

complete, according to Kim McBride, and the archival work is about halfway done. "There is a lack of written documents," she says. "The oral history helps to fill in the gaps." The McBrides are obtaining information through conversations with 20 to 25 people in the area who have some connection to Hall. The researchers are just beginning their archaeological search, but expect the project to be complete by next September.

Kim McBride finds the work at Hall interesting because of its importance to African-American history and because of the uncommon social and educational opportunities offered there. She mentions that she especially enjoys the oral-history research. "I have met many generous and interesting people that have a uniquely strong sense of community," she says. She admires the commitment of Hall's descendants to keep their ties to the community, a task that is often difficult because of the scarcity of employment. She adds that she appreciates the ability of the original inhabitants to overcome the challenges they faced at the time Hall was established.

The research and planning are being administered by the Jessamine County Fiscal Court, and funded by a grant from the Kentucky Heritage Council. Jessamine County hopes to use the information, documents, and pictures discovered through this research in a proposed Camp Nelson park and museum. The museum is still in the planning stages, but if developed it will serve as an interpretive center to educate visitors on the African-American experience at Camp Nelson.

—Kimberly Neel

## Medical Practice: Urban or Rural?

What causes one nurse or one physician to practice in a rural area while another health-care provider opts for the larger urban setting? It's a question that has been asked for years, and Raymond Olesinski and Cynthia Cole of UK's Center for Rural Health in Hazard, Kentucky, are asking it again but in a different way.

Olesinski and Cole are conducting interviews with health-care providers throughout Kentucky, gathering oral histories of doctors, nurses, and technologists. "We're looking at open-ended histories rather than making determinations in advance," says Olesinski.

"Most studies of this type are done by survey," Olesinski, assistant professor of clinical laboratory sciences, says, "with the categories already set out. Our feeling is that the reasons health-care providers practice in rural areas are too complex to be studied that way."

The interviews with various health-care providers include such questions as where training was received, why an individual selected rural Kentucky, what the benefits and problems of practice in rural Kentucky are, and the most memorable experiences (both positive and negative) of providing health care and of living in rural Kentucky.

Although this study, funded by the Kentucky Oral History Commission, isn't scheduled for completion until the end of May 1995, Olesinski and Cole are al-

ready getting a glimpse of the personal reasons someone chooses to practice and live in rural Kentucky.

"When deciding to move here," says Cole, assistant professor of medical behavior science and associate director of the Family Practice Residency Program, "they look for commonalities that are pleasant to them such as the natural beauty of the setting, an uncrowded environment, a place that is less regulated, and more opportunities for belonging to a community."

Cole and Olesinski also agree that an important factor is where someone gets his or her training. "When individuals train in a rural area," Olesinski says, "they are more likely to stay in a rural area."

Cole says the issue of choice is less effective when the practitioner is required to practice in a rural area. "Programs that require two or three years of practice in a rural area as a part of their grant acceptance aren't very successful," she says.

Once all the oral histories have been compiled, the researchers will be looking for clues that can help attract and keep more health providers in rural Kentucky.

—Marguerite Floyd