



TRACY VAUGHAN

## Youths Help Out Hospital

"I like hospitals, and I think I want to be a nurse. I worked as a junior volunteer this summer because I thought it would give me a good idea of what nursing is all about," said 14-year-old Debra Nelson who helped out on Hanes Ward during her summer vacation.

"I'm planning to be a pediatrician because I enjoy children," said Martha Burton, a 16-year-old who spent time on Howland Ward from June through August. "It was the third year I've been a candy striper," she added.

Marty Scruggs, one of four boys in the Junior Volunteer Program sponsored by the Hospital Auxiliary during 1974, said the work was "fun

and good exercise" and admitted, "I need the exercise." He served as a guide for patients in the surgical clinics, escorting them to other clinics and generally aiding them in finding their way around a large hospital.

And Rorie Craig, praised by post office staff members for his diligent assistance with patient mail, said he really didn't know why he decided to be a junior volunteer.

This summer, like previous summers since 1950, young people from the Durham area have given their time at Duke without pay to help others in time of sickness. They've made beds, run errands, served coffee and sandwiches

(Continued on page 2)



CAROL ANNE ROBINS



# Intercom

duke university medical center

VOLUME 21, NUMBER 34

SEPTEMBER 13, 1974

DURHAM, NORTH CAROLINA



**CAPPED IN TRADITION**—Duke Chapel is the traditional setting for the annual School of Nursing Commitment Service for juniors.

## Junior Nurses Receive Caps

Repeating the historic Florence Nightingale pledge "to practice my profession faithfully," 93 junior nursing students recently gave their commitment to nursing vocally and symbolically as each received the traditional Duke nursing cap or emblem.

The Duke tradition, in which the nursing cap is awarded to those students who have successfully completed two years of work in the School of Nursing, began in 1931. The cap marks the beginning of the students' remaining two years of clinical training in the school.

Each of the 92 female class members were presented caps by their big sisters in the senior class. The only male class member, Glenn Thomas DeMaria, received the school's nursing insignia patch to be worn on the left shoulder of his uniform.

The commitment service was prefaced by an invocation by Duke minister Rev. Robert T. Young and an address to the students by Dr. Terry W. Johnson, professor of Botany.

## China's Answer to Health Care Needs

# Arena Lauds 'Barefoot Doctors'

A medical center professor has returned from China with a proposal that could take the sting out of the doctor shortage in North Carolina's isolated rural townships.

That proposal, according to Dr. Jay M. Arena, calls for Chinese-style "barefoot doctors"—laymen trained to diagnose simple illnesses, give immunizations and instruct their neighbors in basic nutrition, personal hygiene and sanitation.

Arena, a professor of pediatrics and a past president of the American Academy of Pediatrics, spent most of July visiting medical facilities in the People's Republic of China. He was the only pediatrician invited to join an American Medical Association delegation of 16 people, including newspaper columnist Ann Landers.

The group toured eight eastern cities, concentrating on communes, hospitals, factory and neighborhood clinics, medical schools and research institutes.

China can boast of several health "pluses," Arena reported:

\*Family planning is practiced almost universally and parents now seldom decide to have more than two children.

\*Malnutrition and poisonings among children are rare.

\*At least 90 per cent of Chinese babies are breast fed-up to age two in rural communities.

\*Syphilis among newborns has been wiped out.

\*Tuberculosis and smallpox have been virtually eradicated, since most children are immunized against them at birth.

\*Only two to three per cent of Chinese babies are born prematurely—the U.S. figure is five per cent.

\*Child abuse is unheard of.

But the most impressive "plus" is the country's network of 1.25 million medics affectionately called "barefoot doctors" by the people they serve, said the Duke specialist.

"They're neither barefoot nor doctors," Arena noted. "Their formal training may be from three months to a year. They were in the communes,

fields and factories, working alongside their comrades, and in spare hours, were instructing them in basic hygiene and sanitation."

The medics also immunized infants and children against diphtheria, whooping cough, tetanus, polio and even measles, as well as tuberculosis and smallpox, he recalled.

"For the first time in China, people are being looked at and listened to" by medical personnel throughout the nation, said the doctor. He explained that the "barefoot doctors" responsible for the turn-around in China's health care are chosen from among commune workers and remain on their communes after training.

The brightest of them are later chosen to receive more education. The vast majority of China's current medical students began their careers as "barefoot doctors," he said.

A similar pool of local medics could work in the regions of North Carolina where the health manpower shortage is "very acute," Arena suggested.

James D. Bernstein, the state's chief of rural health services, calculates that

30 rural counties in North Carolina have more than 4,000 residents for each of their family physicians, internists and pediatricians—a ratio Bernstein calls "critical."

Caswell County, in the north-central section of the state, has only one full-time physician for its 19,000 citizens. And just one doctor is practicing in Greene County, with 15,000 residents, in the state's east-central region.

In areas like these, laymen such as housewives, teachers or policemen could be trained at state expense to augment the work of health professionals miles away, Arena said.

He hurried to add that "barefoot doctors" in North Carolina could be successful only "if they were allied with a physician or a medical center they could refer patients to."

Training local residents would put at least minimal care within reach of disheartened communities unable to attract their own doctors, Arena added, since those residents "would be happy to work where they were born and raised."



**"WELCOME, DR. ARENA"**—That was the greeting waiting for Duke's Dr. Jay M. Arena (center) as he arrived at the Children's Hospital in Shanghai during a three-week visit to the People's Republic of China in July. Arena, a professor of pediatrics and a past president of the American Academy of Pediatrics, was one of 16 American Medical Association delegates invited to tour medical facilities in the land of Mao.