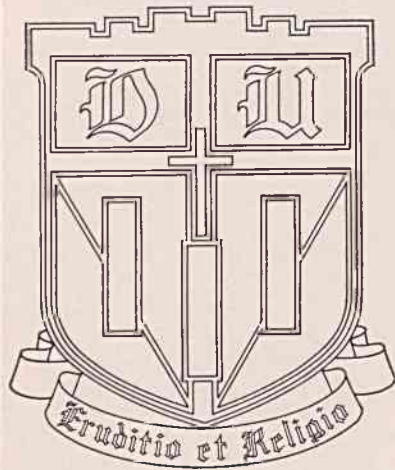


Duke



A SHIELD AND A SEAL

They will live in different worlds... one in the commercial haunts of mugs, ash trays and blazers and the other in the corners of official documents.

DUKE UNIVERSITY SHIELD

For some time now many people have disliked seeing the university's official seal used not only on official documents but also on ash trays, shirts, book jackets, blazers and pennants. And, at long last, something has been done about the situation. A new emblem, a shield, has been designed and accepted and is now in use on all items other than official documents.

The design at the top of the shield was inspired by the turret-like roof line of many of the buildings at Duke and is in harmony with the Gothic architecture.

The letters DU stand for Duke University. In the remaining part of the shield, three bars indicate the three foundation stones: Education, Religion, and Health. These three bars are placed in the line of a triangle; the triangle a symbol for Trinity College. This triangle, the universal symbol for Unity, is also apparent within the background design of the shield. The Cross of Calvary, as seen on the official Duke University seal, is retained on this shield.

At the bottom of the shield is a ribbon bearing the Duke University motto: ERUDITIO ET RELIGIO (Education and Religion).

It sounds simple, but designing a shield and getting it approved is a long, long process.

June 1, 1961, Dr. Deryl Hart appointed a committee to consider whether Duke University

should have an official flag and whether it should have a shield or crest in addition to the existing university seal. Dr. J. Lamar Callaway, Professor of Dermatology, was asked to serve as chairman of the committee. Serving with Dr. Callaway were Professor Elon H. Clark, director of Medical Art and Illustration, Dr. Ransom Patrick, Professor of Art History, Dr. R. H. Woody, Professor of History, and Dr. B. E. Powell, Professor in the Faculty of Arts and Sciences.

Research was begun during the summer of 1961 by the Division of Medical Art and Illustration at the medical center under the direction of Professor Clark. By the summer of 1964, artists were busily working on designs for the new shield, based on the findings revealed by the research. From the summer of 1964 to the final design, there were over 256 designs conceived by the artists in Medical Art and Illustration. In addition to Professor Clark, three other persons worked on the designs: Dr. Ransom Patrick, Susan Carlton Smith, a visiting artist from the University of Georgia, and Mrs. Jeanne D. Hudson, a medical artist.

The three colors used in the new shield are Duke blue, gold and white. They may be used in any combination. The gold is optional. Also optional in use of the word "Duke" in Gothic letters above the shield.

Medicare Comes, Questions Prevail

Many questions have arisen over the July 1 implementation of Medicare at Duke Hospital. The following questions are some of the many which have arisen. The answers were obtained during an interview with Mr. Charles Frenzel, Administrative Director of the medical center. It is anticipated that meetings of the medical staff and various departments will be held to help explain the program more fully and to outline its implementation at Duke.

Q. Who will be responsible for administering Medicare at Duke?

A. Seven people have been assigned different areas of the Medicare program to make in-depth studies and will continue to meet during the first and second years of the program or as long as necessary. Mr. Jim Anderson, business officer for the medical center, is responsible for the administration of the Medicare for inpatients. Those responsible for the Medicare for outpatients are Mr. Clarence Cobb, business manager of Medical PDC, Mr. Roy Crenshaw, business manager of Surgical PDC, and Mr. Byron Russell, business manager of the Outpatient Department. Mr. Ralph Jennings is studying closely the effect upon house staff and in-hospital medical services. Mr. Jon Jaeger is keeping abreast of developments in regard to extended care.

Q. Will Duke have many more patients seeking Admission?

A. "We anticipate that after July 1 the demand for admissions will increase, but since Duke is already operating at near capacity, the number of patients hospitalized cannot increase greatly," explained Mr. Frenzel.

Mr. Frenzel further explained that the availability of outpatient coverage under Medicare may mean that many patients can be treated on an outpatient basis, and hospitalization will not be necessary. In fact, the outpatient treatment will usually cost the patient less.

Q. Who will be admitted?

A. "The criteria for admission will still depend upon how acutely ill the patient seeking admission is and the requirements for

medical center care," said Mr. Frenzel. "Just having the insurance will not mean that the patient will be automatically admitted."

Q. Will hospital costs go up because of Medicare?

A. Medicare should not put any added burden on the cost structure, and no higher rates are anticipated as a result of Medicare.

Q. Will Duke now have many older patients in the hospital?

A. "We are primarily a referral hospital," said Mr. Frenzel. "Only 13% of our total patient load is now over 65 years of age, and we do not expect a greater increase."

Q. What rooms will patients be entitled to under Medicare at Duke?

A. Patients entering the hospital under Medicare will be assigned semi-private rooms, with from 2 to 4 beds. They may request a private room at an extra charge.

Q. What conditions must a hospital meet to participate in the hospital insurance program?

A. Duke Hospital is considered eligible because it is approved by the Joint Commission on the Accreditation of Hospitals. Hospitals which do not have this approval must be surveyed by their state board of health and approved by the board.

In addition, all hospitals must submit a utilization review plan to their state board of health for approval by July 1. The state board, in turn, submits a proposal for acceptance to the federal offices of the Department of Health, Education and Welfare.

Q. What services are not covered by either of the Medicare plans?

A. Included in those services not covered by either plan are:

- Routine physical examinations
- Eyeglasses and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses
- Hearing aids and examinations for hearing aids
- Dentures and the care, treatment, filling, removal and replacement of teeth
- Orthopaedic shoes
- Private duty nurses
- Custodial care
- Personal services (such as telephone, TV, etc.)
- Immunizations