



Bush Foundation

news

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Midwifery

The Rebirth of a Profession

Once all mothers delivered their babies alone or with the help of another woman. To the laboring mother and her child, the few short inches of the birth canal can seem like the longest journey in the world. In one sense, it must be traveled alone. But since ancient times, birth attendants have helped ease the transition from pregnant woman to mother. "Midwife" comes from the Old English *midwif*, which means "with woman." Just as the spelling has changed very little, so the essential practice of midwifery still holds the same goal. The midwife supports a woman through pregnancy and labor, helping her to trust the profound power of her own body to give birth to a healthy child.

Once scorned by mainstream medicine, today midwifery is on the rise. Previously the sole province of skilled but unlicensed traditional midwives, for many decades the growth in midwifery in the U.S. has been in Certified Nurse-Midwives (CNMs). CNMs complete rigorous academic and clinical preparation before being licensed, including four years to become a registered nurse and an additional two years to become certified in midwifery. Currently in Minnesota, CNMs work in consultation with obstetricians. They counsel pregnant women in a clinic and deliver babies in a hospital. Certified Nurse-Midwives have been practicing in Minnesota since 1971. As of 2000, there were at least 138 CNMs practicing at 41 midwifery services in Minnesota.

At a time when the medical field is generally marked by an upward spiral of higher cost, accelerated pace, and high-tech tests and treatments, there has been enormous growth in the personal, slow, careful, low-tech, and cost-effective approach of midwifery. The American



Certified Nurse Midwife Vida Kent, BLF '98, with one of her patients. Profile begins on page 2

Photo by Tara Patty

College of Nurse-Midwives (ACNM) was established in 1955 with a charter membership of 124. That number had grown to 2,534 by 1984. By 2000, ACNM had more than 7,000 members, representing 87 percent of Certified Nurse-Midwives in the U.S. This is a growth of more than 5,700 percent since 1955, with most of the growth in the past two decades.

In recognition of the value Certified Nurse-Midwives add to the medical profession, particularly in some underserved communities, the Bush Leadership Fellows Program has made three awards since 1998 to women seeking to complete the requisite training. The following are the views of these fellows, as well as those of a Bush Medical Fellow who oversees a midwife group.

Trusting the Process of Birth

Vida Kent (BLF '98)

Vida Kent grew up on the south side of Chicago. She earned an Associate degree in nursing in 1987 from El Centro College in Dallas, Texas, followed by a Bachelor of Science degree in nursing from Bethel College in Arden Hills, Minnesota in 1997. She has held a variety of positions as a nurse, including staff nurse at Children's Medical Center in Dallas, Texas and at Children's Hospitals and Clinics in Minneapolis. As a pediatric nurse, Kent cared for children with such critical conditions as end-stage kidney disease and recent open-heart surgery. She also spent five years as a member of a team that transported children via ambulance, helicopter, or plane to a tertiary care center.

In 1998, Kent was granted a Bush Leadership Fellowship to complete a two-year Master of Science degree in Nursing from the University of Minnesota in order to become a Certified Nurse-Midwife. She received her degree in 1999 and her certification in 2000. Currently, she is part of an eight-member midwifery practice at Park Nicollet Health Systems in Minnesota, where she works extensively with women of color and immigrant women.

You come from a high-tech medical background. What attracted you to midwifery?

The common thread is adrenaline. In pediatric critical care, as a charge nurse or a member of a transport team, I was challenged to make good judgment calls. That is certainly true of midwifery, too. By nature, I am impatient. But the process of labor has taught me to wait and to trust. I had midwives during both of my own pregnancies, and I was impressed by their combination of focus and patience.

My old boss used to say that what heals is "the tincture of time." Labor requires time. You have to trust that things are happening even when there appears to be no change. The woman in labor knows this, and the midwife knows it. Waiting is hard work - especially when you are waiting for a baby. This is especially hard for many family members, and sometimes for nurses, too. I try to remove unnecessary distractions from a woman in a normal labor. For instance, I prefer intermittent to constant fetal monitoring in most cases.

Did your fellowship go according to plan?

My fellowship was intense and demanding, but it went like clockwork. The surprise came afterward. I never have trouble in the clinical setting, but I do have trouble taking tests. I have a learning disability - it is mild, but it almost stopped me from achieving my dream. After graduating, I failed the boards three times, each time by just one or two points. That meant I wasn't certified and I couldn't practice. So I took a job at a nursery in Methodist Hospital.

Working in that nursery for nine months was one of the most humbling experiences of my life. Every night I changed diapers and fed babies for eight hours, and then I would go to my car and cry because I was so heartsick. I felt that I would never reach my dream, that I was in the wilderness. Eventually, I stopped focusing so much on myself. Other people began coming to me with their problems and I was able to help them. I saw that, in some essential way, I was still a midwife.

Finally, a full year after I took the first exam, I took it a fourth time and passed. What made the difference was getting help from a tutor who taught me how to study. One good thing that came from this detour has been my absolute certainty that midwifery is my calling. I don't have to do this job, I GET to do this work.



Vida Kent, BLF '98 with one of her patients.

Photo by Tara Patty

What does a woman look for when she seeks out a midwife?

Many people don't know midwives exist and are surprised when their friend or sister chooses a midwife. They tend to be surprised, then curious. A large number of women come to us not because we are midwives, but because we are women. This is especially true of women who have emigrated from other countries. They aren't expecting medication because that usually isn't an option in their country of origin. They want respectful care from a woman and minimal physical exams.

There are also many women who deliberately choose a midwife. They want their prenatal counseling to be more personal and conducted at a slower pace and they want their labors and births to be low-intervention. These women are often well informed, but sometimes this actually hinders them.

How so?

Some women become rigidly attached to an idea of how the birth will go and they want to micro-manage the process based on that idea. But birth has less to do with the head and more to do with the wisdom of the body. The more a laboring woman can relax and trust her body to do its job in its own way, on its own schedule, the better. There are those rare times when the body needs lots of help and it is the midwife's job to recognize this.

Of the 350 births you've attended, is there one that stands out?

Each birth is distinct and beautiful. One that comes to mind happened last October with friends of mine. This couple worked together very smoothly. The lights were low and we had some soothing music in the background. She sat on a birthing ball and he was behind her so that she could lie in his arms and they could breathe together. Through each contraction, I talked to the baby and the husband talked to his wife. The nurse kept a respectful distance. Watching the two of them together gave me a view of what marriage can and should be: the two become one. When she sensed that she was ready to push, she asked me to check her. She pushed through the next few contractions and a beautiful baby girl entered the world.

Now that you have achieved your dream, how does it compare to reality?

I cannot believe that I get paid for what I do. Often, I don't, as I will go in on my own time to attend the birth if the mother has requested me and I can make it. Each day is fresh and exciting. If I ever yawn, it's only because I have been up for 16 hours!

Catching babies is exciting, but I also enjoy the counseling and education that happens in the office. I love working in the heart of the city, because I grew up in a very poor neighborhood. My dream is to provide care for women who are very poor, underserved, and have no idea how to take care of themselves physically or emotionally. I cannot imagine more fulfilling work.

Did You Know?

- There are currently 44 accredited education programs offering post-baccalaureate certificate and masters degree programs in Nurse-Midwifery and Midwifery in the U.S.
- A number of these programs have distance learning education options.

To Learn More About Midwifery

The following organizations provide general information about modern midwifery:

- The American College of Nurse-Midwives website contains an overview of midwifery facts, resources for consumers and professionals, a fact page for each one of the 50 states, and an online Journal of Midwifery and Women's Health. Contact them at www.midwife.org.
- Frontier School of Midwifery and Family Nursing, founded in 1939, is the U.S. pioneer in midwifery education, and offers both campus and community-based education. Contact them at www.midwives.org.
- The National Association for Childbearing Centers provides facts on freestanding birth centers as well as personal stories from those who have used them. They also include guidance on finding birth centers. Contact them at www.birthcenters.org.

Working as a Team

Dr. Ann C. Vogel (BMF '81)

Dr. Ann C. Vogel was born and raised in New Ulm, Minnesota, where her father was a general practitioner. After earning a Bachelor of Science degree in biology and a Master of Science degree in zoology from the University of Minnesota, Vogel received her M.D. degree from Medical College of Pennsylvania in Philadelphia in 1969. After completing a rotating internship at Hennepin County General Hospital in Minneapolis, Vogel became a partner in her father's medical practice. She served as medical director of Highland Manor Nursing Home in New Ulm from 1975 to 1987, as vice president of the Minnesota Association of Nursing Home Medical Directors from 1980-81, on the medical ethics committee of the Minnesota Medical Association from 1983-87, and from 1982 to 1987 on the bioethics committee of the American Medical Directors Association, including a term as chair.

In 1981, Vogel was granted a Bush Medical Fellowship to hone her clinical skills in a variety of areas, including elder care, prenatal, and perinatal care. From 1987 to 1991, Vogel completed a residency in obstetrics and gynecology at the Mayo Clinic Post-Graduate School of Medicine in Rochester, Minnesota. In 1997, she volunteered to work with nurse-midwives and physicians on the Navajo Indian

Reservation in Arizona for one month. In 1998, she joined Mayo-affiliated Cannon Valley Clinic in Faribault, Minnesota where she combines a practice in obstetrics/gynecology (ob/gyn) and family medicine and supports the work of a team of two midwives.

What affected your decision to become a doctor?

It had everything to do with the household I came from. My mother and father operated as a team. They both had a strong work and community service ethic. She ran the home and was a great domestic engineer, so he was able to extend himself in the community. As a child, I was able to be with my father, often when he saw patients after office hours. They knew that he would treat minor complaints at our home. I also went with him on house calls and later accompanied him on his hospital rounds. He gave a lot of attention and care to people, often at minimal or no cost. He was very thoughtful about how to improve care, too. He helped to establish the first nursing home in New Ulm. Before that there was only the Brown County Poor Farm, which provided room and board for elderly men who were without family support, but that did not include any medical attention. He also helped to establish a mental health clinic in New Ulm, the first to serve our tri-county area. I saw how much satisfaction he got from his work and I thought "I can't think of a better way to spend a life."

On the other hand, in 1960 when I began college, I was aware that few women were going to medical school. As an undergraduate, I considered becoming a registered nurse, a nurse administrator, or a vet - I loved horses. To keep my options open, I even got a Master's degree in zoology. Then I applied to veterinary schools and medical schools. When I was accepted to medical school, I decided to go, because I knew that I wanted to work with patients. This was what I was made to do.

I became board certified in family medicine after my father and his partner invited me to join their practice. The three of us worked very well together. We covered each other's patients so that we could each attend medical conferences and learn new skills, then teach them to each other. My father was my mentor, colleague, and best friend for nine years, until he died. I was able to treat the children of the patients I had first met as a girl while



Dr. Ann C. Vogel, BMF '81 with a patient.

Photo by Tara Patty

shadowing him. In this way, I got a piece of medical education I couldn't have gotten in any other way, and it confirmed for me that health and illness must always take the family situation into account. In my first ten years of practice I also served on many local hospital board and professional committees. This highlighted the importance of comprehensive care, including long-term care, for families in their home communities.

How did your Bush Medical Fellowship influence your current work?

I designed my fellowship to help bring skills that weren't yet in place to my community. I wanted to learn more about new techniques such as colposcopy (a test performed to evaluate abnormal Pap smears), audiograms in following middle ear infections in children, amniocentesis, and fetal monitoring. I also wanted to improve long-term care in our local nursing home and to build upon relationships with specialists in tertiary centers, so that when necessary, patients in our area could have ready access to services that didn't exist in New Ulm. It was, however, enormously hard to step back from a very active practice. In fact, I designed an 11-month fellowship, because I just couldn't say to patients that I would be gone for a whole year.

After the Bush fellowship, I saw how valuable my new knowledge was for my own patients and for the information I could share with my colleagues. I also realized there was a lot more I could do in obstetrics. At the time, I was the only woman physician in town, so my ob/gyn practice kept growing; concurrently, with my father gone, we needed more physicians trained to perform C-sections. In 1987, I applied for a residency at the Mayo Clinic in order to become board-certified in obstetrics and gynecology. It was a real leap of faith to step back again, this time for four years. I would never have dared to do that without the Bush fellowship experience.

What are the advantages for pregnant patients who have the option to see Nurse-Midwives as well as an obstetrician?

On the one hand, I have trouble with regarding medicine as a business, because I firmly believe that the needs of patients come first. On the other hand, every day I am aware of how expensive health care is becoming and I believe in using resources as efficiently as possible.

Just as labor shouldn't be rushed, it is an advantage to allow ample time for prenatal visits, to be certain that there is time to address all of the patient's questions in

detail. Midwives excel at this. I also believe it is an advantage for everyone when the pregnant woman is familiar with an obstetrician who believes in the work of her midwives. That way, in the case of some unforeseen complication, she is not suddenly faced with a stranger but with a trusted member of the same care team.

In labor, the patience and skill of the midwife is an asset. It makes a real difference to a laboring woman to have a trusted and familiar professional stay with her throughout the whole of labor. In normal births, the physician can stay in the background, while labor and delivery nurses working with Nurse-Midwives can emphasize the normalcy of the process. In those cases when a question or complication arises, it is helpful to have a consulting physician close at hand so the transition in the patient's care is smooth. Again, these transitions can be stressful, and it lessens the stress when medical procedures are called for if the attending physician is someone who works well with Nurse-Midwives and is familiar to the patient and family. For these reasons, I've found it works well to include midwifery within the clinic and hospital setting.

How common is it for Nurse-Midwives and physicians to work well together?

It is the ideal and it is becoming more common. When I was in training in 1970 at what is now Hennepin County Medical Center, there was no midwifery program. Even in the early 1990s, when I completed my residency at the Mayo Clinic in obstetrics and gynecology, there was no midwifery program in place as there is now. Many physicians haven't seen how Nurse-Midwives can work side by side with physicians so there can be a lack of understanding of how collegial relationships benefit patients. I know that some midwives feel less than welcomed by physicians and some Nurse-Midwives don't welcome physicians either.

How can teamwork between physicians and Nurse-Midwives be encouraged?

One can learn a lot from attending midwifery conferences today. I think that the core curriculum in medical school should be changed. I would like to see ob/gyn physicians, family physicians, and midwives - teachers and students - spending some time in the same classroom. That way, they could share their collective knowledge about providing the best care for patients before, during, and after the birth of their babies. Then, mutual respect and understanding would begin right away. I suspect that will take a long time to happen, but, when it does, patients will win.

Listening to Women

Beth Bennington (BLF '99)

Beth Bennington was born and raised in Minneapolis. In 1974, she earned a Bachelor of Science degree in nursing from the University of Minnesota; and subsequently received her certificate for obstetrics and gynecological nurse practitioner from Planned Parenthood of Minnesota and South Dakota. She has studied Spanish at Cuahnahuac Language Institute in Cuernavaca, Mexico; at Proyecto Linguistico in Antigua, Guatemala; and at Instituto Falcon in Guanajuato, Mexico.

In 1976, Bennington served as a bilingual nurse for Migrant Health, Inc. in the Fargo/Moorhead area of North Dakota. She first joined La Clinica/West Side Community Health Center in Saint Paul in 1977, and served there for many years as a bilingual women's health nurse practitioner. La Clinica is known for providing accessible health care for low-income families, including Latinos, South-East Asians, and Africans. It was founded in 1972 and funded, in part, by grants from the Bush Foundation. In 1999, Bennington was granted a Bush Leadership Fellowship to complete a degree in Nurse Midwifery from Case-Western Reserve University in Cleveland, Ohio, in conjunction with the Frontier School of Midwifery and Family Nursing in Hyden, Kentucky, the longest continuously operating Nurse-Midwifery program in the U.S. Today, she works as a certified Nurse-Midwife for La Clinica, seeing mostly Spanish-speaking patients.



Certified Nurse-Midwife Beth Bennington, BLF '99.

Photos by Tara Patty

Did you grow up in a bilingual family?

No. It was a real struggle to learn Spanish for me. I knew that I wanted to work with an underserved population, so I traveled to Mexico to learn Spanish. I know what it is like to be the worst one in the class! Then I traveled to Guatemala and a few days after our arrival the country suffered an earthquake in which 29,000 people died. I did everything I could to help the survivors. Afterwards, I was so motivated to learn Spanish that I lived with a Guatemalan family and became fairly proficient in about two months.

How has this shaped your work?

The ability to speak Spanish is both a tool and a window. Listening is the most important part. I have learned a great deal from my patients. They have a lot to say about what it takes to live a healthy life and raise a healthy family. We do something very important when we affirm what the women and families already know. When they feel confident in their knowledge, they are prepared to assume responsibility for the health of themselves and their families.

What was it about midwifery that attracted you?

I had been fortunate to work with some of Minnesota's pioneer midwives for my own pregnancies, so I knew firsthand what an empowering experience it could be. Nurse-Midwifery is a natural extension of the work I had been doing for many years. For me, midwifery is a way to help a woman to trust herself. And it is a credential that is enabling me to speak out on behalf of my clients by helping to bring a new option to Minnesota women: the freestanding birth center.

What is a freestanding birth center?

The birth center is a home-like facility, existing within a healthcare system with a program of care designed in the wellness model of pregnancy and birth. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness. Birth centers provide family-centered care for healthy women before, during, and after labor. The average postpartum stay of nine hours includes a comprehensive educational program for early discharge and careful and continuous home follow-up.

A birth center offers a licensed and accredited alternative to home or hospital birth. The facility is not a mini-hospital with different furniture. Rather, it relies on the participation of the families involved in the pregnancy, birth, and the transition to parenthood. Patient motivation and responsibility are high. Women pull their own charts, for example, and record their own weights. Some birth centers have community action committees that provide other support. In some communities, they have become engines for positive community change. Families see that they have succeeded in delivering a healthy child and they begin to trust their ability to create a healthy environment for that child to grow up in.

As with all births overseen by Certified Nurse-Midwives, patients at birth centers are continuously screened to make certain the pregnancies remain low-risk. According to the National Association of Childbearing Centers, about 90 percent of women and families who attend orientation will decide to continue care at the birth center. Of those who initially enroll, 14.3 percent are referred to obstetricians at some point during their pregnancy before going into labor, while 11.3 percent are referred during labor.

Midwives who work at birth centers are no different from midwives who work in hospitals with regard to valuing good working relationships with consulting physicians. We all need to be prepared for complications, and we are. We need to work together. We need everyone.

Is there research to support these claims?

Yes, there is. The Maternity Center Association in New York opened the Childbearing Center in 1975 as a demonstration project in conjunction with Blue Cross/Blue Shield of New York in order to study outcomes and costs. These outcomes, including reduced costs, were so good that a number of other centers opened across the country.

What about costs?

The costs tend to be much lower, about 30 to 50 percent less than a comparable birth in a hospital. A report on pregnancy outcomes for 11,814 women published in *The New England Journal of Medicine* on December 28, 1989 concluded that "...birth centers offer a savings in cost and minimize the rate of cesarean section. Some centers serve rural populations that are too small to support a hospital obstetrical unit. Because they are small and generally non-bureaucratic, they may overcome social and emotional barriers that contribute to the poor use of care



Beth Bennington and a patient's family.

Photos by Tara Patty

facilities by some groups of women. Few innovations in health service promise lower cost, greater availability, and a high degree of satisfaction with a comparable degree of safety."

Are any birth centers now operating in Minnesota?

Not yet, though 74 percent of states do license birth centers. I was amazed by how far we got with the legislative process. We were just a small, grassroots group with no paid lobbyists - not even a budget! The way in which doors opened to us has renewed my faith in participatory democracy. State Senator Sandra Pappas (BLF '91) agreed to author the bill. Co-authors included Senator Linda Berglin and Representatives Carlos Mariani and Karen Clark (BLF '93). It was interesting to me to have two other Bush fellows offer to help. Our bill was passed by the house committee and the senate committee, but was stopped in the finance committee.

We still, however, have momentum. We are now asking the Legislature to give the Minnesota Department of Health the authority to convene a multidisciplinary advisory group of physicians, consumers, midwives, and representatives of the multicultural community to develop rules and regulations for the licensing of freestanding birth centers. I am convinced that offering this option will result in even better birth experiences for many women and, ultimately, stronger families and communities.

Giving Back To My Community

LaVonne Moore (BLF '02)

LaVonne Moore was born and raised in North Minneapolis, where she still lives. After working as a nursing assistant at age sixteen, she studied licensed practical nursing at Minneapolis Technical College and became a licensed practical nurse in 1986. She then earned her Associate of Arts and Science degree in registered nursing in 1988 from Minneapolis Community College. In 1992, she received a Bachelor of Science degree in health arts from the College of St. Francis in Joliet, Illinois. In 1998, Moore earned a Master of Arts degree in health and human services administration and management from St. Mary's University in Minneapolis; her thesis was titled "Origins: African American Female Sexuality." In 1998, she also completed a year-long program with Planned Parenthood of Minnesota and South Dakota and became a Certified Nurse Practitioner in women's health.

From 1998 to 2002, Moore was a teen parent specialist with the Minneapolis Public Schools Teenage Pregnancy and Parenting Programs. From 1992 to 1998, she was the nurse coordinator of family planning for Family Medical Center in Minneapolis, and was coordinator of the breast and cervical cancer control program in 1994, when the clinic received a certificate of commendation from the governor for this work. In 2002, Moore was granted a Bush Leadership Fellowship to become a Certified Nurse-Midwife. She is currently completing the two-year Master of Science in Nurse-Midwifery program at the University of Minnesota in Minneapolis.

Would you comment on your deep roots in North Minneapolis and your dreams for this community?

My mother was a community activist who could have left, but didn't. She saw the pitfalls of integration, despite the good intentions. An unintended outcome of opportunity is making it a mark of success for educated professionals to leave poorer neighborhoods, which leaves these communities without professional resources of their own. I have gotten enormous support from the people of North Minneapolis, and I was raised to stay and help. When people are suffering, you need to lend a hand so we can all move forward together.

Besides, it is a beautiful place where I feel safe, and it is ideally located to all the advantages of downtown. If I lived somewhere else, I would have the stress of a commute. My family, friends, and my church are all here. My duty is here, too, because my work is in the inner-city.



Midwifery student LaVonne Moore, in a classroom at the University of Minnesota.

Photo by Tara Patty

I am very concerned about the health indicators for African American women. Some good resources are available, but when you look at our levels of disease, something must be wrong. I am going to do everything I can to address this. You simply can't have a healthy community without healthy women.

Could you elaborate on these health risks?

One particularly deadly example is the rate of HIV/AIDS. In Minnesota, African Americans comprise three percent of the population, yet they represent 33 percent of the AIDS cases. In the 55411 zip code where I was born, raised, and still reside, we have the highest rate of sexually transmitted infections in the country. I helped to develop an "Education and Self-Advocacy Manual" for African American HIV positive women on this topic, and I participated in a community initiative, "Call to Action," but much work remains to be done. Among the many dangers of HIV/AIDS with regard to women in their reproductive years is prenatal transfer to unborn children.

That is just one example. Many women in my community face multiple stresses from single-parenting and low

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News from the *Foundation*

FOUNDATION NAMES COMMUNICATIONS OFFICER

The Bush Foundation named **Mary Bensman** to lead communications efforts to improve outreach to individuals and organizations. The Bush Foundation intends to streamline some of its processes, become more accessible, and better share what it has learned through its fifty years of work. Bush Foundation President Anita Pampusch said, "Mary's skills and experience will strengthen the Foundation's ability to increase its impact on the region by communicating lessons learned from our grantmaking and finding ways for us to engage effectively in dialogue with the communities we serve." Bensman has a background in health care marketing and public relations and most recently was Director of Marketing for Fairview Health Services.

Bush publications, including the *Bush Fellows News*, will be changing in response to this new initiative. Leslie Schultz, who has edited the newsletter since 1990, will be retiring from that role as of this issue. Readers will notice a brief survey inserted in this issue. Answers will provide us with important information regarding the current publication, how Fellows like to receive information, and what information they consider important.

FORMAL LETTERS OF INQUIRY TO BE REQUIRED

In March, the Bush Foundation Board endorsed a process change to require organizations to submit formal Letters of Inquiry for all proposals. The change is intended to streamline the review process and result in a better use of resources for both applicants and the Bush Foundation staff. Several of the guideline programs already require Letters of Inquiry and in those cases the process will not change. It does not apply to the Fellowship programs.

The new policy is recommended for organizations applying for grants before July 1, 2003 and will be required for all submissions after that date. Letters of Inquiry should be no longer than three pages and contain the objectives, activities, proposed grant size, payment schedule, and evaluation plans for the proposals applicants wish to submit. Letters of Inquiry can be submitted anytime and will be promptly reviewed by Bush Foundation program staff. Applicants will receive a response within approximately three weeks as to whether a full proposal should be submitted. The deadlines for full proposals are March 1, July 1, and November 1.

The Bush Foundation website (www.bushfoundation.org) provides a fact sheet regarding the Letter of Inquiry and its components. It can also be obtained by calling the Bush Foundation at 651-227-0891.

PROGRAM OFFICER RECEIVES 2002 BETTY HUBBARD AWARD

Jane Kretzmann, senior program officer for the Bush Foundation, received the state-level 2002 Betty Hubbard Maternal and Child Health Leadership award from the Minnesota Department of Health on October 25, 2002. The award recognizes her leadership and advocacy on behalf of mothers and children in Minnesota. In her role at the Bush Foundation, Kretzmann has been instrumental in developing statewide systems for training caregivers of infants and toddlers in Minnesota and the Dakotas; since 1993, the foundation has granted over \$11 million to support such programs. Most recently, Kretzmann has designed an ecological health program to explore the relationship between human and environmental health with a special emphasis on child health. Prior to joining the Bush Foundation in 1988, Kretzmann was state refugee coordinator for the State of Minnesota for ten years.

In Brief

RECENT ACTIVITY OF ALUMNI AND CURRENT FELLOWS

BUSH LEADERSHIP FELLOWS PROGRAM

Robert S. Badal (*BSF '82*), formerly provost and vice president for academic student affairs at Stephens College in Columbia, Missouri, recently became president of Jamestown College in Jamestown, North Dakota.

Merrill Berg (*BLF '75*), founding president of Cankdeska Cikana (Little Hoop) Community College on the Spirit Lake Reservation in North Dakota, recently came out of retirement to serve again, this time as interim president. Berg was also president of Lake Region College in Devil's Lake, North Dakota from 1962 to 1979.

Susan Crockett (*BLF '94*), director of the Bell Institute of Health and Nutrition for General Mills in Minneapolis, received the University of North Dakota Alumni Association's highest honor, the Sioux Award, during their homecoming celebrations held October 17-19, 2002.

Donald Day (*BLF '94*), formerly director of the American Indian Center at Saint Cloud State University in Saint Cloud, Minnesota, began serving as the president of Fond du Lac Tribal and Community College on January 6, 2003. Day is a member of the Leech Lake tribe. He is married to Priscilla A. Day (*BLF '97*), chair of the department of social work at the University of Minnesota-Duluth.

Mel Duncan (*BLF '97*), co-director of Nonviolent Peaceforce, reports that Sri Lanka has been chosen for the first pilot project. The advance team of civilian volunteers left in March 2003 with the goal of helping Sri Lankans establish a lasting foundation for peace and justice. Over the next two years, 50 Peaceforce

members will provide protective presence within 16 villages located in the most vulnerable areas; accompany individuals and groups who are at high risk while engaged in peace work; and monitor and report human rights abuses and increased conflict. Partnership with local groups is a tenet of the Nonviolent Peaceforce philosophy, and the Peoples Alliance for Free and Fair Elections, a multi-ethnic and non-partisan election monitoring group that has agreed to be the lead organizational partner in Sri Lanka.

Paul Gam (*BLF '96*) recently joined St. Jude Medical, Inc. as director for international development. St. Jude Medical is a global medical technology company specializing in cardiac rhythm management, cardiac surgery, cardiology, and vascular access. In his new role, Gam is responsible for strategic planning, mergers and acquisitions, and process improvement outside the United States. Gam was a contributing author to the book *Leading from the Heart: The Passion to Make a Difference*, published by the W.K. Kellogg Foundation in 2002.

Marian Havlik (*BSF '76*), founder of Malacological Consultants in LaCrosse, Wisconsin, spent seven weeks in 2002 working in the Mississippi River just downstream from the Twin Cities. During this time, she studied more than 20,000 mussels living near construction sites and moved them to new locations.

Apostolos P. "Tolly" Kizilos (*BLF '70*) published his fourth book, *Once Upon a Corporation: Leadership Insights from Short Stories* (www.iUniverse.com) in the fall of 2002. The book is a collection of 27 satires, parodies, parables, and other short fictions about modern work life, emphasizing such leadership qualities as empowering others, speaking out for the truth, and using common sense to influence others. Kizilos holds advanced degrees in engineering from MIT and in creative writing from the University of Iowa-Iowa City. Before his retirement, he was a director of organization development for Honeywell, Inc. Currently he is adjunct professor of management at the University of Saint Thomas in Minneapolis.

Michael McCauley (*BLF '89*) was elected to a one-year term as president of the board for the League of Minnesota Cities in June 2002. McCauley is city manager for Brooklyn Center, Minnesota.

Joseph Selvaggio (*BSF '80*) executive director of the One Percent Club, reports that the Club — whose high net worth members pledge to give one percent or more of their net worth annually to charities of their choice — now has more than 550 members and has brought more than \$36 million to the nonprofit community. Prior to this undertaking, Selvaggio served for twenty-five years as CEO of Minneapolis-based Project for Pride in Living.

Susan Kenny Stevens (*BLF '81*) published *Nonprofit Lifecycles: Stage-based Wisdom for Nonprofit Capacity* in fall 2002 with Stagewise Enterprises; the book is distributed by LarsonAllen Public Service Group of Minneapolis. The book uses case studies to illustrate seven lifecycle stages for nonprofits, detailing predictable tasks, challenges, and growing pains that nonprofits encounter and need to master to assure organizational sustainability.

Noted with Sadness:

Richard T. Read (*BSF '87*) died in a climbing accident on Mt. Hood in Oregon on May 30, 2002 along with two companions. At the time of his fellowship, Read was assistant director at the Siouxland Heritage Museums in Sioux Falls, South Dakota. From 1989-97, he served as the university archivist/museum curator at Pacific University in Forest Grove, Oregon. From 1997 to 2001, he worked for the Oregon Historical Society as the field services coordinator. In 2001, Read launched his own museum consulting business and became associate manager of the Oregon Heritage Commission; just prior to his death, he became manager of the Commission. The summer 2002 issue of *Oregon Field Journal* was dedicated to his memory, and the Oregon Heritage Trust has designated its scholarship program as the Rick Read Scholarship Fund.

BUSH ARTIST FELLOWS PROGRAM

Six Bush Artist Fellows participated in a benefit held on October 5, 2002 called "Bird by Bird" that auctioned off portraits of 650 songbirds in a range of media to support the work of Minnesota Wildlife Haven. The exhibition opened with the auction at the Radiator Gallery in Minneapolis and ran through October 13. Featured Bush Artist Fellows were: **Bill Gorcica** (*BAF '00*), **David Lefkowitz** (*BAF '02*), **Melba Price** (*BAF '94 & '02*), **Carolyn Swiszczy** (*BAF '02*), **JoAnn Verburg** (*BAF '83 & '93*), and **Ann Wood** (*BAF '96*).

Poet **Jonathan Brannen** (*BAF '01*) read his work at The Blake School in Minneapolis on February 2, 2003. Brannen's newest book, *Deaccessioned Landscapes*, will be published by Chax (Tucson, Arizona) in 2003.

Photographs by **Gloria DeFilippis Brush** (*BAF '83*) were selected as part of the D-Art 2002 gallery and on-line exhibition for the International Conference on Information Visualization IV held July 10-12, 2002 at the University of London in England. Sponsors included Purdue University; the National Centre for Computer Animation in Bournemouth, UK; and Motorola, UK.

Bruce Charlesworth (*BAF '81, '89, & '00*) had a solo exhibition of photography from September 14 through October 12, 2002 entitled "Slumberland" at the Maryland Art Place in Baltimore, Maryland. On October 3-6, 2002, he premiered "Glimpses of Protoplasm" (a work-in-progress collaboration with Colleen Lugwig) at the Theater Garage in Minneapolis as part of "Hand Driven 4: Rude Objects." The exhibition and performances were funded by the Jerome Foundation and the Minnesota Arts Board. "Glimpses of Protoplasm" combined puppetry, live theater, and technology.

Kristin Donnan (*BAF '97*) and her co-author, paleontologist Peter Larson, released a new nonfiction book, *Rex Appeal*, in the fall of 2002. Published by Invisible Cities Press (Montpelier, Vermont), *Rex Appeal* was chosen by *Discover Magazine* as one of the best science books of the year. Equal parts field journal, science book, biography, and legal saga, *Rex Appeal* chronicles a decade beginning with the discovery of Sue, the world's most famous *Tyrannosaurus Rex* - and the legal battle that resulted in the fossil's auction and Larson's unlikely prison term. *Rex Appeal* has been lauded by paleontologists nationwide, including Niles Eldridge of the American Museum of Natural History, who observed, "Here is all the sweat and adventure of dinosaur collecting, along with fascinating scientific detective work that brings these old bones to life. Most of all, here is a gripping account of a horrific episode in American paleontology that should never be allowed to happen again."

David Allan Evans (*BAF '90*) was appointed in June 2002 as poet laureate of South Dakota by the governor of that state.

Poet **Sarah Fox** (*BAF '01*) was awarded a Minnesota State Arts Board grant for 2001. Recently, she read a poem for Minnesota Public Radio's "Word of Mouth" program and published an interview with poet Charles North in *Verse Magazine*, as well as her own poems in *Luna*, *Bloomsbury Review*, *Spinning Jenny*, *Knuckle Merchant*, *Verse*, and *Post Road*.

Bill Gorcica (*BAF '00*), a faculty member in the art department of Saint Cloud State University in Saint Cloud, Minnesota, exhibited his work at the Banfill-Locke Center for the Arts in Fridley, Minnesota from November 5 to November 23, 2002. The works explore Gorcica's responses to events beginning with the September 11 terrorism by using experimental digital drawing, video, and three-dimensional video sculpture.

Catherine L. Johnson (*BAF '94*) exhibited her work at the Unity-Unitarian Church in Saint Paul during September 2002. The show, titled "Infinity," ran

concurrently with the "11 September 2001" series, work created in the weeks after the September 11 terrorism, at Wayzata Community Church in Wayzata, Minnesota.

Deborah Keenan (*BAF '86 & '95*) published her sixth collection of poetry, *Good Heart*, with Milkweed Editions (Minneapolis, Minnesota) in early 2003. The reading, held on March 21, 2002 in the Sundin Music Hall at Hamline University in Saint Paul, was co-sponsored by Hamline and The Loft. Keenan has taught at The Loft for 20 years and is associate professor in the Master of Liberal Studies and Master of Fine Arts Graduate Programs at Hamline. Recently, Keenan has joined with 22 other poets and book artists to establish Laurel Poetry Collective; they plan to publish 21 books and 21 broadsides over the next three years.

David Lefkowitz (*BAF '02*) exhibited new paintings at a show titled "Cultivars" from October 25 to November 30, 2002 at Thomas Barry Fine Arts in Minneapolis.

Sarah Penman (*BAF '97*) exhibited "Mending the Sacred Hoop - Images of Native America" in the fall of 2001 at the Kelvingrove Art Gallery & Museum in Glasgow, Scotland. The exhibition featured 50 black and white images drawn from a 15-year photography project documenting spiritual journeys on horseback undertaken by the Lakota Nation in South Dakota. In October 2002, Penman received a Humanity Photo award from the China Folklore Photographic Association for her work. An international panel of jurors selected the winning photographs from more than 23,000 photographs submitted by 1,625 photographers from 55 countries. Of these, 120 were honored at the awards ceremony, which opened the exhibition of winning photographs at the Museum of Science and Technology in Beijing, China. Sponsored in part by UNESCO as part of the United Nations Year for Cultural Heritage, the exhibition is designed to stimulate international interest in the study, exploration, rescue, preservation, and enjoyment of the world's cultural heritages and our common humanity.

Edith Rylander (*BAF '80 & '91*) has collaborated with her husband, John Rylander, on *Journeying Earthward*, a record of a thirty-eight year experiment in "owning our lives, not renting or leasing them." Full of "thunderstorms, tornadoes, droughts, blizzards, chainsaws, barbed wire, manure, lambing, weeding, egg-picking, canning, freezing, butchering, building," it is also a memoir of living, child-rearing, and writing counter to the prevailing popular trends. *Journeying Earthward* was published in 2002 by Big Swan Press (www.bigswanpress.com).

Garret Williams (*BAF '94 & '01*) notes that his film, "Spark," was screened on September 8, 2002 in London, England at the 4th International Film Festival sponsored by *Black Filmmaker Magazine*.

Four works of Pulitzer Prize-winning playwright **August Wilson** (*BAF '83*) are the subjects of Saint Paul's Penumbra Theatre's twenty-fifth anniversary season, celebrated from October 2002 to June 2003. The selected plays are: "Joe Turner's Come and Gone" (October 10 to November 3, 2002); "Two Trains Running" (February 13 to March 9, 2003); "Seven Guitars" (April 10 to May 4, 2003); and "King Hedley II" (May 29 to June 15, 2003).

THE BUSH FOUNDATION is a predominantly regional grantmaking foundation, with major programs in education, human services and health, the arts, and the development of individual leadership and talent. Primary consideration is given to grant requests within the states of Minnesota, North Dakota, and South Dakota. The Bush Foundation was established by Mr. and Mrs. Archibald Granville Bush in 1953.

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Moore continued from page 8

employment and education levels. This shows up in stress-related conditions such as heart disease, autoimmune diseases, high blood pressure, and asthma. The good news is that women are the primary caregivers and health coordinators for their families. Change is possible. When women embrace healthier lifestyles, their families and communities become healthier, too.

What drew you to midwifery?

There is a real need for African American health care providers. Good health care depends upon communication and rapport. It is not only a matter of speaking the same language, but of understanding cultural cues. Also many people just feel more comfortable when they see people in a clinic who look like them. A more comfortable patient means better communication, which leads to a more complete picture of the patient's symptoms and circumstances.

In midwifery, there is even more of a need for African American women. When I graduate, I will be the third African American midwife in Minnesota. But I know that I am part of a long history of African American midwives. There is a Swahili word, 'sankofa' that means 'to look back and reclaim heritage.' I am trying to learn as much as I

can about the tens of thousands of Black women who used their skill to help mothers in labor. I haven't yet found a book on the subject, so I am starting to think that I will have to write one.

You will graduate this May. What has the midwifery program been like so far?

The fellowship is making an enormous difference. I worked during my first year. In the second year, we are on call frequently and put in clinical time as well as substantial academic time. It just wouldn't be possible to work, too.

One thing that has impressed me is the close-knit and caring way that midwives support each other. Last semester, I was part of a wonderful group at Fairview Riverside Women's Clinic. It is commonly held that experienced nurses can be very hard on new nurses, and that was certainly my experience before, as a nursing student – it was not conducive to learning. In contrast, the midwives at Fairview encouraged me and believed in me. I feel that they 'midwived' me into the profession. I have now assisted in twenty-one labors and helped seventeen women give birth. I know that I can become a skilled midwife.



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