

From the Trunk of a Volkswagen Beetle: A Mobile Nursing Clinic in Appalachia

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Abstract:

Access to health care has been a factor for patients living in isolated mountain regions. The Frontier Nursing service was a pioneer in reaching those patients living in the most remote regions of Appalachia. Geography, demographics, and culture present obstacles for rural residents and health care providers. This article identifies and describes the roles nurses and nurse practitioners played in caring for Appalachian families through a roving Health Wagon in the 1980s and 1990s in Southwest Virginia. Family nurse practitioner Sister Bernadette Kenny was instrumental in bringing care on wheels to rural residents living in the Appalachian mountainous region of southwest Virginia.

Keywords: Appalachia | history | mission | mobile | nurse practitioner

Article:

In 1980, medical missionary Sister Bernadette Kenny partnered with a local nonprofit hospital to establish the Health Wagon, to provide health care service to poor residents living in Central Appalachia in rural Southwest Virginia. Kenny founded and served as the initial nurse practitioner (NP) for the St Mary's Health Wagon 34 years ago. She loaded the trunk of her Volkswagen beetle with medical and nursing supplies and traveled to the rural communities seeing patients out of her vehicle.

SISTER BERNIE'S ARRIVAL IN SOUTHWEST VIRGINIA

In 1978, the Medical Missionaries of Mary established a mission in the United States to give young women an opportunity to experience rural living and to return a service to the country. Catholic sisters came to rural areas as pioneers and they proved to be self-starting and innovative in dealing with the needs of the poor. The Catholic Church and St Mary's Hospital sponsored Mary Kenney, known as Sister Bernie, and 2 other Sisters, Joan Grumbach and Patricia Bransfield, to serve in Dickenson county, Virginia, chosen because it had the poorest health

statistics in the state in 1978. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Sister Bernie was born in Boston and joined the Medical Missionaries of Mary at the age of 19. She graduated from Boston College School of Nursing and achieved her Midwifery training in Drogheda, Ireland. She spent 10 years in Africa (5 years in Tanzania and 5 years in Ethiopia) as a midwife, where she was in charge of the operating room and delivery room with a broad scope of practice. When she returned to the United States, she worked at Kaiser Permanente in Oakland, California, in labor and delivery, which she described as confining because the job description was very clear, "You stayed with the woman before labor, in labor, but you didn't follow through, which is not the way it was in Africa. So I was frustrated." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). When presented with the opportunity to move to Virginia, she landed a part-time job with a nursing home doing quality assurance. The director of the nursing home was surprised when she wanted to see patients every day. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

St Mary's Hospital in Wise began as the Norton Clinic in 1948 as a Catholic-sponsored hospital, and they supported the 3 Sisters arriving in Clincho.¹ "Their vision was that we would come and work with them in the hospital. And our vision was no, we would do outreach," reflected Sister Bernie. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). Living and working in the community, Sister Bernie identified public health needs and started providing home health in the area as a volunteer. She carried supplies in the trunk of her Volkswagen beetle and went home to home. The local health department started referring patients to her. At this time, there was no home health agency. Sister Bernie related, "It was a wonderful venue to get to know families and to be trusted in the community." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). Clincho is located in Dickenson county. There was no hospital and only 1 clinic in Dickenson county and it was difficult for patients to get to the clinic. The closest hospital was St Mary's Hospital located in Wise county, an adjacent county southwest of Dickenson county. Distance traveled over mountainous roads was a major factor. There was no public transportation. (J. Dales, in an interview with A. Snyder, August 17, 2013, Wise, Virginia).

The other 2 sisters who came with Sister Bernie did not stay for long. Patricia stayed 3 months and left, also leaving the religious community. Joan stayed for 3 years and then went to Africa for her next assignment. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

HOME HEALTH

Sister Bernie was doing home health care but not as part of an agency or hospital. Geographic isolation was a major barrier to health care. She tried to break down the transportation barriers by traveling to see patients in their homes and communities.² In 1978, she was working at the nursing home a couple of days a month.

The rest of the time I would be going visiting homes and trying to assess what the needs are of the place. The hospital did not have home health at the time. It was just our own

efforts to meet the health needs of the people. Infant mortality was very high, and the health department asked us if we could follow up with new mothers because we were trained in obstetrics and we would get referrals from the health department. The health department director was very intent on curtailing infant mortality. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Dickenson county had the highest mortality in the state at that time. Delay in starting prenatal care was one of the major factors.

At the time women believed they didn't need to see a doctor until they were at least 6 months and the most primary time is before they become pregnant they need to be taking their folic acid and be healthy. Early pregnancy is when the most deformities and difficulties start, so early intervention was another area that we worked with by encouraging. There was a lot of fear that the doctor would be invasive rather than just talk to them and as a midwife I could explain that and help them understand better why and what would happen. If you're prepared you're much better able to deal with it. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Taking care of whole families and multigenerational families was part of the job. "The whole gamut of illness and that's what you have to be willing to address and listen to each person in the family. Sit on the couch and listen." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Health education was also an important part of her outreach. In Abbots Counts, a community group called Project Health was formed to empower people to understand that what they did to their body related to disease. Exercise programs, nutrition classes, and other topics were discussed at weekly meetings. Sister Bernie placed emphasis on this group being owned by the community. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

NP EDUCATION

Caring for patients out of her car, Sister Bernie once again came upon regulations that prevented her from completing the care she thought patients needed. She learned about a Family NP program offered through the Medical College of Virginia in Richmond. This program was designed for rural outreach and she thought the program might help her provide the care that was so desperately needed. She applied and was accepted to the program in 1980. For 9 months, she and 3 other nurses from Tazewell, Bristol, and Galax traveled to Richmond, where they learned with medical students. When she returned to the local area to complete her clinical assignment, a nursing instructor met with the students one day a week while they were in their internships with the local physicians. Public health parameters drove her work. Her first clinical assignment was with the clinic in Dickenson county. She completed rotations at St Mary's Hospital in Wise in obstetrics and gynecology, and in pediatrics. There were 2 NPs in neighboring counties but none in Dickenson county. They were all pioneers. They shared notes and ideas on how to solve problems even before the Health Wagon started. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

THE FIRST RECREATIONAL VEHICLE MOBILE CLINIC

In 1982, a recreational vehicle (RV) owned by the Catholic Church was being retired in Richmond. A nurse had used it in an education outreach in Richmond, Virginia. She was not doing primary care the way Sister Bernie was in Clincho. Sister Bernie described Richmond as more conservative than southwest Virginia. "I wanted to offer whatever was needed for the people. And it seemed like one of the greatest needs for people was to get their medications and to keep the medications supplied." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). There was no pharmacy in Clincho at the time. "People tried to stretch their medicine, took half a pill and didn't take it one day and took it another day. It was awful. In the 80s the closest pharmacy was in Clintwood and there was only one that allowed people to charge medicine. The cost was a big prohibitor of getting care." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Sister Bernie purchased the mobile unit for \$1 from the bishop and drove it to southwest Virginia for the first time. St Mary's, the local hospital, paid for the gas. It was up to Sister Bernie to find support for the operations. Her services were donated. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

To start the roving Health Wagon, Sister Bernie needed a medical supervisor and the doctor who was on-call in the emergency room became her backup. She worked with the doctors in the emergency room as an NP prior the agreement that the Health Wagon would be sponsored by St Mary's Hospital. A protocol book was developed; care had to be documented and the charts reviewed by the doctor. Sister Bernie reflected, "The doctor didn't come on the bus much. But that was the best we could do at the time." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

There was a lot of skepticism when Sister Bernie brought the mobile unit from Richmond to Clincho, especially from the clinic in Clintwood. She reassured them that the Health Wagon would not be taking their patients. They feared that fee-generating patients would be coming to the Health Wagon and not to the doctor. She said, "That was something that had to be dealt with. It was just to build trust, to call the doctor and tell them about a patient of theirs and do it in a non-threatening way in the evening after having seen their patient." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

FINANCING THE HEALTH WAGON

The primary financial support was through the church. Sister Bernie would go to different Catholic parishes and talk about the work and people would say, "Well, we'll have a Sunday for babies and we'll bring diapers and blankets and baby clothes." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). The Health Wagon would use these to help mothers in need. She traveled yearly, mostly to Richmond or Charlottesville, receiving around \$20 000 in donations to support the work of the Health Wagon. She also collected medication samples and donations of medication from pharmaceutical companies in Richmond to stock the early pharmacy in the Health Wagon. As local pharmacies arrived in the area, they made

contributions as well. (T. Gardner, in an interview with A. Snyder, August 17, 2012, Wise, Virginia).

The community leaders of Clincho, Clintwood, and the rest of Dickenson county helped. At that time, there was a sewing factory in Clintwood that hired 200 women. The Health Wagon would provide free Pap smears twice a year and a mini-health fair for the factory workers. These events would be instrumental in educating politicians about local health needs and gaining support for the Health Wagon. Since the beginning, the Health Wagon received small donations of around \$500 from the Board of Supervisors. (T. Gardner, in an interview with A. Snyder, August 17, 2012, Wise, Virginia).

THE FIRST NURSING ASSISTANT

The volume of work for the Health Wagon grew quickly and Sister Bernie needed additional help. Her first coworker/helper was Tracy Gilmore a local resident, described as a young woman of color who had just had a baby and was experiencing postpartum depression and needed something to do. She wanted to be a nurse. She was 18 and her chances of going to school were very slim.

She learned to take a blood pressure and it was really a barefoot doctor kind of pair, and she was a person of color, which was an opening here in the community here in Clincho because at that time all the African Americans lived in Clincho. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).^{2,3}

Sister Bernie solicited help to get the buy-in of the local residents. Tracey volunteered with Sister Bernie for 10 years. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

COAL MINER'S STRIKE

A memorable event occurred in 1989 when the coal miners went on strike over their pensions and cuts to health benefits. The Health Wagon mobile clinic served many pensioners and senior citizens who needed access to their medicines. The police saw the flow of miners in and out of the Health Wagon receiving care. Sister Bernie was stopped in the mobile unit 3 times before she was arrested in June, taken to the prison in Abingdon, and formally charged with impeding traffic by traveling too slow. The mobile unit was searched to see if there were drugs in it and Sister Bernie was questioned as to what kind of operation it was. The officers who came from around the country as federal marshals were curious—they had never seen anything like this mobile unit. Sister Bernie's case was dismissed in September after a long, hot summer of being confined to Dickenson county without permission of the judge to leave the county, “It was like house arrest. The hospital was very embarrassed that I was arrested and they did not like the publicity of being arrested or appearing to be pro-union.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

ADDITIONAL HELP

In 1989, the hospital saw the value of the Health Wagon and began to support part-time salaries for 2 registered nurses. Sister Bernie relates, “I asked for a salary of a registered nurse, not of an NP. We moved from being just a shoe string operation.” Teresa Gardner started with the Health Wagon in 1993 as the first nurse, fresh out of school with no on-the-job experience. (T. Gardner, in an interview with A. Snyder, August 17, 2012, Wise, Virginia). Tracy helped with her transition and orientation to the mobile unit or “the bus” as the Health Wagon was called. The same year they received a larger mobile unit. The nurse registered patients; took vital signs; assisted the NP with Papanicolaou (Pap) smears; provided patient education; helped with community outreach, health fairs; and provided flu shots. Responsibilities also included maintenance of the RV, outside the realm of most job descriptions. (J. Dales, in an interview with A. Snyder, August 17, 2013, Wise, Virginia). Teresa relates, “Sister Bernie was adamant that you learn to hook up the RV, trouble shoot the generator, check the oil and transmission fluid.” (T. Gardner, in an interview with A. Snyder, August 17, 2012, Wise, Virginia). With Sister Bernie's encouragement, Teresa Gardner went back to school and finished her Family NP in 1998, and she became the second NP on the Health Wagon. (T. Gardner, in an interview with A. Snyder, August 17, 2012, Wise, Virginia).

IMPROVING INFANT MORTALITY

Sister Bernie focused on prenatal education. Her work in Dickenson county corresponds to a significant drop in infant mortality. Vital statistics reflect that from 1970 to 1982, Dickenson county had an average of 6.69 annual cases of infant mortality. In 1983, no cases were reported. Between 1983 and 1989, there was an average of 1.86 annual cases of infant mortality.⁴ Sister Bernie's work since 1980 in the community had the needed outcomes.

Sister Bernie played a role in shaping policy. With the governor's conference on infant mortality in the 1980s, she addressed all the governors about how to intervene to prevent infant mortality. They were able to document the benefits of home visits in the process of caring for the pregnant woman and improving infant mortality. In the 1990s, when Hilary Clinton was trying to get a 1-pay system, Sister Bernie was invited to speak at the conference for religious leaders in Washington, DC, promoting the single payer system where the government pays for health care cost. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

ROLES AND PARTNERSHIPS

Besides the role of NP at the Health Wagon Sister, Bernie served as RV driver, executive director, fundraising chair, coordinator of health fairs, talk show host, emergency responder, and ambulance driver. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia; J. Dales, in an interview with A. Snyder, August 17, 2013, Wise, Virginia).² Although she was the major force behind the Health Wagon for many years, she did not work in isolation. She partnered with many health care providers and many different organizations, including the health departments and other religious sisters in the area. “I did not see it as being the lone ranger but rather partnering with other organizations in a way that what we offered could be helpful to them, too.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). Community health fairs with Vanderbilt University and East Tennessee State University began in 1990 and continue today. Sister Bernie states, “It's a very good vehicle for doctors-to-be, to

understand the rural area. This was the beginning of the interest in RAM (Remote Area Medical) health fairs every year.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Collaborations with the health department occurred when the Health Wagon initially offered immunizations. When required record keeping for Virginia health departments changed, Sister Bernie allowed the Health Department nurse to use the Health Wagon to reach people for immunizations. The mobile unit also accessed groups of people who may not have received care otherwise. For example, a group of Mexican American gas workers lived at Centennial Heights. The Health Wagon cared for them, as well as residents of the migrant camps at the orchards near Marion providing health fairs or screenings. In Wise, there were 2 other sisters, Sister Beth and Sister Margaret, who had experience in home health and who came to the area around the same time as Sister Bernie. They developed a home health agency in an adjacent county that worked with the poor. Sister Bernie often collaborated with them and maintained good relations with other health agencies and professionals in the community. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

The Health Wagon continued with the home health visits even when they were doing the Health Wagon clinics. They would go to different people's homes on the way to or after the clinic.

This was a way of seeing people in a different light than seeing people in the clinic. When you go to somebody's kitchen and sit at their table and see how many people live in the place, what kind of water they have, what kind of heat, you understand so much differently. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

The communities served by the Health Wagon traditionally lacked specialty clinics or sufficient primary care physicians.

The Health Wagon filled a gap, visiting people in their homes; sometimes it was just an outreach worker who was willing to meet with the moms and transport them. There was no support system for transportation in the 1980s, like the Medicaid cab of today. The Health Wagon would often transport people to the Health Department for visits or to the hospital for childbirth. There were no midwives in the community doing births at home. At this time in Virginia midwifery was against the law. Sister Bernie relates as follows.

There were some midwives from Tennessee who occasionally did home deliveries. A woman was more likely to deliver at home because there were no other resources or they didn't have the money for going to the hospital even though they didn't have an attendant with them at home. One lay midwife who lived here in Clincho had a practice of delivering babies with good success. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

CHALLENGES

The geography of the southwest Virginia Appalachian region influenced the way services were provided. The services were located in the county seat of each county. The outreach was very minimal because of budgeting. "I was happy to be the barefoot doctor. You know the one who lives in the community, experiences having straight-pipe drainage before sewage came to Clincho, and knows and understands the problems of the area and as neighbor to neighbor." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). Sister Bernie devised unique ways to reach the people.

For 5 years, she did a radio talk show on different topics, including child abuse, nutrition, and the benefits of exercise.

In the mountains people have changed. They used to be very active physically and their diet reflected that. Having sawmill gravy and sausage and eggs and everything for breakfast, you worked it off all day. But nowadays people aren't so active and they're still eating the same breakfast. So it's the understanding of what contributes to illness across the board that helps. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Culture impacted care as well. Many of the physicians in the area were foreign-trained doctors under the federal government plan to increase physicians and health care providers working in a rural area for a 3-year period. "Once the patient gets to understand a person they're gone. They did not speak English clearly and did not understand the people." (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Sister Bernie helped people accept her. Her Boston accent stood out without a southern twang. These groups of people accepted her once they began to know her.

They would be a little nervous at first; but we would try to be as accepting of them as we possibly could be, and the informal atmosphere. One of the things that I try to share with students is the biggest block to understanding is anxiety. You have to get rid of your anxiety first. And to do that in a relaxed way, keep the words simple, and show people everything that you're doing. It makes things so much easier. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Sister Bernie described the barriers for patients getting health care as distances and roads and feeling inadequate, feeling they weren't dressed enough.

When we had our first telemedicine at the hospital in Clintwood we had a lady from Trammel and I had always seen her in a t-shirt and jeans. I went out to the waiting room and I couldn't see her any place. She was dressed with make-up and a dress cause she was going to be on television. I did not recognize her. People tend to dress up to go to the doctor. And when you're coming to them it's so different. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

A hindrance to care was also pride, "a lot of people are not seen because they are too proud, independent, and apologize for having to seek care."²

Providing care in a mobile unit required the ability to adapt. They adapted their health assessment skills working in a moving van and working in a confined space. During flu season, they adapted and examined patients in their cars. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Sister Bernie and the Health Wagon were clearly not understood at first. There was some trepidation. Some people thought she was trying to make Catholics out of them. But once they visited and saw how the Health Wagon operated, she was accepted. In 1998, less than 1% of the population of Dickenson county practiced Catholicism. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).⁵ If there was any kind of opposition, Sister Bernie would say, “Well, come and see.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). She was open to anyone learning about her mission.

INNOVATION

The skill set to provide mobile nursing services required innovation. The Health Wagon professionals had to be able to use what was available and keep their cool. They treated burns and many different emergencies including overdoses. Sister Bernie believes her 10 years in Africa really prepared her the most, and her faith, “I think the divine physician guided me many, many times.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

The lack of education was a major factor in health promotion. Many people only received an eighth grade education.

It doesn't mean they're stupid, but it means they don't understand a lot of things and that's where the anxiety comes up and they don't ask questions... Television was not as available as it is now. We didn't have cable and all that so it's been an evolution. We had one family we visited and the woman would hear voices and she would say, “The voices are coming out of the television.” She did not want the television turned on in the home. It was very hard. There's a lot of isolation and mental illness in the area, and paranoia that the doctor wants my money and they don't care about me. The secret of cure is care. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

WOMAN COAL MINERS

Women were first permitted to work in the coal mines due to the Science and Engineering Equal Opportunity Act in the 1980s, which required the mines to incorporate women in the workforce.⁶ The other options for women were mostly in a sewing factory or waitressing in a diner where they would never get ahead; whereas, if women worked in the coal mines, they could earn a good salary and become more financially secure. As women entered the mines, there was a lot of harassment. The showers were not private and men would harass women going in. As a response, Sister Bernie did workshops for women coal miners about the needs of women's bodies being different than men due to temperature and nutrition. “Men tend to use Vienna sausage in their lunch bucket, which doesn't agree with most women. Warm soup was taught as a more nutritious lunch to put in a thermos.” (B. Kenny, in an interview with A.

Snyder, March 30, 2012, Clincho, Virginia). The importance of lifting with your knees bent, standing erect, and preventing illness for women in the coal mines were topics covered in 5 or 6 different workshops given by Sister Bernie. There was stigma of being a woman in the coal mines. “Women have a great deal of resilience, yet there was a large amount of anxiety that is related to working in coal mines. Stress reduction was a part of her teachings.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

Women were resilient, yet women in the communities focused on meeting the needs of others before they thought about themselves. “However, there is a sisterhood where maybe their best friend will say, ‘Honey, you're not taking care of yourself.’ They will teach other how to take better care of themselves and how to care for each other, too.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

BRINGING RAM TO SOUTHWEST VIRGINIA

Sister Bernie was in a position to constantly see the need for more help to care for the people of this rural mountainous community. In 1999, the first RAM (Remote Area Medical) clinic was held in Mountain City and the Health Wagon staff went to help. Sister Bernie invited Stan Brock, the founder of RAM to come to Wise to provide a RAM clinic.⁷ RAM's mission is to prevent pain and alleviate suffering by providing free quality health care to those in need.⁸ The first RAM clinic was held July 14 to 16, 2000.^{9,10} At that time, the RAM clinic mostly focused on dental and vision and it was totally RAM organized. The first RAM identified many additional health problems. Hypertension had to be treated at the time for patients to have their teeth pulled. Medical care expanded with the yearly RAM clinics. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). At this first RAM, 1888 patients received dental cleanings, fillings, extractions, eye examinations, general medical care, and mammograms.¹¹ The need for care was desperate as people lined up a week in advance to be seen. Sister Bernie collaborated with local hospitals, health care providers, and universities throughout Virginia and Tennessee to increase the number of health providers and volunteers to meet the primary care and specialty needs of the patients seeking care at RAM. (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia).

THE MISSION

The mission statement when Sister Bernie brought the first mobile unit from Richmond was unarticulated, at the beginning it was “to go in haste to bring help.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). The mission is the same over the last three decades, “It has expanded, and the needs are similar. There still is the need for people to go to people's home and understand what it is they really need. The time when they needed their medicine, they not only needed the pills, they needed the medicine of caring.” (B. Kenny, in an interview with A. Snyder, March 30, 2012, Clincho, Virginia). The mission of the Health Wagon is to bring care to those who are indigent, disenfranchised, underserved, and uninsured. (P. Meade, interview with A. Snyder, August 17, 2013, Wise, Virginia).

CONCLUSIONS

The work of medical missionary Sister Bernie is clearly part of a larger study on the role of Catholic sisters, but her story stands out in the development of health care in southwest Virginia. The Health Wagon NPs adapted, providing access to care and breaking down geographical barriers of distance and cost for health care. They found needs in the community they served and they found ways to meet them. They brought care to those who needed it most. Health promotion and disease prevention played a prominent role among the strategies they employed. The history of this mobile clinic's work providing care for the uninsured, underinsured, and disenfranchised people in central Appalachia provides insights that could shape health policies today.

EPILOGUE

The Health Wagon saw many years of fluctuating operations due to the change of ownership of St Mary's hospital, which initially supported the program.¹² On March 1, 2006, Teresa Gardner, FNP, became the Executive Director following a 17-year career with the Health Wagon.¹³ Sister Bernie retired. The clinic operates as a nurse-managed practice funded by charitable gifts and grants under the guidance of a Board of Directors. The service area expanded from Dickenson county to Buchanan, Lee, Russell, Scott, and Wise counties due to the prevalence of unmet health care needs, chronic and severe. Today, the Health Wagon has a clinic in Clintwood, 2 mobile units, and 1 specialty clinic in Wise with 2 full-time and 2 part-time NPs, 3 nurses, a social worker, and office staff. The RAM clinic continues as a yearly free health fair with 2013 marking the 14th year of a Wise RAM. More than 2400 patients were seen in 3 days with more than 5000 patient encounters. (Jean Jolly, e-mail communication, July 29, 2013). Sister Bernie offers workshops on Tai Chi at the Drug-Alcohol Recovery Center, the Senior Citizens Center, and at her church. She continues to work behind the scenes to promote the mission of health that she began in the 1980s when she first brought the Health Wagon to southwest Virginia.

REFERENCES

1. Catholic sisters purchase Norton Clinic. *Appalachian Independence*. August 5, 1948.
2. The Health Wagon in the Appalachian Mountains. *Motion Magazine*. November 16, 1997.
3. Reedy J. An Appalachian angel. *Extension: Magazine of American Catholic Missions*. October 1998:10.
4. Centers for Disease Control and Prevention. Compressed mortality data. <http://wonder.cdc.gov/>. Accessed September 27, 2012.
5. Homefacts. Dickenson county, VA religion statistics. <http://www.homefacts.com/religions/Virginia/Dickenson-County.html>. Accessed August 13, 2012.
6. Science and Engineering Equal Opportunity Act. Public L No. 96-516 (December 12, 1980).
7. Remote Area Medical History. <http://www.ramusa.org/about/history.htm>. Accessed October 1, 2009.
8. Remote Area Medical Mission. <http://www.ramusa.org/about/mission.htm>. Accessed October 1, 2009.
9. Lester J. Medical outreach team gears up for huge crowd. *Coalfield Prog*. 2000;89(56):1, 2, 5.

10. Gatley A. Free health fair scheduled at Lonesome Pine Airport. Kingsport Times News. July 14, 2000:1A-2A.
11. Gannaway P. Numbers tell the story. Coalfield Prog. 2000;89(57):4.
12. Beyer R. Hospital sale imperils nun's Health Wagon for the poor. National Catholic Reporter. September 5, 2005:14-15.
13. Still K. Health Wagonmaster. Bristol Herald Courier. January 27, 2006:A7.