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Yale School of Nursing

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HIGHLIGHTS

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Traditionally, this issue of the Yale Nurse launches a new academic year by summarizing the culminating events of the previous year — Commencement, Alumnae/i Weekend, and the annual YSN Alumnae/i Fund. In effect, the Yale Nurse celebrates our past accomplishments as a bridge to the new challenges of the coming year.

I remember when I was in labor transition was the time that things changed both physiologically and psychologically. Things seemed to move at a quicker pace, labor intensified, and the chaos of the moment demanded my full attention as we moved toward the ultimate goal of birth. I was simultaneously reluctant and eager to face the next stage.

As I look toward the next year, I believe we are a School in transition. Much has been happening over the past few years but we are approaching a new point of intensity as we get closer to realizing our goals. Negotiations between Yale New Haven Hospital and the University concerning the Hospital's acquisition of our property are proceeding and will likely be concluded as the Yale Nurse arrives in your homes. If negotiations are favorable it will mean a brand new building for YSN located elsewhere on the Medical Center campus and a much needed replacement bed tower and Children's Hospital for YNHH. I have just completed negotiations with a foundation for the first fully funded, named, endowed professorship to be announced this Fall. We have completed the planning year for the Home Health Care Concentration which was funded by The Baxter Foundation and the first students will be enrolling this Fall. We continue to plan for the development of a gerontology concentration and a doctoral program. And, we will launch a major self-study to evaluate current programs and assist the University in long-range planning for the School — the study should be completed by the end of Fall semester. The Provost and I will use the study to make programmatic and financial plans for the School.

In the midst of all this change we are saying goodbye to some familiar faces even as we welcome new ones. This year several longtime staff retired: Sarah Connolly, our Audio-Visual Coordinator; Louise Roberts, Administrative Secretary, Maternal Newborn Nursing/Nurse Midwifery Program, and Marion Wright, our Housekeeper. Mary Colwell, Assistant to the Dean for Alumnae/i Affairs is also retiring after many years of loving service. Plans for Mary’s replacement are not quite complete as I write this column but I will make a separate announcement as soon as things are finalized. In the meantime, staff in the Student Affairs Office will field your calls and letters and see that your needs are attended to.

An outsider, looking in, might worry that there is too much change going on at YSN. I think the change is healthy. Old friends are moving on for the right reasons, having to do with their own developmental issues. They have all left YSN a better place and, I hope, take the bright spots with them as fond memories. I have been a part of the YSN community for over 20 years — long enough to know that these changes are part of the life cycle of the place. The nice thing about cycles of change is that they are circular — it difficult to say whether a particular change marks the end or the beginning of an era — the interpretation is up to us.

There can be no doubt that things are happening here and that YSN is an active dynamic place where change has become part of the culture, not for the sake of change but for the improvement of nursing. As I enter this year of transition, the fifth and final year of my first term as Dean, I hope I can count on the support of good labor coaches — the alumnae/i, faculty, staff, and students of the School. I think you will agree that the following pages capture and celebrate the spirit of YSN and give us reason to anticipate the future with hope and optimism.

— Judy Krauss
The weather was made-to-order! It was Monday, May 29th and the day had finally come for this year's class to commence — to receive the MSN degree and start new adventures!

Susan Doody, Med-Surg Program, was the YSN Banner Bearer who led her troops onto the Old Campus for the formal University ceremonies. The Yale Golf Course was again the lovely setting for the YSN ceremony and reception for grads and their families.

Dr. Rhetaugh Dumas and Dean Judith Krauss both challenged the graduates to carry on the Yale traditions of leadership and caring in whatever positions they found themselves.

The Annie Goodrich Award was presented by Amy Erter (Med-Surg Nursing), to the faculty person, selected by the student body, who was judged to exemplify the standards of excellence in nursing education set by Annie W. Goodrich.

Sharon Holmberg

"Longtime member of the Yale University School of Nursing faculty – consultant, clinical researcher, lecturer – her clinical dedication to underserved populations has been an inspiration to all who know her. Her practice knows no artificial boundaries, reaching into shelters, churches, halfway houses, wherever patients in the community may need care. Her work has been singularly directed toward improving care for the chronically mentally ill and has been recognized by others through awards for community service.

Today, the student body of the Yale University School of Nursing applauds her outstanding accomplishments as a teacher. Throughout her years at the Yale School of Nursing, she facilitated lively discussion in class, promoted independent thinking of her students, and served as a superior clinical role model. She has inspired her students to pursue research and has instilled in them a commitment to excellence in nursing practice.

It is a distinct honor and privilege to present the 1989 Annie W. Goodrich Award for Excellence in Teaching to Sharon Holmberg, Associate Professor, Psychiatric Mental Health Nursing Program."
Three prizes were awarded to outstanding students:

The recipient of the Milton and Anne Sidney Prize, selected by the faculty, is a graduating student whose thesis best exemplifies the School's commitment to clinical research and its mission to contribute to better health care through systematic study of the nature and effect of nursing practice.

The Charles King, Jr. Prize is awarded to a graduating student who has illustrated outstanding intellectual and clinical progress while at YSN and has demonstrated substantial growth in scholarship and clinical practice.

Julie Dorothy Allen

"She came to the Yale School of Nursing motivated by a desire to pursue a "people oriented" career. She brings to nursing a richness derived from a unique background in the sciences and has consistently sought learning opportunities to augment her knowledge and improve her skills. Adept at translating theory into practice, she is an outstanding student and is already an accomplished nurse.

In her first cardiovascular specialty practicum as a newly minted student nurse, the nursing staff expressed disbelief that she was not a seasoned practitioner. As the result of her performance in her final year practicum, the agency where she was placed is working to create an advanced practice position for her after graduation. This is the ultimate testament to the ability of one so new to nursing!

For someone in nursing only a very short time, she has superior insight and problem-solving abilities. Her warmth, sensitivity, positive attitude, and sense of humor give her a maturity beyond her years and will be valuable assets as her nursing career develops."

The Dorothy W. and Charles King, Jr. Prize is awarded to one of the leading graduating students (selected by both faculty and students) who has demonstrated outstanding performance in scholarship, research and clinical practice and who, through accomplishments in and leadership of all aspects of study, has inspired an admiration for professional work.

Linda Marie DiPalma

"She has never believed she is "just" a nurse. She is a Nurse, capitalized, carrying forward her extraordinary sensibility into public forums where she has made enduring changes. Not only a superior student, she has made superior contributions to the caring community and to legislative and policy making bodies which protect children from abuse.

She has influenced the press to alter the public's conception of what constitutes abuse; and through the press and public testimony called attention to lax attitudes on the part of the judiciary towards victims of child abuse. She was influential in carrying forward the cause of the abused to the Connecticut legislature to increase the sanctions for child molesters.

All of this while fulfilling roles as mother, wife, and full-time graduate student writing a thesis, doing clinical work, and commuting from New London! In all of these efforts, she has been sustained by her family and her professional colleagues; and, in these efforts, has inspired many of us with her high degree of commitment and dedication, her apparently boundless energy, and her sure and secure sense of self. She does it all with enviable equilibrium, good humor, and quite incredible effect!"
The 1989 Alumnae/i Weekend
began in great style on Thursday,
June 8th, at Saybrook College
where (Master) Ann Ameling '67
hosted our alumnae/i for picnic
supper and the evening. Virginia
Henderson and Judy Krauss were
the stars of the program, when
discussions covered a wide range
of topics - from global issues in
health care, to national health insur-
ance in the U.S., to commercial-
ization of health care, to chart-
ing in and ownership of patient
records, and more!!

This 32nd Annual Alumnae/i Col-
lege program was planned by the
Alumnae/i Association Board
members with Nina Adams '77
and Jacqueline Rugg '85 as chair-
people. The theme, "Aging: A
Changing Frontier," proved to be a
very broad and fascinating theme
— and received rave reviews. There
was very little overlapping in the
many topics discussed and one
alum commented that she'd "had
very negative feelings about aging,
but this program had changed her
perspective!"

The Keynote speaker, Maggie
Kuhn, Convener of the Gray Pan-
thers, treated us with a dynamic,
inspirational presentation which
set the tone for the day. The Alum-
nae/i Board decided we must share
her entire discussion with all
alums, so her talk has been tran-
scribed, thanks to Nina Adams '77
and Marilyn Young, and is printed
on the following pages with
Maggie's permission, with very
minor editorial changes.
Keynote Address
Maggie Kuhn, June 9, 1989

It's an honor and a privilege and an absolute delight to be here with you today. An honor to salute what you are doing and the way in which you have accepted the challenge of the past, the present and the future. I think the design of this conference is a symbol of what your mission is and what it continues to do in a world that needs healing and hope. Simone DeBeauvoir wrote in the Coming of Age, "the issues of age challenge the whole society and put the whole society to the test." And I'd like to explore with you this morning some of those challenges for you and for all of us.

But first I must tell you that on my 80th birthday I made a solemn vow to myself that I would try to do something outrageous at least once a week. So if I ask you to rate me this morning - can I give myself an accolade, or at least a Brownie point for outrage? So will you listen carefully and tell me at the end whether I have been outrageous enough?

There are three things that I like about being old. I brag about my age; I am proud of my wrinkles and my gray hair - I worked very hard for them and I’m not going to cover them up. But the first thing that I like about being old is I can speak my mind, and I do, and I’m always surprised at what I can get away with. The second thing is that I’ve outlived much of my opposition and you will, too, in time. And the third element in my life, which is a joy and a humbling experience and something that I find difficult to put into words, is that indescribable pleasure of reaching out to people like you and entering into some communication that advances our common goals and I am deeply grateful to you for this opportunity today.

I think of nursing today, and particularly the Yale School of Nursing and all of its distinguished graduates, as having three very important roles: first there is the nurse-liberator, liberating ourselves and our whole society from the myths of aging and from gerontophobia which is rampant in America. I think of nurses as being advocates not only of patients and patients' rights, but advocates of a new health care system. A holistic system that includes the healing of our environment, the protection of our environment. The environment that includes the air we breathe, the water we drink, the subsoil; and also the environment of a workplace (and lots of places are unhealthy). And I think of the nurse as the ethical counselor raising the ultimate ethical questions of our changing society.

Now we live in the midst of two revolutions that have collided. The demographic revolution where people are living longer than any time in recorded history, living to great age, women being the survivors in that revolution. We don’t know why the males are so fragile but they seem to be. But there is also an aspect of the demographic revolution that we have not faced up to. I look out upon a Caucasian audience, well educated, extraordinarily gifted, and in charge. But part of the demographic revolution is that we are a minority, and we haven't looked at ourselves as a minority. In two of our largest states, in Texas and in California, and in most urban areas the non-whites outnumber the whites more than two to one. And it seems to me in the whole health field, particularly the people who have no access to health care, those are the majority that we have not really taken into account and that some have despised.

The second revolution is the technological revolution. Now in many ways because of the technological revolution we have longevity. Because of medical
technology we have lengthened the lifespan. We have eradicated scourges that once took us by the thousands. But we have not yet tackled AIDS and that is a scourge that we do not yet know how to deal with. There is also, in the technological revolution, a dark side. We have thrown away at least two generations of skilled workers with their historical perspective and their experience in the workplace. And by that waste we have made the young insecure because we have removed from the field mentors who could give them a good start and encouragement and this leads me to the ultimate. What is appropriate technology? I would hope that you would look at your mission statement and think of it in its broad sense, of what you can do in your wise discerning, healing ways to make technology appropriate.

The two revolutions have collided. What do we do? We have to respond.

The demographic revolution with longevity leads me to make a very important challenge to you as the liberators, liberating yourselves, those who come after you, those around you, those whose lives you touch, from the myths of aging. Dr. Robert Butler is a psychiatrist who teaches at the Mt. Sinai School of Medicine in New York and who has established the first chair of Geriatric Medicine, with a great deal of impact. Dr. Butler describes in his book *Why Survive-Growing Old in America*, which I recommend, six myths that are commonly held in America. I think of you as being the eradicators, the liberators of our society from those myths. The first myth is that old age is a disease, a loathsome disease that no one wants to admit you’ve got. It’s like herpes, horrible, so you lie about it. You dye your hair, you get a face lift if you can afford it, and you never admit how old you are, never. A denial of our own history. The second myth is that old age is mindless, senility is inevitable. The counterforce of that is lifelong learning. We have uncounted numbers of older Americans who are getting doctorates and master degrees and flourishing in the classroom, excelling as students. Many of them are going to college when they haven’t finished high school on a space available basis. I’m assuming that this is happening at Yale and in the other institutions of higher learning in the State of Connecticut, one of our enlightened states. And much of so-called senility, we learned in President Carter’s Commission on Mental Health, is due to the fact that many physicians do not know how to diagnose physiological conditions which present different symptomatology in old arteries. And if you can’t diagnose, treat and prevent you’ve got inevitable brain damage, and much of it could be prevented. Senility is not inevitable. The third myth is that old age is sexless. It’s not appropriate; you don’t need it; you don’t want it. A dirty old man. Who wants that? A dirty old woman might! There is the need for intimacy, for love, for affection, tenderness and the challenge is how to achieve it. A loving relationship affirms life, prevents sickness and makes life a triumph till closure. The fourth myth is that old age is useless. And in the technological revolution much of so-called skilled performance is useless, or exported to the third-world. At work experience is not useless. An historical perspective is a treasure in a changing whirling society. It’s a base for survival. The fifth myth is that old age is powerless. And from a physical point of view we are less powerful. I know in my own frail body how much I need a helping hand. What I cannot do that I once did. But that says to me that I am no longer independent and I affirm a new value of interdependence, a new challenge to our humanness that we acknowledge that we need each other. I will never wear a gray power button. The older Americans are not, at least some of
us are not, special interest advocates. "I worked damn hard, I'm gonna get mine." We're tribal elders concerned about the tribe's survival, not our own. And it's that view of our lives that we like to think that the Gray Panthers affirm, in concert with the young. And the six myth is that we're all alike. We're crotchety and cranky and hard to get along with, set in our ways, stuck in the past. And if you want a contrast I say look at Ronnie Reagan and me. There's nothing that we share. I'm older than he is anyway.

So we eradicate the myths. And we also heal our society, and ourselves, of gerontophobia. Gerontophobia is a galloping epidemic. It is loosely defined as a fear of growing old and a fear of old people. And I look to you nurses as the liberators of our society from that horrible, horrible disease. I look to the nurses as advocates. Of course you always have been advocates of the patients, isn't that true? I think of you as advocating a new style of operation for yourselves. You are a team. And I understand that in this distinguished school, and in the School of Nursing of the University of Pennsylvania where I've had some close and living contacts including the contact with Kathy Stevenson, there is the team approach. The nurses, the physicians, the health educators, the nutritionists, the social workers and all the fields that are related because the issues of age impact every generation, every discipline, every field of knowledge and inquiry, and every vocation. It's total. I like to think that in this new age, which is struggling to be born, that there is a new appreciation of the historical view of old age. If there are no right-to-lifers present, and I assume that there are none, I like to observe modestly that the aging process might begin with erection. How about that! I've said this in theological circles and had some lovely responses: from erection to resurrection. How about that! But it is a continuum which begins at the beginning and ends only with
closure. And it’s as we celebrate the continuum of it that we begin to liberate ourselves. And it’s the continuum that we have violated by age segregation. Old folks homes, retirement communities are a violation of the continuum of life. Gerry McKay, President Emeritus of Princeton Seminary entered an old folks home in New Jersey and he called it a playpen for wrinkled babies. They treat us, he said, like wrinkled babies. And retirement communities generate wrinkled babyhood, not responsible elders of the tribe.

I like to think, and this is the hard sell, that you and I and all of us whom we work with have a providential opportunity to change the health care system. We’re going to get a new health care system that is publicly supported out of taxes, general revenues, that is socialized medicine. Now some of you may worry about that, but I have a feeling that if the nurses help to design it and build into the system a monitoring operation, it will keep it from bureaucratic ennui and abuse. And the reason why some of our government functions fall into disarray is because we the people do not watch and bark when the common good is in jeopardy. So I think we can design a new system and there’s a model. The Gray Panthers had, in 1988, 30 hearings in 30 different communities in which we encouraged the people who had a grievance against the health care system to present their claim, to tell their stories, to present their outrageous bills. And all that evidence was taped, and properly recorded, and was evaluated and sifted by a commission. I would hope very much that as a result of our visit here that there might be someone from your Alumnae/i Association who would be interested in serving on that commission. Would you think about it? We would love it. Your input would be extraordinarily helpful. We want to set in place, before the turn of the century, a new health care system, that is delivered by the team. And I like to think, which shows my own
personal bias, that the nurse is at
the hub. I can see that you're
ready for that. And the possibility
of that new system being in place
in a new age reaching out, in a
holistic way, to affirm and make a
reality the fact that health care is a
basic human right for every in-
dividual, not the privileged few
who have benefits. We as Gray
Panthers studied the health care
system for almost two decades and
we have found it to be a failure for
its lack of access, as you know
better than I. Between 38 million
and 40 million, depending on what
study you evaluated, have no ac-
cess. And those people are de-
prived of the basic right to health.
The health system that we devise
and envision is holistic health of
the body, the mind, the spirit, the
healthy workplace, the healthy
supply of water and air, and the
protection of the environment, the
planet that we are stewards of.

I like to think that the nurses
have another very special role –
that of the ethical counselor. There
are many, many very profound
ethical questions raised in the
health delivery system of America
and one of those ethical questions
is what technology is appropriate.
Particularly in terms of the right to
die. I've signed the Living Will and
have encouraged many of my
friends and colleagues to do
likewise. I have consulted my
physician, my attorney and my
pastor about dying, and we all
have agreed that we want no ex-
traordinary means used to prolong
my life when it is clear that it
should end. I want it to be that
way and I'm expecting that when
I'm not able to make that choice
myself, to say stop, pull the plug,
that someone will take the
message from my Will and do it on
my behalf. I want to die when the
time comes. I'd like to be buried in
my backyard, if that were possible,
the way in which we buried my cat
Toby, under the azalea bush and
the azalea bush was never more
beautiful. His remains nourished
the earth. Only our present funeral
practices defeat that. I could go on,
but I think that there are questions
about extraordinary means, about
the cost of all these systems and
technologies that every hospital
has today. The sheer cost!! You've
got to hook people up to those
machines today whether they need
it or not because the debt of that
machine has to be amortized.
Right? So, I think if there's going
to be any integrity in the new
system, the ethical counselor has
to be an essential part of the
design. How much is appropriate?
And for what purpose? What good
will it do? These are very hard and
vexing questions.

I'd like to just wrap up with two
comments. I was making a presen-
tation in Springfield, Illinois at
the invitation of the University of
Illinois. It was a community forum
and there were a lot of questions
from the participating audience.
And after all the questioners had
gone away a child came up to see
me and she said she didn't ask her
question when the others were
asking questions because hers was
a personal question. What was her
question, I asked. "I would like to
know what your favorite television
show was when you were my age."
And I asked her how old she was
... "I'm six," I said we didn't have
television. And she put her hands
over her mouth (I'll never forget
it), Help, "That's awful." "You had
radio?" No, we didn't have radio.
And then I really shocked her. I
said when I was six years old we
did not have a telephone in our
house. It was when I was eight
that we had a telephone and you
pushed a little lever and central
came on the line. So in my 84
years I have seen extraordinary
changes and we need to look at
the changes that are to come. We
don't know what those may be if
we survive. And if we succeed in
cutting the defense budget and
succeed in knocking out Starwars.
Incidentally, if you are worried
about how we can pay for free
medical care for everybody, if we
just omitted Starwars we'd have a
surplus. David Donaldson who
heads our commission, is a health
planner in Cambridge, and he's
done some very careful accounting
of what this system might cost. He
said if we just eliminated what is
budgeted now for Starwars, which
is a big boondoggle anyway you
look at it, we would have money
to pay. It's there only it's in the
wrong pockets.

When I was in Hastings,
Nebraska, three years ago, I arriv-
ed at the time the sandhill cranes
arrived. They come Spring and Fall
to feed on the flat river delta in
western Nebraska. The sandhills
are great big birds with beautiful
plummage. They stand almost five
feet tall. And they were there
when I was there. They didn't
know I was coming and I didn't
know that they were coming, but I
had a wonderful visit. Three things
that I learned from the sandhills
that I find important and I'd like to
share them with you. The first is
that the turbulence that the lead
bird provides in its powerful wings
gets the flock to fly and you're not
a lead bird if you can't deal with
turbulence! Right! Lesson number
one. The second lesson is that
leadership is shared. That no one
lead bird can make the journey to
the Arctic from the subtropics by
him or herself. The leadership is
shared. So right on the flat river
delta they were testing leadership
and periodically there would be
little flocks that would fly up,
come down; they were trying out
leaders. And when they take off
again, they'll darken the skies and
periodically the lead bird will fly
back and another lead bird will fly
forward without coming down –
isn't that exciting? Leadership is
shared. The third thing is I suspect
each of you is a lead bird, but
some of us are also honkers. So
the honkers — honk honk honk
honk honk — the ones who are
urging you on, the ones who are
following you, are the ones who
sustain you and validate what you
are doing and the turbulence that
you are creating. Together we fly.
Three lessons: leadership is con-
ict and turbulence; leadership is
shared; and that all of us have the
responsibility for a disciplined,
combined effort to change and heal
our sick society. Thank you.
A panel, moderated by Terry Fulmer, followed Maggie's talk and covered specific areas in more depth. John Merritt, M.D. spoke about the medical problems of aging, long term treatment and acute care settings, Connecticut Representative Bruce Morrison (sent his paper which was read by an assistant) pointed out the importance of state and national political processes in addressing the needs of the elderly, and Terrie Wetle, Ph.D., discussed the taxonomy of ethical issues relating to aging, alternative approaches to clinical decision making and innovative enhancements for successful aging.

The afternoon and Saturday sessions made possible further discussion on various topics, and there was opportunity for more group participation. A brief summary of the seminars follows.

THE SANDWICH GENERATION

Anne E. Scholhamer, MS: Geriatric Social Work Specialist, Dorothy Adler Geriatric Assessment Center, Yale-New Haven Hospital

Flora Lavery '64 MSN; Administrator, ElderCare Project, Pope John Paul II Center Health Care, Danbury, CT.

This active and interactive session addressed people with a general interest in the topic, people who have encountered these issues in clinical practice and people who are "caught in the proverbial middle."

It is a myth that adult children do not take care of their parents. In fact, children usually, though not exclusively daughters and daughters-in-law, take more intense care for a longer period of time than ever before. The old issue was the empty nest syndrome. Now the problem involves the refilling of the nest. Women have caregiving careers spending approximately 17 years with children and 18 years helping older adults. Demographics reveal that ¾ of the population reaches 65 and

Terry Fulmer

will live, on average, another 17 years. We are entering a society in which there will be many four generation families, children, parents, grandparents and great-grandparents — two on Social Security.

These changes are complicated, as well as joyous. Aging does not just happen to the individual. It happens to the whole family. An 80 year old brings a life of experience and the challenge is to maintain the sense of control of the elderly person for him/her self at the same time that the family substitutes for tasks that he/she is now unable to accomplish.

Although the responsibility for aging individuals is now normative, there are no developmental stages described. Studies concerning family roles in pediatrics give some clues but this is a broad, critical area for research. How do we deal with the change in family dynamics? How do we educate for what is to be expected? How do we address the anger and frustrations? What are the available community resources? And who cares for the caregivers?

PHYSICAL AND PSYCHOLOGICAL ASSESSMENT OF THE ELDERLY

Monteen Lucas, Ph.D., R.N.; Assistant Professor, YSN; Psychiatric Liaison Clinical Nurse Specialist, YNHH

Ronald Miller, M.D., Associate Director, Continuing Care Program; Medical Director, Dorothy Adler Geriatric Assessment Center, YNHH.

The Miller and Lucas presentation was given with and met with enthusiasm. Dr. Miller first addressed and raised questions about the current trends of the health care delivery system for the frail elderly. He indicated that it is the norm rather than the exception that as part of the admission process into the health care system for the frail elderly to be greeted with extensive testing. This testing serves to generate data but does it serve the client? He observed that delivery of care appears to be tied into how services or care is financed and payment received.

The speakers each used a case presentation of a frail elderly person to illustrate the physical and psychological assessment process, respectively.

The frail elderly was defined by Dr. Miller as the medical, physical and psychological decline that threatens one's independence. The elderly present with muti-system problems that require multi-disciplinary assessments and interventions. His case presentation raises issues related to death and dying, interacting with family members, when treatment may contribute to increasing a patient's dependence, relationship with collateral services, communication with multi-disciplinary care givers, and financial support.

Monteen Lucas discussed the psychological assessment of elderly patients in the hospital setting in her capacity as a psychiatric consultation-liaison clinical nurse specialist. Limitations on patients' length of reimbursable hospital stay, the clinician's time, and the amount of time that a very ill, elderly patient can give to a psychiatric interview, makes it necessary to assess difficulties quickly and establish priorities early. Assessments are made of: psychological factors (self esteem, trust); mental status (confusion, dementia), behavior, defense mechanisms, family dynamics, depression. She stressed that it is unacceptable to assume that because someone is old, that it is okay for him or her to be depressed!
ETHNICAL CONSIDERATIONS

Constance Donovan, MSN, RN, FAAN; Cancer Clinical Nurse Specialist, Yale-New Haven Hospital
Joan Dreyfus '82 MSN, RN, CS; Psychiatric Liaison Clinical Nurse Specialist, Masonic Home and Hospital, Wallingford, CT

The speakers initially noted that in light of continuing advancements in science and technology, ethical dilemmas in care of the elderly are increasing in number and complexity. Examples of some of these concerns are: issues of feeding, chemical and mechanical restraints, resuscitation decisions, etc.

The majority of the presentation focused on two areas: controversies in public policy decisions regarding resource allocation for the elderly and ethical difficulties in decision-making about helping and protecting the elderly while respecting their wishes.

Actual case studies which were used to illustrate situations stimulated considerable discussion.

SOCIAL NETWORKS

Phyllis Pallett, MPH, PhD, Assistant Professor, Community Health Nursing, YSN
Vera V. Yordon '51, MN, RN; Nurse Practitioner, Norwalk Department of Health

The distinct but related concepts of social support and social network were defined and discussed by Phyllis Pallett, drawing upon the work of the major theoreticians and researchers in the field (Kahn, Mitchell, Dimond, Weiss, Cobb, Hirsch, Thoits, Tilden, and Wellman). Several projects designed to evaluate the supportiveness of social ties in the elderly were presented to illustrate the use of social network analysis in research. In addition, suggestions were presented for practice using social network analysis in clinical assessment of the elderly. This approach assists in planning interventions to improve the quality of support available to the elderly from existing social ties and, when necessary, to restructure their social networks to enhance supportive ties. Examples of assessment tools, definitions of the concepts discussed, and a bibliography were distributed. For copies of the handout, contact Phyllis Pallett at YSN.

V. V. Yordon, a practitioner working mainly with the older population, said that being loved, wanted and needed is what gives meaning to a person's life, especially the elderly! In assessing social networks the perception of each person involved is often more important than the facts. Illustration was given of a son in Texas who perceives that one well placed phone call to a caring professional in Connecticut will take care of all of Mother's needs. Whereas, the caring health professional in Connecticut believes the same thing about her one well placed phone call to the loving son in Texas. Meanwhile, Mama has her own perception of what is needed! With the problem of perception, methods of assessment were suggested — using indirect questioning as in family medical history, environmental health factors, work history, all the places where a person has lived etc. and noting the responses. The Community Health Nurse can get responses to these questions from family members as well as from the patient.

An extensive list of health, social, financial, emotional, custodial, housing, transportation, legal, etc. services for the elderly who showed the large number of people possibly involved with one individual — each with his or her own perceptions of the situation. Caretakers do struggle with their own perceptions of the needs of the elderly!

SUBSTANCE ABUSE AND THE ELDERLY

Beatrice Burns '79, MSN, RN, Clinical Specialist in the Ambulatory Substance Abuse Program at the VAMC in West Haven, CT
Sandra Talley, MN, RN, CS; Associate Professor, Chair, Psychiatric-Mental Health Nursing Program, YSN, presented talks on some of the more challenging aspects of nursing practice involving elderly clients and alcohol and/or drug use, misuse and abuse.

For many years there has been little focus on substance use, abuse and misuse in the elderly population, but that is changing. Current trends effecting those changes are: the general increase in use of substances, both licit and illicit, and the fact that many addicts, with improved medical attention and education, are living into their later years and; the general increase in prescribing and use of medications and over-the-counter drugs within the aging subpopulation.

Illicit drug abuse by the aged is increasing, as is the prevalence of alcoholism. Nevertheless, elderly addiction still constitutes a small percentage of the overall numbers of abusers and addicts. The more frequently seen problems are related to the overuse, underuse and over-the-counter use of medications. Sandra Talley discussed some of the most commonly misused medications, including antianxiety agents, major tranquilizers and antidepressants. There was much discussion and sharing of clinical situations in which medication misuse was a more confounding problem than the disease process it was prescribed to treat.

Use of alcohol, on the other hand, is something clinicians see with regularity in their elderly clients, whether institutional or community settings. Available resources (or lack thereof) present ongoing dilemmas for nurses and other healthcare professionals. Beatrice Burns discussed some of the symptoms and psychosocial outcomes of alcohol abuse and presented some of her clinical work at the West Haven VAMC, where she has run a program for elderly alcoholics for the past five years.
ELDER ABUSE
Terry Fulmer, PhD, RN; Research Scientist, Gerontology Nurse Clinical Specialist, YSN

Terry Fulmer described common theories of elder abuse, and discussed the signs and symptoms of this at-risk population. She also identified the necessary steps to be taken by the care-giver when abuse is suspected. She was able to illustrate with data from her research on the problem of neglect.

ALTERNATIVES TO INPATIENT EVALUATION AND CARE FOR OLDER ADULTS
Maureen Matthews, '82, MSN, RN, CS, Director Older Adult Program, Sterling Institute, Stamford, CT

Ms. Matthews opened this workshop by saying that hospitalization, especially for the older adult, poses significant risks; for example, bedrest alone can kill. Matthews then proceeded to discuss alternatives to hospitalization and early interventions that can be attempted in order to avoid a hospital experience. The two institutions commonly involved with the older adult are nursing homes and hospitals. It is important to look at the implications of and prevention of the move or transfer of the older adult from a nursing home to a hospital.

Assessment involves looking at multiple systems. Problems are not purely physiologic nor purely psychiatric, but a combination of many factors.

Using the “insufficiency theory,” she discussed assessment and early intervention of many systems which become compromised as a result of the aging process. The physiological areas most often compromised are the brain, lungs, heart, and bones.

Matthews also addressed these areas: psychiatric — she explained that depression is one of the most undertreated problems in older adults, especially following a stroke. The brain event of the stroke itself contributes to the depression. She related that anti-depressants are helpful.

Dementia — she stressed that dementia is not a disease, but a symptom complex with many causes. Some causes of dementia are reversible, for example, thyroid dysfunction, a pace maker set too low, low blood glucose.

She noted that one may be able to treat various symptoms such as a lack of motivation, withdrawal, and increased confusion thereby averting a hospitalization. It is important to look at many areas, remembering medical/surgical nursing in conjunction with psychiatric nursing.

Medication metabolism requires careful prescription and evaluation. The normal aging process on the liver and kidneys effects release of medications from the body. It is necessary to look for signs of medication misuse as well as interaction of medications.

Family/Social Insufficiency may involve isolation as neighborhoods change over time. The family dynamics assessment needs to include evaluation of possible stressors that the needs of the older adult may place on younger family members. Caring for an older adult may be fatiguing. There can also exist a compromised ability of the older adult to relate to family members and friends.

When words no longer have meaning, she suggested listening to familiar songs and reviewing photographs. The health care system itself may be insufficient in its communication among medical personnel as a result of “turf” issues. Team approach among clinicians is helpful in handling multiple demands seeing the whole picture, and for avoiding burnout.

Economic insufficiency — finances need to be addressed directly as poor finances may cause or contribute to physical/psychiatric illness or stress. A financial planner may be helpful.

Spiritual needs and preferences may be discussed keeping in mind the interplay between faith and aging and how God is viewed during different stages of one’s life.

Alternative treatment models are adult day care, outpatient geriatric physical assessment programs and outpatient psychotherapy alone or in combination with medication and a day program.

One may be able to avoid hospitalization with early recognition of signs and symptoms promoting non emergency assessment and thoughtful interventions.

THE MIDDLE YEARS
Jane K. Dixon, PhD, Associate Professor; Chair, Research Program, YSN and John Dixon, PhD, Associate Research Scientist

This presentation reviewed aspects of the Middle Years Study of YSN alumnae/i concerning relationships between social ties, fulfillment and health in midlife. This study is supported by Behavioral and Social Research Program, National Institute of Aging (RO1 AG 06150). A written report to the alumnae/i on general study results, particularly as related to physical illness development, appeared in the Yale Nurse, March, 1989.

The Alumnae/i Day presentation provided an additional overview of the study, and extended the previous report in several ways. Most problematic aspects of conflicts between aspects of life were identified — for example, conflicts between child-rearing responsibilities and demands of career. Major on the job frustrations for this alumnae/i group (Classes 1941-1965) were issues of relationships with physicians, as well as with other nurses, particularly those who were not university educated. An additional line of analysis explored pathways by which diverse styles of thinking (conventional versus integrative) related to the experience of such conflicts, and how these conflicts were manifested in one’s overall sense of life’s goodness. This analysis leads to the conclusion that there are stress-impervious and stress-sensitive ways of think-
Alumnae/i Weekend (cont.)

ing which may have effects throughout life. In the discussion which followed the formal presentation, members of the audience suggested clinical and research implications of this finding.

Always a highlight of a reunion weekend is the Alumnae/i Banquet held on Friday evening — (the rain didn't really matter) Alumnae who returned for their 50th and 55th reunions were introduced and presented corsages — a very impressive and inspiring gathering! Following dinner a spokesperson for each of the reuniting classes present gave a brief report, the previous recipients of the Distinguished Alumna Awards were introduced, and then four new recipients were honored.

FLORA VIGLIOTTI LAVERY

"The health of the public has been her consuming passion. As clinician, teacher, researcher, student of epidemiology, advocate and shaper of policy, she keeps the issues of access to care and quality of care in front of the public, legislators and even the courts. The targets of her precisely aimed concentration have ranged from people being admitted to the hospital, to children in a state facility, to impaired nurses, and especially to the elderly. Her special gift is to see ways to make health and health care issues part of the public process, and her service on boards and committees — on top of her professional and family commitments — carves a unique role and model for women, nurses, and all who would be community citizens. Her gregarious generosity, cheer, warmth, humility, and energy glow to all who see the possibilities in human service. Honored by her City and State, she comes home to her Alma Mater to give us the pleasure of giving a Distinguished Alumna Award to Flora Vigliotti Lavery, Class of 1964."

ANTOINETTE V. B. TYNDALL

"She epitomizes for her patients, colleagues, and students both the essence and embellishments of the clinical nurse specialist role. "High tech — high touch" takes on new meaning in her working environment, the electrophysiology lab, a potentially frightening and dehumanizing place in which she practices with care and competence. Her practice exemplifies not only superb and unquestioned expertise, recognized nationally by nursing and medical colleagues, but a vigilant commitment to the belief that only holistic patient care is quality care. Deeply aware of the responsibility encumbent upon the expert to develop and disseminate knowledge, she has integrated practice and research and has published and presented her findings widely. She has authored the standard reference on nursing care of patients with lethal arrhythmias, and has transmitted her vision of advanced practice nursing to the outstanding YSN graduates she has preected. It is with a sense of pride and privilege that the Yale School of Nursing and its Alumnae/i Association acknowledge the achievements of Antoinette V. B. Tyndall, Class of 1979, with this Distinguished Alumna Award."

PATRICIA D. BARRY

"Award winning author, scholar, and practicing nurse specialist. Her ability to integrate and synthesize perspectives that are applicable and useful to nursing practice is the hallmark of her career in nursing. She has expressed in her practice and written work what so many nurses mean when they speak of intuitive knowing. Drawing on her background in nursing and women's psychological development she has revealed the mysterious gift of intuition to be learned skills, acquired and developed through expert nursing practice and experience in reading human behavior. Her career has been a model of bridge building. From her diploma school background in Vermont, to a BSN in nursing education, to her MSN in psychiatric liaison nursing from YSN, and on to her studies in psychoneuroendocrinology, she has mastered and linked the knowledge from various disciplines to bring new dimensions to the shape of nursing practice. The Yale School of Nursing and its Alumnae/i Association are proud to honor their sister, Patricia D. Barry, Class of 1979, by conferring on her the Distinguished Alumna Award."

MADELM VISINTAINER BARONOSKI

"Teacher, scientist, mentor, wife, mother — but, above all, nurse. She has created new maps to guide our practice over the roads of vulnerability, coping, and care. A beacon for nurses and patients alike, we have all been illuminated by the light of her wit and wisdom, experiential knowledge, clinical skill, and clinical research. Whether it be preparing children for surgery, examining post-traumatic stress syndrome from a new perspective, or charting the maps of care, her insights flow, as if by accident, from a finely honed mind which is centered on practice and grounded in the disciplines of nursing and psychology. Her work has erased the boundaries between knowing and caring. A prized spokesman for nursing, she has the rare capacity to leave her audiences renewed, refreshed, and reassured that nursing has a rightful and respected place in any health care system. Twice honored by her alma mater, as student and as teacher, we are proud to offer her the Triple Crown. It is with pleasure that the Yale School of Nursing and her Alumnae/i Association confer their highest honor on Made1on Visintainer Baronoski, Class of 1974, the Distinguished Alumna Award."

The minutes of the Annual Meeting of the Alumnae/i Association, which was held on Saturday morning, are enclosed. (A treasurer's statement will be included in the next issue of the Yale Nurse.)

Two other VERY important and informative presentations were made on Friday mid-day — "State of the School" by Dean Judy Krauss and "State of the Hospital" by Vice President for Nursing at Yale New Haven Hospital, Patricia Gibbons. Their talks gave each of us a sense of pride, of confidence, and of belonging. Tapes of these may be ordered from the Alumnae/i Office ($5).
Distinguished Alumnae (l-r) Flora Lavery '64, Antoinette Tyndall '79, Patricia Barry '79, Madelon V. Baranoski '74

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YALE NURSE EDITOR

Volunteer Effort – 3 issues/year
Must solicit and organize articles
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The new
YSN
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should be in the mail
November 1989

There we are!!
MINUTES OF ANNUAL MEETING
YUSNAA
JUNE 10, 1989

The annual meeting of the Yale University School of Nursing Alumnae/i Association was called to order by President Beatrice Burns '79.

Minutes of this meeting will be approved by the Board and published in the next issue of the Yale Nurse. Also, a treasurer’s report at the completion of our fiscal year will be included in the Yale Nurse.

A round of thanks was expressed to “Boots” Day ‘52 for her help in the Alumnae/i Office with arrangements and plans for this Alumnae/i Weekend, to V.V. Yordon ‘51 who has contributed greatly to the planning of this weekend – she’s been a valuable and loyal volunteer attending Board Meetings this year, and also to Noel Mateo ‘89 (PNP) who has been taking our pictures these three days.

All who requested Continuing Education certificates could pick them up at the end of the morning. Jacqueline Rugg ’85, Chm of the Nominating Committee read the names of the officers and board members for 1989-1990:

President           Marvel Davis '70
                      '89-91
Vice President       Mary Bast ’85
                      '89-91
Secretary            Karina Courtmanche ’88
                      '89-91
Treasurer            Kimberly Weigel ’86
                      '88-90
Directors            Nina Adams ’77
                      '88-90
                      Ruth DeLoach ’82
                      '88-90
                      Joan Dreyfus ’82
                      '89-91
                      Olympia Gregory ’85
                      '89-91
                      Jacqueline Rugg ’85
                      '89-91

Nominating Committee
                      Elizabeth Selvaggio Johnson ’79
                      '89-90
                      Gretchen Mosman ’77
                      Vera Venable Yordon ’51

Special thanks were extended to out-going Board Members:

Kristin Hale ’85, Elizabeth Yuengert ’86, Judy Tierney ‘79, and to President Bea Burns, who has been on this Board for the past 5 years!!

AYA representative, Betty Ann Countryman ’44, explained that the AYA Assemblies are an opportunity for alumni of the entire University to come together, to discuss and learn about various facets of the University through very well planned, fascinating and exciting weekends – twice a year, in October and April. The delegates report to their constituencies. Some do communicate with each other between Assemblies concerning matters of mutual concern. YSN is proud that Saundra Bialos ’71 has been the President of the Board of Governors of AYA this past year, and that Dottie Needham ’74 was elected to the Board last year. In October of 1989 there will be a combined meeting of both the AYA Assembly and the Alumni Fund Convocation – the focus of the weekend will be on Health Professions, and Judy Krauss has already become involved in those plans. Betty Ann’s enthusiasm for being one of YSN’s three representatives is great and she urged alums to think about volunteering to make a 3-year commitment like this – it’s a service both to the school and yourself!
Victoria Wirth '76 has been appointed the next AYA rep. for YSN replacing Lois Crum '56 whose term is over. Andree deLisser is our third rep.

Mary Jane Kennedy '68, Chair of YSN Alumnae/i Fund, reported with great excitement, that YSN has exceeded the goal for this year — raising $156,104, and that 49% of YSN alums have contributed — the highest percent of participation of all Yale graduate schools! She expressed thanks to all who have participated, to all agents for their “ground-work” and persistence. She's met with 15 class agents this alumnae/i day!

Special tribute made to the Class of 1939 — every member contributed to the Fund this year — 100% participation!!

Catherine Forrest '71, Chair of the Bequest and Endowment Committee of the Fund, reported that the 1989 Reunion Scholarship Fund to which reunion class members give additional gifts, has passed the $50,000 needed to endow a scholarship!! At the time of this meeting it had reached $52,000.

Catherine explained that over these five years, alumnae/i will be asked to contribute to a Reunion Scholarship Fund only once — on the year of their reunion. Additional contributions can be made to this fund — even though the actual year may have passed. Pamela Driscoll '81 will chair this committee for 1989-1990 while Cathy Forrest is away.

Elizabeth “Boots” Day ’51
Mary Colwell ’50
recorders

from MARY COLWELL ’50,
Assistant to the Dean for Alumnae/i Affairs

Greetings to all Alums!

I was treated on Friday of Alumnae/i Weekend to a day full of wonderful surprises (flowers, decorated cakes, a Yale Chair, and many warm good wishes) acknowledging my long term of duty working with Alumnae/i Affairs! I’ve been here for 19 years, and this has become a very important part of my life! The School has grown in size — developed and strengthened and broadened in scope of study — and the work in this Office has had to grow, too! It’s an exciting time to be here at YSN; it’s an exciting time in nursing!

And I can assure you that our School is in VERY GOOD HANDS!! We have a smart, tough administrator in our Dean, Judy Krauss, who is also a very gracious lady; there are super people on the faculty; the staff is dedicated and congenial; and the students are motivated and determined!! I’ve really been blessed to be a part of this company!

You can feel sure that your attentions and support of the Dean and YSN are appreciated and will continue to be needed as they “climb every mountain —”

I thank you all for being the reason I could be connected here this way, and even though I’ll not be in the office, I’ll remain in close touch somehow — because I need to be!!
Class News

1931 — Eleanor Copley has moved to San Diego to live with her daughter, Peggy Holl, at 6887 Bonnie View Dr.

1935 — Agnes Bowe recently shared an article about her receiving the Memphis Heritage Kay B. Newman Award in 1987 for her leadership, dedication and commitment as a volunteer in preservation of neighborhood and quality of life in Evergreen, TN, where she has lived since she retired.

1935 — Gwynne Hill (formerly known as Edna Hutchinson) is the author of a fascinating new book, A Path of Many Windings, in which she “untangles the threads of my life’s tapestry.” In the book she includes the period of her three years at YSN and details her exciting years as Dean of the School of Nursing at the Yale-China Hospital in Changsha, China. (Published by QED Press, June 1989) (to order see page 19)

1948 — Betsy Barber Sanderson retired in April from her job as executive operating officer of Monmouth Medical Center, Long Beach, CA. Her staff and co-workers describe “her calm compassionate and confident leadership as a role model for them – a credit to the profession of nursing.” Betsy says, “see what Yale’s preparation did for one grad. . .”

1965 — Roberta Spurgeon, Attorney at Law, has opened her own office in Cleveland!

1972 — Charlotte Houde was married in May to William Quimby.

1976 — Barbara Dalton completed Law School at Pace Univ. Will be employed as nurse attorney in NYC doing medical malpractice defense.

1977 — Judy Burkholder is Clinical Program Director for Ambulatory Services at Presbyterian Hospital, Pittsburgh.

1979 — Liz Selvaggio Johnson finished her doctorate in Psychology in January 1989 from Pace University.

1980 — Leona Mardenbro Leven was married in 1989.


1981 — Ann Williams earned her EdD at Teachers College. Her research was on Women and AIDS. She begins teaching at Univ. of California School of Nursing in Fall of 1989.

1983 — Susan Peyton and 2 sons will accompany husband while he’s on sabbatical year in London – 9/89 - 7/90.

1985 — Karen Herold-Fahey is working in a pharmaceutical company in Germany as a research associate for psychiatry projects. She travels all over Europe helping to plan, organize and monitor clinical trials of new drugs in psychiatry.

1982 — Tish Knopf was honored in the spring by the American Cancer Society for her work with cancer patients. She is head nurse in the medical oncology clinic at Yale Univ. Comprehensive Cancer Center.

1982 — Beth Boyarsky is working at CMHC as Coordinator of the Obsessive-Compulsive Disorder Clinic.

1984 — Sylvia Metzler has been working at Project Salud – a clinic for migrant farm workers and their families in Kennett Square, PA. In September she leaves for two years service in Central America – probably Nicaragua – with the Brethren Volunteer Service doing public health and general health care.

1984 — Isabella Clemente is Coordinator of the Lead Poisoning Program at Montefiore Hospital in the Bronx.

1984 — Anne O’Rourke Cloutier is CNS in the psychosocial oncology department at Roger Williams Hospital in Providence, RI.

1985 — Linda Olney Allan was recently married.

1986 — Catherine Mark was married to Charles Burdge on April 29th. They are to live in New Haven.

1986 — Janis Ryan started new job as PNP in Neuro-oncology at Children’s Hospital in Philadelphia.

IN MEMORIAM

Elizabeth Howland Andrews ’32 died 1989
Mabel Beekman Fritts ’33 died August 1988
Virginia Raymond Lothrop ’35 died January 1989
Lema Fullerton Schmidt ex’35 died October 1988
Madeline Charkin Schwaid ’41 died January 1989
Nina Purinton Newhart ’42
Marion Fritz Winchester ’44 died June 1988
Jean W. Dooley ’45W died March 1989
Betty Lohman Black ’46 died March 1989
Josephine Borland Elder ’46 died February 1989
Jane Jacob ’49 died May 1989
Ann Barnard Wilson ’51 died 1989
Margaret Scherer ’55 died May 1989
Anne Lyon Donabedian ’73 died November 1988
Lucy Moriarty ’83 died July 1989
**Faculty Notes**

Gail D'Eramo, Ed.D. R.N., Assistant Professor, Med-Surg Program, presented two papers, of which she was a co-author, at the American Diabetes Association Annual Meeting and Scientific Sessions in June '89: “Nutrition Education for Obesity in Primary Care Clinics” and “Screening for Diabetic Complications in Primary Care Clinics.” She also presented “Diabetes in the Elderly” at the Combined Healthcare Course of the Clinical Society of the NY Diabetes Assoc. and the ADA in May.

Terry Fulmer, Ph.D., R.N., presented a Poster Session on The Geriatric Resource Nurse Program at Yale New Haven Hospital during the Annual American Organization of Nurse Executives Meeting in New Orleans in May.

Walter Zawalich, Ph.D., Research Scientist and Lecturer, has received a 5-year grant from NIH to study insulin secretion.

**Student Notes**

Congratulations to Deborah Price, a Community Health student, class of 1990, and Ensign in U.S. Navy, has received a PHS Achievement Medal for the “noteworthy accomplishment in the performance of duty, for outstanding contribution to the Commissioned Officer Student and Training Extern Program (COSTEP) assignment related project.” Her experience project assignment was at Fort Defiance, AZ where her study involved “An Evaluation of Well Child Care at Fort Defiance Indian Hospital.”

You may have known her when she was Edna Hutchinson (Yale School of Nursing, 1935; Dean, School of Nursing, Yale China Association in Changsha, Hunan), an idealistic nurse in a war-torn country...

You may have known her when she was Gwynne Peticolas, a potter and ceramics teacher trying to raise two adopted children by herself...

Now she’s known as Gwynne Hill, an accomplished artist living on the rugged Mendocino coast, and she’s the author of a fascinating new book that will challenge and delight you!

Please send me ______ copies of
*A Path of Many Windings* by Gwynne Hill. I am enclosing $10.95 plus $1.50 shipping/handling per copy. (Calif. residents please add 6.6% sales tax per book.)

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