more decades, with Frontier Nursing providing healthcare in a remotely rural area, educating new generations of nurse-midwives, and providing some much-needed economic stimulus to an impoverished area. But eventually, Frontier Nursing left the hills. In 2011, Frontier Nursing’s hospital was sold to Appalachian Regional Healthcare,99 leaving Frontier Nursing with only the University. Then, in 2017, Frontier Nursing University announced its intent to leave Leslie County.100 Frontier Nursing University relocated to Versailles, Kentucky, a suburb of Lexington, with a campus that Frontier Nursing proudly announces is “10 minutes from the Lexington Bluegrass airport.”101 Although Frontier Nursing continues to promise a focus on rural nursing and midwifery work,102 actions speak louder than words. A recent letter to alumni focused on the need to provide health care to underserved populations,103 yet Frontier Nursing abandoned a remotely rural, underserved population. Frontier Nursing explained that the move was to “expand enrollment” and “improve program offerings.”104 Additionally, Frontier Nursing claimed that “traveling to Hyden presented many

96 Cockerham & Keeling, supra note 2, at 131–32.
97 Id. at 132.
98 Kukura, supra note 1, at 252 (“In most jurisdictions, regulatory barriers prevent midwives—both nurse-midwives and direct-entry midwives—from providing care to the full extent of their training and capabilities.”).
99 Kaprowy, supra note 56.
100 Stricklett, supra note 3.
102 Id. (“The Versailles campus will allow FNU to continue to expand our enrollment and program offerings in order to meet the growing demand for access to quality healthcare nationwide, especially in rural and underserved areas.”).
103 Letter from Susan E. Stone, President, Frontier Nursing University, to Arlene Day Alsgaard (Nov. 23, 2021) (on file with author) (fundraising letter to Frontier Nursing alumni).
104 Stricklett, supra note 3 (quoting Frontier Nursing officials).
challenges,\textsuperscript{105} even though Hyden is now connected with modern highways and the travel time between Hyden and Lexington has been reduced to two hours.\textsuperscript{106} Ann M. Eisenberg has described policy choices about rural areas as being "shaped by value judgments, rather than forces of nature."\textsuperscript{107} That holds true for Frontier Nursing University’s move from Appalachia: this move reflects value judgments about the best location for the school, and those value judgments are debatable.

Recent work has brought attention to burdens faced by women of color in obtaining adequate maternity care\textsuperscript{108} and Frontier Nursing University has been successful in diversifying its student body and earning recognition as a school that "puts diversity and inclusion at the forefront."\textsuperscript{109} The success in diversifying the nurse-midwife profession is wonderful, but rural areas are also diverse,\textsuperscript{110} and a school that caters to rural students returning to rural areas is not destined to lack diversity. Any fight to provide equal maternal care access across racial and

\textsuperscript{105} Frontier Nursing University Versailles Campus, supra note 101.

\textsuperscript{106} Driving Directions from Lexington, Ky. to Hyden, Ky., GOOGLE MAPS, https://goo.gl/maps/iWyzzG7L8do96ybJ8 (estimating travel time to be approximately two hours and ten minutes).

\textsuperscript{107} Eisenberg, supra note 20, at 201.


\textsuperscript{109} Carol Davis, 3 Nursing Schools That Have Put Diversity and Inclusion at the Forefront, HEALTH LEADERS (Dec. 20, 2021), https://www.healthleadersmedia.com/nursing/3-nursing-schools-have-put-diversity-and-inclusion-forefront (observing that Frontier Nursing University “has strengthened its nationally recognized Diversity Impact Program to triple its student of color population from 9% to 28% in the last decade to better provide racially concordant care, or having a shared racial identity between a healthcare provider and patient”); see also Martha Hostetter & Sarah Klein, Restoring Access to Maternity Care in Rural America, THE COMMONWEALTH FUND (Sept. 30, 2021), https://www.commonwealthfund.org/publications/2021/sep/restoring-access-maternity-care-rural-america (noting increased diversity at Frontier Nursing University from 2010 through 2020).

\textsuperscript{110} Nash, Birth Geographies, supra note 108, at 313.
class lines must include rural care. Leslie County is predominately white, but Rural America is racially and culturally diverse. As just one example, Native American women are both at high risk of maternal mortality and are disproportionately rural. Notably, the first education provided by Frontier Nursing (even before the school was established) was for two Native American women who then went on to serve as nurse-midwives on rural reservations.

Rural America is also poor. Rural poverty complicates healthcare provision, and the rural populations facing the least access to childbirth providers are black women and Medicaid beneficiaries. In fact, “the loss of rural maternity wards disproportionately affects counties with Black residents.” Mary Breckinridge founded a program and school focused on providing nurse-midwifery services to the rural poor, but that focus has become lost, even though America’s rural poverty remains persistent. While future generations of rural-focused diverse students will be able to receive a nurse-midwifery degree from Frontier Nursing, they will do so without the benefits of attending a rural school.

As a result of Frontier Nursing leaving the hills, fewer nurse-midwives will enter the profession with an appreciation for rural provision of care, which

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111 QuickFacts: Leslie County, Kentucky, U.S. Census Bureau, https://www.census.gov/quickfacts/lesliecountykentucky (last visited Mar. 1, 2022) (2020 Census Data) (showing that the population of Leslie County, Kentucky, is 98.0% white).

112 Maybell Romero, Rural Spaces, Communities of Color, and the Progressive Prosecutor, 110 J. CRIM. L. & CRIMINOLOGY 803, 806 (2020) (“Rural communities, rather than being monolithically white and conservative, are, rather, exceptionally diverse in character, culture, and social fabric.”); Lisa R. Pruitt et al., Legal Deserts: A Multi-State Perspective on Rural Access to Justice, 13 HARV. L. & POL’Y REV. 15, 17 (2018) (“[O]ur country’s vast rural areas feature dimensions of diversity that are too rarely recognized and less often discussed.”); Kenneth M. Johnson, Demographic Trends in Nonmetropolitan America: Implications for Land Use Development and Conservation, 15 VT. J. ENV’T. L. 31, 32 (2013) (“Though much of rural America remains overwhelmingly white, there are substantial African-American concentrations in the Southeast; Hispanic areas of long-standing in the Southwest, as well as new Hispanic destinations in the Southeast and Midwest; and clusters of native Americans in the Great Plains and upper Great Lakes.”).

113 Kukura, supra note 1, at 255.

114 Ettinger, supra note 4, at 54.


116 Id. at 334.

117 Hung et al., supra note 10, at 1667.

118 Nash, Birth Geographies, supra note 108, at 313.

119 Weeks, supra note 115, at 332.
is concerning because rural areas face shortages of obstetricians and are seeing the closure of childbirth services or even entire hospitals. In fact,

Pregnant women face many challenges in accessing maternity care services in rural and remote areas of the United States. These include: obstetric unit closures in rural hospitals, shortages of qualified childbirth providers in rural areas, and distances to travel to access care. Currently, over 80% of rural counties have no hospital providing obstetric services and 50% of rural counties have no actively practicing obstetric physicians.

Even before the COVID-19 pandemic, rural areas faced these healthcare shortages and "[c]ompared to urban US women, rural women experience[d] disparities in obstetric care access and outcomes." The COVID-19 pandemic accelerated the loss of rural maternity care providers, only increasing the need for more new rural-focused nurse-midwives.

Nurse-midwives make childbirth services more affordable and accessible, and can solve some of the rural disadvantage caused by lengthy travel to hospitals and physicians. Of course, nurse-midwives alone cannot be responsible for all rural childbirth in the United States—adequate care requires relationships with hospitals and physicians to refer patients needing a higher level of care. Yet in rural areas, there are fewer hospitals and obstetricians, and

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120 Kukura, supra note 1, at 267 ("The obstetrics workforce shortage has a disproportionate impact on rural areas.").

121 Wright, supra note 19; see also Kukura, supra note 1, at 262 ("Obstetrics is not a lucrative practice for hospitals, as illustrated by the number of facilities that have closed labor and delivery wards in recent decades.").

122 Nethery et al., supra note 10, at 120.

123 Hung et al., supra note 10, at 1664.

124 Klibanoff, supra note 1.


126 Wright, supra note 19. Affordability is a difficult concept for childbirth, and even midwifery can be too expensive for some. In good news, the Patient Protection and Affordable Care Act of 2010 "required that states provide Medicaid reimbursement for birth center facility service fees and the professional fees of birth center attendants, which increased access to midwifery care for low-income people located near a freestanding birth center." Kukura, supra note 1, at 258.

127 Hostetter & Klein, supra note 109 ("Nurse midwives could help fill the gaps in rural communities, reduce overreliance on medical interventions, and bring down costs."); see also Hung et al., supra note 10, at 1664 (discussing dangers caused by travel).

128 Kukura, supra note 1, at 270.
relatively more births are attended by midwives,\textsuperscript{129} meaning even more nurse-midwives are needed. In order to combat the rural maternity care shortage, one solution is a “hub-and-spoke model” where urban specialists work with rural providers (including nurse-midwives),\textsuperscript{130} but this again requires increased numbers of educated nurse-midwives interested in rural areas. Nurse-midwifery education is important, and concern for getting more nurse-midwives into rural areas should drive policy decisions on nurse-midwife licensing and education.\textsuperscript{131}

The American College of Nurse-Midwives lists 39 schools providing education for nurse-midwives, the vast majority of which are in urban locations.\textsuperscript{132} Appalachian midwifery schools are otherwise lacking. Even the closest regional schools are not Appalachian and not in rural locations.\textsuperscript{133} The only other midwifery schools that might be considered Appalachian\textsuperscript{134} are the Shenandoah University School of Nursing in Winchester, Virginia,\textsuperscript{135} and the University of Pittsburgh School of Nursing in Pittsburgh, Pennsylvania.\textsuperscript{136} Other regional cities near Versailles already have nurse-midwifery programs, including Nashville, Memphis, and Cincinnati.\textsuperscript{137} Midwifery schools have always recognized the need for rural midwives and have claimed they are educating midwives for rural areas,\textsuperscript{138} but only Frontier Nursing provided that education in

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\item \textsuperscript{129}Wright, supra note 19 (“Nationwide, midwives attend less than 10% of hospital births, but in rural hospitals the figure is 30%, according to a 2019 brief by the federal Centers for Medicare and Medicaid Services.”).
\item \textsuperscript{130}Hostetter & Klein, supra note 109.
\item \textsuperscript{131}Cf. Rausch, supra note 17, at 247 (providing an example of a Montana state senator who supported lay midwifery legislation “because of her concern for women in rural areas of the state who rely on midwives”).
\item \textsuperscript{132}Pathways to Midwifery Education, AM. COLL. NURSE-MIDWIVES, https://portal.midwife.org/education/education-pathway (last visited Mar. 1, 2022). In comparison, in 2006 there were 43 nurse-midwifery programs. ETTINGER, supra note 4, at 193.
\item \textsuperscript{133}Pathways to Midwifery Education, supra note 132.
\item \textsuperscript{135}Nurse Midwifery Programs, SHENANDOAH UNIV., https://www.su.edu/nursing/nursing-graduate-programs/nurse-midwifery-programs/ (last visited Mar. 1, 2022).
\item \textsuperscript{137}Pathways to Midwifery Education, supra note 132.
\item \textsuperscript{138}ETTINGER, supra note 4, at 78, 81, 84 (providing examples of early urban schools stating they are educating nurse-midwives for rural practice).
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a truly rural setting. For its first 50 years—from 1939 to 1988—Frontier Nursing educated its students at a residential school in Leslie County, but even when the school transitioned to distance education in 1989 it continued to expose students to rural Appalachia through intensive training periods in Leslie County.\footnote{Id. at 190.}

When Frontier Nursing announced its move to Versailles, it explained the move as allowing the school “to keep up with increased enrollment and meet the needs of [its] students.”\footnote{Frontier Nursing University Versailles Campus, supra note 101.} Specifically, “[t]he Hyden, KY., campus reached its maximum capacity for enrollment, and traveling to Hyden presented many challenges.”\footnote{Id.} Of course, the new campus “conveniently located less than 10 minutes from the Lexington Bluegrass Airport” will be easier to reach for those traveling from outside of Appalachia.\footnote{Id. at 190.} However, suburban central Kentucky is not more accessible for students from Appalachia. And privileging proximity to an airport over a rural location in order to attract more students gives into the urban bias that infiltrates so much of healthcare and education, and it gives into the anti-Appalachian stereotypes that are held by so many.

Despite its departure from rural Kentucky, Frontier Nursing has—so far—retained some focus on rural providers. The longstanding distance-education model at Frontier Nursing allows for rural providers to do most of their education online, making access to midwifery education possible for rural-based nurses. In 2021, 20% of Frontier Nursing students lived in rural areas.\footnote{Hostetter & Klein, supra note 109.} Yet the school is not located in a remotely rural location, and any educational benefits of a rural location are gone.

The pressure to leave rural communities exists for many institutions, and Frontier Nursing is not the only school that has looked at moving out of a rural community to a more-accessible urban or suburban location. In 2017, my own institution—the University of South Dakota Knudson School of Law—considered moving from Vermillion, South Dakota (population 11,695)\footnote{QuickFacts: Vermillion City, South Dakota, U.S. Census Bureau, https://www.census.gov/quickfacts/fact/table/vermillioncitysouthdakota, (last visited Mar. 1, 2022) (2020 Census Data).} to the state’s largest city of Sioux Falls, South Dakota (population 192,517).\footnote{QuickFacts: Sioux Falls City, South Dakota, U.S. Census Bureau, https://www.census.gov/quickfacts/siouxfallscitysouthdakota, (last visited Mar. 16, 2022) (2020 Census Data).} The potential move was touted as a way to increase student applications, improve faculty recruiting, and provide more hands-on learning opportunities.\footnote{MARK MICKELSON, REPORT TO THE TASK FORCE 18 (Oct. 1, 2017), https://www.usd.edu/-/media/files/about-usd/law-school-task-force/mickelsonlawschooltaskforcereport.ashx?la=en; see}
South Dakota’s law school stayed in its small-town location, there are few other law schools located in rural communities. Similar to midwifery schools, law schools concentrate in urban areas even though there is a significant rural lawyer shortage. Other programs—even those aimed at rural people—face similar pressures: for example, the University of South Dakota announced in 2022 that its Center for Rural Health Improvement would move to the state’s largest city.

In the current environment where urban biases continue to exist, educational institutions will face pressures to move to more urban locations. Institutions can be more productive in larger cities and can have an easier time recruiting workers. While urbanization is a reality of our modern world, educational institutions should consider who wins and who loses when those institutions leave rural areas, taking jobs and hastening brain-drain. While the institutions will be the winners in attracting faculty and students, rural areas will suffer, which is not without consequences because “rural challenges are not just a ‘rural problem’—they are everyone’s problems.” Especially when an institution is focused on rural provision of services, institutions will need to be careful to maintain rural roots. Frontier Nursing was started as a rural organization, and the school was designed to train future rural providers. While Frontier Nursing University continues to claim a focus on rural, it no longer stands out as a unique rural place to obtain higher education in nursing.


149 Pruitt et al., supra note 112, at 120.

150 E-mail from the University of South Dakota to Faculty and Staff (Jan. 6, 2022, 13:07 CST) (on file with author).

151 Pierre-Philippe Combes et al., The Productivity Advantages of Large Cities: Distinguishing Agglomeration from Firm Selection, 80 ECONOMETRICA 2543, 2543 (2012).

152 Kenneth M. Johnson & Daniel T. Lichter, Metropolitan Reclassification and the Urbanization of Rural America, 57 DEMOGRAPHY 1929, 1930 (2020).

153 For a discussion of what rural institutions of higher education mean for their rural communities, see Jonathan Jared Friesen, Between a Rock and a Hard Place: Urbanormativity and Rural Located Private Higher Education (Nov. 12, 2018) (Ph.D. dissertation, University of Kentucky), https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1043&context=sociology_etds. Friesen argues that “rural located higher education is important for rural locales as an employer, as a gathering place, as a source of job skills training, and for economic development.” Id. at 4.

154 Eisenberg, supra note 20, at 251.
Frontier Nursing University made a decision it felt necessary, but one which reflects poorly on the institution’s dedication to serving remotely rural populations and reflects poorly on society’s interest in truly training rural midwives. Actions speak louder than words, and despite repeated promises of a rural-focused education, Frontier Nursing will no longer be providing education in a rural location. Not only are midwives nationwide losing the opportunity to garner an education in a rural setting, Leslie County lost jobs and educational opportunities. Appalachian students should not have to leave for educational opportunities, and departure from rural communities should not be the marker of success.\textsuperscript{155} Sadly, even beyond the loss of jobs and educational opportunities, Leslie County also lost some of its history.

When Frontier Nursing left Leslie County, it donated the original campus to the county,\textsuperscript{156} a praiseworthy decision. But the property was not left intact. Frontier Nursing took one of Leslie County’s prized possessions—a beautiful stained-glass window that sat in the chapel on the hospital campus.\textsuperscript{157} The fifteenth-century stained-glass window depicting Saint Christopher and the Christ Child was a gift to Mary Breckinridge that she “determined...would one day be the focal point of a greatly desired chapel adjacent to the hospital” in Leslie County.\textsuperscript{158} That dream came true and a chapel was built through contributions of the people of Leslie County.\textsuperscript{159} Perhaps the removed stained-glass window is the least of Leslie County’s losses, but it was “more salt in the wound” following Frontier Nursing’s move to Versailles\textsuperscript{160} and demonstrated how out-of-touch Frontier Nursing leadership was with Leslie County locals and their interests.\textsuperscript{161}

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\item \textsuperscript{155} As Steven Stoll articulates, “If meaningful work and a decent occupation exist only elsewhere, then most Appalachians will be abandoned.” STOLL, supra note 20, at 278. See also id. (criticizing the narrative constructed by J.D. Vance that relies on departure from Appalachia to define success).
\item \textsuperscript{156} Bennett, supra note 66; Makres, supra note 66.
\item \textsuperscript{158} WILKIE & MOSELEY, supra note 21, at 173.
\item \textsuperscript{159} Id. at 174.
\item \textsuperscript{160} Estep, supra note 157.
\item \textsuperscript{161} Hoskins Files Lawsuit Against Frontier Nursing University Over Removal of Historic Window at Hyden Chapel, ENTERPRISE (Aug. 28, 2020), https://www.nolangroupmedia.com/manchester_enterprise/hoskins-files-lawsuit-against-frontier-nursing-university-over-removal-of-historic-window-at-hyden-chapel/article_e593866-e939-11ea-8670-1fcf667af5f5.html (quoting Ralph Hoskins of Leslie County as saying that the removal of the stained glass window was because Frontier Nursing “think[s] Eastern Kentucky doesn’t
Any organization that lasts 100 years will change, including Frontier Nursing. Certainly, change occurred when Mary Breckinridge died in 1965, but at that time no one "wanted to see the organization fade away."

Yet recent decisions have allowed Frontier Nursing to fade entirely from Leslie County, the original and purposeful home of the organization. This is particularly difficult to stomach because "[r]oots were important to Mary Breckinridge," and the roots of Frontier Nursing are gone from the hills.

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162 BARTLETT, supra note 21, at 215.

163 COCKERHAM & KEELING, supra note 2, at 15.