

SOUTHERN HIGHLANDS RESEARCH CENTER

The University of North Carolina at Asheville

Interview with Dr. Thomas Howald July 7, 1977  
Frontier Nursing Service, Leslie County, Kentucky  
(Medical Care) Interviewed by Dr. Louis Silveri

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Side 1,

Dr. Louis Silveri: You told me before that you were from Cincinnati. Born and raised?

Dr. Thomas Howald: I'm originally from Cleveland; I went to school in Cincinnati.

Dr. Silveri: Oh, I see. Did you go to the medical school *there?*

Dr. Howald: Went to the medical school there and---

Dr. Silveri: Where did you get your undergraduate training?

Dr. Howald: John Carroll University in Cleveland.

Dr. Silveri: Oh, yes. What year?

Dr. Howald: I graduated from Carroll in '65, and from Cincinnati in '69.

Dr. Silveri: Did you have any courses with George Perfect at John Carroll University in the History Department?

Dr. Howald: Never did. I knew who he was, but I never had any courses with him.

Dr. Silveri: He was a colleague of mine in Georgetown a long time ago.

Dr. Howald: Oh!

Dr. Silveri: He has a very interesting story, but that's another story there. Ok, you went down to where in Cincinnati?

Dr. Howald: I went to the University of Cincinnati to Medical School.

Dr. Silveri: Ok, and you were there for four years.

Dr. Howald: Yeah.

Dr. Silveri: Where did you do your internship?

Dr. Howald: Cincinnati General Hospital.

Dr. Silveri: Ok, then what?

Dr. Howald: While I was in Cincinnati in between my sophomore and my-- I guess it was my sophomore year in medical school, I became involved with a group of young people who worked in the "basin" area in Cincinnati.

Dr. Silveri: "Basin" area?

Dr. Howald: Which is the old part of town, the inner city ghetto-type neighborhood in Cincinnati, and the "basin" area in Cincinnati is populated primarily by Appalachian-whites that have moved to the city in search of better jobs and things. And the people that ended up in the "basin" were the ones that either had come to the city and never made it -- never got the jobs and never got out of the "basin", or it was made up of those people who had just come up from the mountains and were in the process of trying to get from there out into other jobs and out into the community.

Dr. Howald: (continued) And there was a fellow there by the name of Ernie Mynette who was originally from Harlan County, and worked for the Council of Southern Mountains as a social worker. His official title was Detached Social Worker. He worked with the kids in the "basin" when they got into trouble, had problems. Ernie Mynette was sort of a liaison person that went to bat for these kids in the court system and with the police, in social services and things in Cincinnati. And it was *through* my work with Ernie Mynette and the others in the "basin" in Cincinnati that I decided working with people from the mountains.

In my senior year, the medical school had a program whereby you could take up to two months and do whatever you wanted as long as it was under the supervision of some other physician. And I wanted to do it in general practice because this was my primary area of interest, and I decided I would do it in a rural area. And because of my association with Ernie Mynette and the people from the Council of Southern Mountains, and the fact that Frontier Nursing Service had always traditionally sent their sick kids to Cincinnati General Hospital, I ended up at the Frontier Nursing Service Hospital for a total--it started out to be a---July, August, September. It started out to be a three-month program for me the way I had worked it out with vacation time plus the elective time. And I ended up spending four months as a medical student in my senior year.

Dr. Silveri: What year are we talking about?

Dr. Howald: In 1968.

Silveri: And you wrote the hospital and told them about the program, and they asked you to come?

Dr. Howald: I had made arrangements with Dr. Chu over in Clay County to work with him, and then I asked the head of the Pediatrics Department if he would be willing to sponsor my time with Dr. Chu in Oneida, Kentucky. And he said that since he didn't know Dr. Chu he couldn't sponsor the time that I would spend with him since Dr. Chu didn't have an affiliation with the University. But he knew of the Frontier Nursing Service, and knew the physician that was there at the time, and because of the fact he had even spent time there himself and had worked with Frontier Nursing Service, he would be willing to sponsor any time I wanted to spend with them. And then I wrote to Browning, and made arrangements for me to spend July, August, and September of my senior year in medical school there. And I actually spent July, August, September, October, and part of December in my senior year in '68 with the Frontier Nursing Service.

Silveri: (inaudible)... Mary Breckenridge still alive then? Did you meet--

Dr. Howald: No, I never met Mrs. Breckenridge; she was alive when my wife was there. But she had died one or two years before.

Dr. Silveri: What work did you do in those months?

Dr. Howald: At that time, I essentially functioned as a junior intern. When I would see patients in the hospital, I had my own little office "space". We didn't have any offices. I had my own little space where I would see patients, and then in the evening when Dr. Weiss would leave the hospital and go home, even though she was a hundred yards away from the hospital, I would be essentially the only one there with the nurses seeing patients, and if somebody would come in that was sick, needed to be hospitalized, had a fracture; if it was something that I could do, I would do it myself. If I had any problems, I would call Dr. Weiss, and got alot of experience and training working with Dr. Weiss in those months in '68 because she--

Dr. Silveri: [inaudible] It was a woman doctor?

Dr. Howald: It was a woman doctor. She was a former nun and missionary who had spent ten years in India, and was a general surgeon and who could do just about anything as far as surgery, or orthopedics, obstetrics, and she was a good teacher. I learned alot from the woman in the time I was there.

Silveri: Did she spend much time there? Is she still around?

Dr. Howald: She's in Pikeville in practice now.

Silveri: Well, you said you had to work with people from eastern Kentucky who had gone on to Cincinnati, so you pretty well had some contact with them. What is your reaction to them? Are they any different from anybody else?

Howald: I never noticed any. The lifestyle may be different to a degree, but, you know, we never considered them as being different, hillbillies, or anything of that type in that sense of the word.

Silveri: You mentioned they lived in a kind of enclave, you could call it a ghetto in Cincinnati, in that they were either on their way up on the economic ladder or hadn't made it, and were there and didn't know whether they should stay there or go back home or whatever. But they definitely had difficulties when they did go outside of the region. There's an old story that on Friday afternoon or evening you can watch the parade of cars going down into the state in Cincinnati back into eastern Tennessee.

Howald: On a Friday evening you can't cross the bridge in Cincinnati for all the traffic going home. It's just bumper to bumper until you get to Lexington, and by the time you get to Lexington, you've gone past the Mountain Parkway, and you've funneled some cars off in that direction, and then on down below Lexington, you put them on the Daniel Boone Parkway. But the number of Ohio license plates that you see on Friday evening on the roads, and the number you used to see in Hyden on Saturday morning was considerable.

Silveri: They had a strong sense of place that they wanted to come back to their home.

Howald: No matter where they lived, Kentucky was always still home!

Silveri: What did you do when you finished those few months at the *FNS*?

You went back and finished your medical--?

Howald: Well, I married a Frontier Nursing Service nurse.

Silveri: Before you went back?

Howald: Before I went back and finished my senior year; yeah. And then we went back to Cincinnati, and I interned at Cincinnati General, and then I went back to work in the "basin" in the Twelfth Street Family Health Care Center which was the Cincinnati Health Department Clinic set up to service that particular area in Cincinnati. Since I had worked there and knew everybody there in that area, I sort of felt a need or an obligation to spend a little more time with the people in that area. My wife and I worked together at the Twelfth Street Clinic from July of '71 I guess, until March of '72. It's either--no, it's from July of '70, excuse me. From July of '70 to spring of '71 at the Twelfth Street Clinic, and then we left there and went to Frontier Nursing Service.

Silveri: It was a clinic in 1970, and the clinic was conducted by the city?

Howald: It was a city-run, a city-sponsored clinic.

Silveri: What made you decide to go back then, to that... [inaudible]?

Howald: I guess it was basically a strong desire on my part to go back to doing general practice, a more broader general practice, and also a very strong desire to go back to the hills of eastern Kentucky after, you know--Based on the experience I'd had there previously as a medical student, I just felt, you know, very strong <sup>urge</sup> to go back into that area.

Silveri: That's very unusual to say the least! The area doesn't attract many physicians. Why not set up a nice, lucrative practice in Cincinnati instead of going to eastern Kentucky?

Howald: I don't know. Why did we go there in the first place? I--you know--it was something that we found satisfaction in doing. I don't think either one of us ever started out, you know, intent on making a lot of money in any one particular thing. I got a lot of satisfaction out of what I was doing in eastern Kentucky as a medical student, and I felt that it was an area where there was really a definite need for physicians. And I guess it was something in my blood that I had, you know, that I had to get out of it. That was basically what it was. It was just something that I had to do.

Silveri: When you went back there, what were your duties there?

Howald: Everything!

Silveri: Everything. Your--

Howald: At the time that I went back, Rogers Beasley was still there, and Ann Watson was there as a physician, also. Ann Watson was retired from practice in New Hampshire and had joined the Frontier Nursing Service staff primarily to teach. She did not want to do any clinical medicine; she didn't want to have to see patients, take care of patients, and things of that sort. She'd been in practice for thirty years, and was--she had bad arthritis, and she just couldn't. So she was tired, and she wanted to rest, and she wanted

Howald: (continued) to teach. So she'd come with the Frontier Nursing Service to teach in their nurse practitioner program in the Nurse Midwifery Program, and so most of the clinical load I shared with Dr. Beasley, and then Dr. Beasley left Frontier Nursing Service to go back to New York to do some further training and take over as the head of the Family Planning Program at NYU down-state, I guess.

And so that left most of the clinical load with me, and I saw all of the patients in the patients in the general medical and pediatrics clinic. I provided the backup for the nurses and the midwives on OB and in the OB clinics. I provided the backup for the psychiatric nurse who worked out of the mental health clinic in town, made weekly rounds to all of the nursing outposts and held clinics at the outposts, and was responsible for all of the patient care in the hospital which worked out to some--I saw the figures the other day. Going through my files, I came across a sheet of paper. I think it was something like four hundred and sixty or four hundred and seventy patients that I had had in the hospital in one quarter which represents twelve or thirteen hundred people a year in the hospital that I used to take care of in addition to the ones I would see either in the hospital clinicary in the outpost's clinics.

Silveri: I suppose you were on call anytime in emergencies.

Howald: Twenty-four hours a day, seven days a week! Dr. Watson used to take every other weekend which meant from five o'clock Saturday night until eight o'clock Monday morning that she would cover and see patients for me. But often times if she'd have a problem patient and she knew I was home--when you lived in Hyden, you didn't have too many places to go on weekends. And if she had a problem patient, it wouldn't be unusual for me to be up there even on my weekend off. If she'd got multiple gunshot wounds or if she had somebody that needed to have surgery, it wasn't something <sup>that</sup> she couldn't do herself, and so I'd have to assist, you know, and things of that sort.

Silveri: It was really total commitment, wasn't it?

Howald: It really was! I learned an awful lot of medicine; I practiced an awful lot of medicine. I would never want to practice that kind of medicine again because there was a lot of times <sup>you</sup> did a lot of things. You were flying by the seat of your pants, and what you read in the book, and you know a couple of prayers, too. Because you didn't have anybody else around, the nearest major medical center was Lexington, and any of the kids that got sick had to go to Cincinnati.

Fortunately, we had a very good relationship with the University of Kentucky, and they sent people from their medical school down on weekends to lecture to our nurses, and if I knew that Tom Newsome a Gastro-neurologist who was going to be coming on one particular Saturday, I would save all of my

Howald: (continued) problem patients with abdominal problems, liver problems, liver disease, and things of that sort until Tom Newsome would come down. And then I'd have him see these patients with me with the nurse practitioner students.

And if it was a pediatrician that was coming that was a specialist in one particular field, I would wait until that one came down and present him with our problem patients, and the fact that we'd always had this close relationship with Cincinnati, whenever I had any sick kids, I could always pick up the telephone and call somebody in Cincinnati. I had trained there, so I knew them all, and get whoever I needed. I probably had <sup>better</sup> access to some of the sub-specialists in Cincinnati than a lot of the Cincinnati doctors, and I could get them on the phone at two o'clock in the morning and tell them what my problem was, explain the situation to them, and then go from there based on whatever advice they might give me as far as treatment of the patient.

Silveri: Oh. Now of course Frontier Nursing Service Hospital--I know your wife said there was about twenty-seven beds in it when she came. You obviously had limited facilities which discouraged the latest in medical technology, right?

Howald: Very limited. The first defibrillator and the first monitor that we got at the Hyden Hospital was one that a friend of mine gave me shortly after I went to Hyden and left Cincinnati. And it was equipment that had been thrown away or thrown out when they remodeled the coronary care unit at Good Samaritan Hospital, and the equipment had been in the Physiology Lab at the medical school. That's where I got Hyden Hospital's first defibrillator and first monitor.

Silveri: Where was the nearest hospital that had more complete facilities than your hospital?

Howald: Harlan was forty miles away, and they had a surgeon at Harlan, but they really didn't have anything in the way of a true intensive care unit, coronary care unit, and things of that sort. The nearest real Coronary Care Unit-Intensive Care Unit was in Lexington. And if you had a problem pediatric patient, really sick babies went all the way to Cincinnati, and that was two hundred and ten miles.

Silveri: Lexington was how far?

Howald: Lexington was one hundred and thirty.

Silveri: Was that Hazard Hospital a United Mine Worker's Hospital?

Howald: Hazard and Harlan Hospitals had been UMW Hospitals, but they were part of the Appalachian Regional Chain.

Silveri: Were you there when they completed the new hospital at Hyden <sup>(inaudible)</sup>?

Howald: Was there to see the ground broken for the new hospital, watched the new hospital rise to the point of having the walls plastered, and we left in June, and they moved into the hospital in September. So I never did see the new hospital, never practiced in the new hospital.

Silveri: Approximately how much larger is it than the old one?

Howald: Bed wise, it's not that much bigger. It's only a forty-bed hospital compared to the twenty eight to thirty beds we had in the old hospital. But floorspace wise, it's probably ten times the size as far as floorspace. Whereas the X-ray Department or the X-ray equipment at the Hyden Hospital was kept in a nine by twelve room that had a darkroom in the corner. The new hospital had two rooms for X-ray, complete auto-developer, film storage rooms; it was a real hospital! Hyden Hospital, the original Hyden Hospital, was not in that sense.

Silveri: Did you go out to the outposts to make visits?

Howald: Once a week I would go out to the outposts.

Silveri: And the nurses would have the patients scheduled for you to see at that time?

Howald: The nurses would have the patients lined up for me. They'd have lunch in the oven, and they'd usually open the door from the kitchen to the clinic about eleven o'clock in the morning, and then let the odors from the kitchen blow into the clinic, and then tell you they've only got twenty more people for you to see. And it would just make you work a little faster so that she could get to lunch! And then spend the afternoon going out making housecalls on any of their patients that were home bound, bedridden, things of that sort, that you couldn't get into the hospital, or that you couldn't get into the outpost.

Silveri: Well, what kind of conditions did you find in the homes when you went to the homes? Varied?

Howald: I've been in just about every kind of home that you can imagine in southeastern Kentucky, from the worst to the best! Very few of them had indoor plumbing. Very few of them had running water of any sort. It would depend on what district you were in.

The Wolf Creek District was probably a little more affluent than some of the others, and the Flat Creek District was probably the poorest. I've seen some of the worst poverty <sup>that</sup> I've ever seen in the Flat Creek area. And people in the Flat Creek area were living in houses that the people on Wolf Creek wouldn't even put their chickens in!

Silveri: When you went out to the outposts--Well, when I was there, it was very interesting. I had read about the history of the Frontier Nursing Service, and how it was necessary to ride horses out, and I came there and thought it was awfully interesting to see the jeeps lined up with FNS behind them there. Those jeeps were still necessary when you were practicing there, is that right?



Howald: The jeeps were still necessary, and I had even gone out on several occasions on horseback to see patients that lived in areas that were almost inaccessible by jeeps or accessible to within a mile or mile and a half by jeep, and the rest would be a walk, and if there were horses nearby or horses available that we could borrow, there were a couple of times when I borrowed a horse to ride in to see a couple of patients that I would have otherwise had to walk in to see.

Silveri: What was the most common contagious disease that you encountered while you were there?

Howald: That's hard to say. There were an awful lot of pneumonias in the wintertime, and when infections would come through the county whether it was measles or chickenpox, things of that sort; they could--It wouldn't take long to spread <sup>from</sup> through the entire county in the wintertime, and spread them through the schools. But--

Silveri: Flu would come <sup>through</sup> there like any <sup>other</sup> place, right?

Howald: As a matter of fact, if we had a bad winter, we would probably see even less flu than the rest of the county would be seeing because if we had a really bad winter, everybody would be so isolated that they just didn't have that much contact with one another that you didn't have the occasion to spread things as you would have in a more populous area where you had more intergroup actions for the people, you know. If you didn't have any place to go but home and to church on Sunday Night, you just didn't have as much in the way of spread of the communicable diseases.

Silveri: What about serious dietary deficiencies? To what extent did you see them there?

Howald: To the extent that we probably raised one or two kids a year in the Hyden Hospital because of the fact that you knew that they couldn't get the nutrition at home that they needed. And if they would have a basic problem, cystic fibrosis, something of this sort, that would already make it difficult for these children to survive at home, and then have to worry about them surviving on a diet of soupbeans and eggs and things of that sort, we always had at least one or two kids in the hospital most of the time who were there basically to be fed until you could get them to that point where they could survive on their own or at least fight it out with everybody else at the dinner table for what they could get. But it was still considerable. We had a number of people that were--I wouldn't say we had a great percentage of people that were <sup>obese</sup>, but we got a number of people who were overweight simply because of the high starch diets that they subsisted on.

Silveri: These children you mentioned you kept in the hospital, would the county pay for their--them?

Howald: Often times it was just things that were--these were bills that had to be borne by the Frontier Nursing Service.

Silveri: The old traditional diseases no longer found in the region for instance the old plague of pellagra years ago, is hardly ever seen any more?

Howald: I don't think we saw too many of the vitamin deficiencies because as you could tell from the number of milk bottles <sup>that you'd see</sup> floating in the creek that at least you got a fair amount of vitamin supplements into the diet through milk and some of the other foods that the people had.

Silveri: To that extent, things were alot better. Ok, what about--Oh your wife explained the situation in respect to pregnant women and birth, and so on. You attended alot of that then, alot of births? <sup>Right?</sup>

Howald: They would call me as backup on their complicated ones although we had, I feel, few<sup>er</sup> complications than they have in the general population because of the fact that the patients got such close prenatal care. And you were always worrying about or watching for anything that might be a complication at a later date. And when we did have any of these patients that would come along, we would have them seen by one of the obstretricians from Harlan or one of the Lexington obstretricians, or even electively schedule them to have a Cesarean Section in Lexington or in Harlan, if we could. So that we wouldn't be faced with having to do something at two o'clock in the morning at the Hyden Hospital which just--inspite of the fact that I felt it was a fairly <sup>good</sup> place to practice medicine, it was still not, you know, the modern twentieth century hospital that it should have been.

Silveri: You mentioned before about gunshot wounds. The people up in the Kentucky hills were supposed to be known as "feuding" quite often. Did you see many of those?

Howald: Oh, the feuds still exist in southeaster.n Kentucky. There were two areas in part---Well, three areas in particular--upper portion of Wolf Creek, and on down the river toward Confluence, and over in the Bob Fork ~~area~~, where there were a number of families that had been carrying on feuds for years and years, and still were. And every once--maybe once every six months or something, you'd see somebody that would be shot or stabbed. ~~From~~ what was basically still a feud that might have started out as a couple of guys drinking and shooting at somebody's house as they were driving down the road, but the house that they were shooting at was somebody's house that their family had been feuding with for years and years, and this would turn into a real fight before the night would be over.

It did exist, and I imagine it still does. It hadn't---I can't imagine that it's changed any in the last three years. But we would often times have two people in the emergency areas at the hospital at the same time with one family in the back and one family in the front, and the hospital night watchman standing with his hand on his holster in the doorway in between to make sure that that clan stayed on the one side and the other clan stayed on the other.

Howald: (continued) It was not at all unusual for a patient to come into the hospital to be admitted or to be seen, and have a gun on them. Often times somebody would come in, and the nurse would be weighing them, and she'd say, "Gee ~~John~~, you're five pounds over what you were the last time!", you know, and he'd take a box of shells out of his back pocket, and take his thirty-eight out of his frontpocket, and say, "Now, weigh me again!" And it would make a difference in his weight by the amount of lead that he would be carrying.

Silveri: Were you ever threatened in the practice of medicine by the people there?

Howald: I was threatened once when I had to testify against a man in a sodomy trial. It was the only sodomy case that has ever occurred in Leslie County. I was the physician that had examined a young boy that had been attacked, and I was threatened that night.

And that one was--it was fun that night because that was the night that the man from the National Health Service Corps came to town to talk to me about why I wanted to stay--why I liked Hyden, and <sup>why</sup> he should get us a National Health Service Corps doctor. And I was to tell him all of the things about Hyden--all the good points about Leslie County. And at the same time that I was sitting there on this hot July night in this motel in Hyden with my coat on telling him all of these good things. He keeps telling me to take my coat off and make yourself comfortable! I couldn't take my coat off; I had a thirty-two stuck in my belt because I didn't know what was going to happen between the time I left the house and the time I got to the motel, or going back home. That turned out to be a nothing sort of threat.

And the other time was when I attempted to save a young man who was shot at close range by a shotgun, and was practically cut in half by it. And needless to say, he did not survive. And what I had--I had spent an hour working on him at the hospital in Hyden prior to trying to transfer him to Harlan, and the hour that I spent trying to get him stabilized before we sent him to Harlan was absolutely essential! It was a matter of getting blood for him, getting intravenous lines into him, getting an airway into him, and trying to at least clamp off the major bleeders that he had prior to transporting him because it was just no way he would have gone from Hyden Hospital to Harlan Hospital in the condition that I received him without trying to do some of these things.

But needless to say in spite of all of this, he died before he got to the Harlan Hospital. And then the family got to Harlan and found that he died in the ambulance on the way over there. They sort of felt that the amount of time that was spent trying to take care of him at Hyden might have been better spent with him in the ambulance. They just didn't realize all of the things that we had done at the hospital.

Howald: (continued) And they threatened to come back and shoot up the hospital, and shoot me, and shoot the nurses and everybody else. Once again by the time they got back to Hyden, they'd all sobered up, and went their separate ways and forgot about it.

Those were the only two times, and both times in both instances when these two things occurred, when people found out about it in the county, local people, found out about it, the degree of backing that I got from the local people, and the support that I got from the local people was overwhelming to the point where if I'd ever had any other problems, I could've easily just called on anybody that I wanted to give us any kind of help that we would have needed in <sup>any of</sup> these situations. And in both instances, people from town went to these people that had made these threats and informed them that they had better not make these threats again, or they wouldn't be around to make those threats again. It was the same old thing getting back to the same old feudal system.

Silveri: This second one that was a shotgun blast, it wasn't--that wasn't accidental, was it?

Howald: No, that was not accidental! That was one from Bob Fork, and that was one that was part of a long-standing feud between three families in the Bob Fork area.

Silveri: Oh. Did you get involved in politics at all while you were there in the county, Leslie County?

Howald: Not really. I was on the Board of Health, and that was enough politics for me. It was kind of hard to get involved in politics as an outsider and as a doctor. And no matter how long I lived there, and no matter how long we stayed, we would always feel the--to a degree anyhow--outsider to the point that I didn't feel like I should be running for the school board, or running for town council, things like that. But--and had to treat people from both sides. That was the other thing, you know, I had to treat the Republicans and the Democrats, and had to treat them both the same. And so I tried to remain pretty much neutral, but at the same time, you know, I've never had any hesitations, and my wife <sup>and I</sup> never had any hesitations about telling people what we thought needed to be done, you know, and supporting things that we felt needed to be changed.

Silveri: Generally speaking, how were you accepted by the people who lived in Hyden and Leslie County in eastern Kentucky?

Howald: We could go back--my wife and I could go back to Hyden tomorrow, and not have a penny of money or anything but the clothes on our back, and <sup>could</sup> probably exist for many, many months without having to buy a thing, or put out a cent for some place to stay or for food. We, you know, would never-- we never had any problems as far as being accepted. I mean we could-- everybody would--you know--and it wouldn't just be a matter of having us come back because they would want a doctor to come back. We could just go back there.

Howald: (continued) And as friends of Sis and Rod Davidson on Cutchin, or the Thomases on, you know, on Bo<sup>x</sup>skin, you know, or any of these other places. We could go back, and we'd be welcome in any of their homes, and these people, any of them, are welcome in ours.

Silveri: You had more of a chance to understand the character of the people in that region than you would say here in Asheville, and the people you came into association with.

Howald: Oh, I'm sure because I see a lot of the doctors around here that come into this area from elsewhere, you know, the first thing they hear is, "Oh, watch out for the people from Madison County?" You know: "You'll get a-- ". "You'll see a bunch of hillbillies from Madison County," or "You'll see this from Madison County," or "You'll see that from Madison County."

People from Madison County aren't any different from people in Leslie County, and you know, I don't see any of these differences that these other people supposedly see in--between the people of Madison County or the people of Buncombe County. You know, they may be. Well, what they are doing is looking for these things. You know if you tell them that this is what they are going to be faced with, then when they see these people this is the only thing that they are going to see.

Silveri: I was faced with the same experience when I first came down here. People---I think the first three people I met said, "Don't go into Yancey----" "Don't go into Madison County; if you have to go in with a gun!" The whole thing's silly! I wanted to ask you another question: You're Catholic, right?

Howald: Yes.

Silveri: What about that? There were very few Catholics in eastern Kentucky. Did that make a difference with the people?

Howald: No, it never did. To a lot of people it didn't make that much difference, and you know, I don't think most people even, you know, knew it or cared, really. The Catholic Church in Hyden was--they divided dining room and kitchen, and that was it. It was a two-room cabin that had been converted into a little chapel, and that was it. The priest came over from Manchester which was thirty-five miles to the west there. He would come over on Sunday mornings, and that was it.

There was one little old man who I never told I was Catholic. He had a broken hip, and he was eighty-three years old, and he lived up on Hurricane Creek. He had broken his hip, and I sent him to Lexington to have the thing taken care of, and I can't remember, I guess the Good Samaritan Hospital is a Methodist Hospital in Lexington, and St. Joe's is the Catholic Hospital.

Howald: (continued) Well, I sent him to St. Joe's in Lexington. The ambulance picked him up; I had him in the hospital overnight. Ambulance picked him up and took him to Lexington the next morning. He got to Lexington by maybe eleven o'clock or twelve o'clock.

Four or five o'clock I got a phone call from the nurse saying that this old man was back at the hospital, the ambulance had just brought him back, and he didn't want to stay in Lexington that I could either get somebody to come to Hyden and fix it, or he might consider going to Harlan, but he didn't want to stay in Lexington and have his hip taken care of. So I went back up to the hospital, readmitted him to the hospital, got him taken care of, and I really didn't <sup>go into why he didn't want</sup> to stay at the hospital.

Well, the next morning I went up to make rounds, and his daughter was there. And his daughter said, "What it really boils down to, Dr. Howald, is that he didn't want to stay at St. Joe's because it's a Catholic Hospital run by nuns!" And she had muttered and mumbled something about he wasn't going to stay in any hospital where those damn Catholics were! He was going to come back to Hyden, and he was going to have this Dr. Howald to take care of him!

Well, the nurses that were with me, I guess two of the floor nurses that were with me that morning, were Catholic. Probably one of them, an ex-nun, because half of our Catholic nurses were exnuns. And everybody, you know, just didn't say anything to old Jim, and just went back out of the room, and just had a good laugh to ourselves because he wasn't going to let those Lexington Catholics take care of him. He wanted Dr. Howald to take care of him, you know. I don't know what would have happened to the relationship if he'd ever found out that I was Catholic.

Although everybody knew Mary Weiss was a--not only did they know Mary Weiss was a Catholic, but they <sup>all</sup> knew she'd been an exnun when she was there. She <sup>was</sup> there as a physician for four years, and was probably more loved <sup>by the people</sup> in the county than any doctor they ever had or will have. So it really didn't make that much difference to people.

The Baptist preacher was my patient as was the Methodist--or well--- everybody was my patient, whether it was the Presbyterian preacher, the Baptist preacher, or the Methodist preacher from down at Leatherwood; they were all my patients. The Baptist preacher's wife was the mental health nurse, and I got a call from her about a week ago from Dayton, where they're living now, because she had some questions about some things that were going on in Dayton. Some advice had to be given--some medical

Howald: (continued) advice had been given, and she wanted to get someone else's opinion on it. The only one that she feels comfortable to call is me, and she called me long distance from Dayton. We talked for half an hour last week because she wanted some advice.

So it really never made that much difference to people; plus the fact that it didn't---the Catholic Church in southeastern Kentucky wasn't quite the formal ritualistic church that you see in Cincinnati or in Boston, places like that. You know on Christmas Eve, the Christmas Eve services that were held either at the Presbyterian church, or the Baptist church, or at the hospital chapel were conducted by the Presbyterian minister, the Baptist minister, somebody from the Frontier Nursing Service, the priest from Manchester, if he could get over, as were the sunrise services on Easter<sup>day</sup> on Lucenda's Knob. It was not the, you know, the formally divided type of thing that you see here. As a matter of fact, half the choir at the Presbyterian church was made up of girls who were ex<sup>n</sup> who just sang in the choir at the Presbyterian Church, and then they'd go over to the Catholic Church for mass on Sunday.

Silveri: Did you ever hear of Father Biting?

Howald: Over in Prestonsburg?

Silveri: Biting came out of Lancaster, Garrard County. He had--he was the founder of the Christian Appalachian Project.

Howald: Yes, I've heard of him. But I don't remember--I--you know, where he was, I don't know, and I've never met the man.

Silveri: Ok. Weren't there any private physicians in Hyden?

Howald: There was one doctor who had been in general practice there for about twenty years who practiced two mornings a week in Hyden, and that was it. Otherwise he spent his time doing other things in other businesses that he had whether they were coal business, or TV cable, and things of that sort.

Silveri: I see. How about in the county.

Howald: That was it.

Silveri: Oh, was he a part time doctor---

Howald: And back to Bowling who was a part time GP from the town.

Silveri: And whoever was at the Frontier Nursing Service?

Howald: And whoever was at the Frontier Nursing Service. We wouldn't have been able to survive if it hadn't been for the nurse midwives and the nurse practitioners.

Silveri: Well, has that situation improved since you left, and aren't there more physicians <sub>(inaudible)</sub> ?

Howald: They called me the other day and offered me the job of medical director of the Frontier Nursing Service.

[Side II]

Howald: I said thank you; it's a great honor! And it would be a matter of directing a staff of six physicians that they now have. Prior to my leaving, we did get--in the year that I --in the last year that I was there--we got a pediatrician from New York City, came down, who's Vince Glasgow. And an obstetrician, an elderly woman who'd been in the missionfields in Pakistan, and had been forced to retire by the mission board because of her age. But [she] really didn't feel like she was ready to quit so she came to the Frontier Nursing Service. Any amount of obstetrics that you had that you really needed a doctor for was very limited, and this was an ideal situation for her because it gave her some obstetrics and gynecology, but not so much that she really felt like she had to work eight hours a day five days a week.

And the whole time, <sup>that</sup> I was there I had medical students that would work as preceptors under me just as I had done when I was there under Dr. Weiss, and this helped to a great degree when you had a medical student that was there. If you got a senior medical student from--we used to get them from--~~we~~ had one from Harvard, one from Hopkins, several from Cincinnati, one from New York, all over. If you got a really good senior medical student, they could do a lot to help, and used to utilize their medical students to a great degree.

Silveri: What about this argument--I don't know if it's a logical one but existence of the FNS in Hyden and in the whole county is allowing the county officials or the town officials to neglect the duties of providing good health care for the county.

Howald: Oh, I don't think that's true because you could go into any other county and find the same situation, only you didn't have the Frontier Nursing Service.

Silveri: I see.

Howald: Whether you were talking about going over to Breathitt County or to Clay County or further into the mountains towards Hindman and Pippa Passes and over in that area. Where ever there have been any changes or improvements made in the medical care in any county, it's been made by private individuals or by private organizations, or by church organizations, things like that, because these things have been traditionally neglected by the counties. And I don't think you're going to make any change in trying to get the county to do any of these things.

Silveri: What about your contact with the culture of the region as far as its music, and what the people did in their leisure time, holidays, things like that?

Howald: We don't have our whole collection of stuff out because we're in the process of putting a family room in the basement, and what we used to have out in the livingroom is all packed away.



Howald: But we would go out to the Thomases, and Billy would plunk on his guitar. Or we could go up on Muncey's Creek, and up above Wind-over to Cecil Morgan's, the chairmaker. And Cecil would get out his banjo, and sit, and pick on his banjo for an hour.

We would go out to Sis and Rod Davidson's and make cream-pull candy and things of that sort. So we never had -- never lacked for anything to do as far as entertainment in the county. It was not the kind of things that you'll find in Asheville as far as the Community Theatre and things of that sort. But there were always things to do, places to go, and things like that; people to visit with. Mostly it was just visiting other people, and you know, homestyle entertainment.

Silveri: When did you leave FNS?

Howald: Left in '74.

Silveri: Now from the first time that you had any contact with it, you never felt that that would be your life work there, right?

Howald: Oh, there were times when we thought we might stay, but as we got to the point where we had three children that we had to educate, we just felt that we had to come some place else as far as the school system because schools were rather poor in Leslie County. They are gradually improving, but we just felt that -- then they are improving to the point where they are getting good basic education, I think. But it still wasn't the same basic education that my wife and I had been used to in New York and in Cleveland. And we wanted to give our kids an education more along the line of what we had, and for that reason we left.

Silveri: When you left, you came to Asheville?

Howald: Yes.

Silveri: Why did you choose Asheville?

Howald: We liked the area; we liked the climate, and I liked the medical community. I had been away from a medical community of any sort for almost four years, and I was to the point that I wanted to have other doctors around that I could talk with and consult with. I felt it offered all of the specialists and the sub-specialists that you needed, and for that reason I chose Asheville so that I would have these other people around that I could consult with and "pick their brains" whenever I had any problems.

Silveri: What position did you accept when you came here?

Howald: I went into the Emergency Department at Mission.

Silveri: Where you are presently associated?

Howald: Yes.

Silveri: Memorial Mission is a private hospital?

Howald: Yes.

Silveri: There's no city hospital her~~e~~ in Asheville, is that right? So any welfare patients go---

Howald: To Mission.

Silveri: To Mission, they go?

Howald: To Mission.

Silveri: Do they have an understanding with the city on that?

Howald: There is an understanding with the city and the county, and between St. Joe's and Mission, that Mission Hospital will run the Emergency Room for the county or function as the hospital with the Emergency Department. And Mission Hospital from what I understand is re-embursed a certain amount of money by the county for the care that they provide to the medically indigent at Mission.

{This is the end of this tape. }