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Authors
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An effort is underway by a group of Jefferson medical students to start a health clinic in Gray's Ferry (St. Philadelphia). Tom Williams, Shipp Dickman, Larry Breyer, Robert Grossman, and the editors of the April, have been working with Dr. We Do­ mestic to the Jefferson Community Mental Health Center in an area considered part of Jefferson's Catchment area. Gray's Ferry is a community of 17,000 black and white citizens in South Phila­ delphia that until recently has been completely forgotten. Three months ago, these stu­ dents and Mr. DoMoose began con­ tacting community leaders to de­ termine their concerns. The meetings of oppos­ ing factions were attended and slowly a sense of trust developed. At the same time, prelimin­ ary patient contact was established. Early meetings were held at a neighborhood bar but now are held at a building that will become the clinic.

The essence of the approach to the community was control of its office by the medical students. The community people tell the story that Jefferson tried to establish a clinic “somewhere” in South Philadelphia early in 1986. How­ ever, resistance to Jefferson and group in-fighting precluded success. After the hit for a large grant failed, little was heard from Jefferson. The Jefferson students started with the premise of community-control; therefore their early efforts depended on the communities receiving community en­ dorsement, such efforts have been provided success.

The health clinic would be multi-disciplinary. Volunteer physicians would be present at the outset. Medical students and nursing students would func­ tion similarly as they do at the hospital. Drugs would be solicited from drug companies. Funding would then be sought from the medical school, local industries, national foundations, and the federal government. It was hoped that Jefferson would take a greater and greater role as the clinic developed. The leg­ enging clinics at the hospital could be filled with referrals from the clinic and the wards could receive admissions from the pop­ ulation at Gray’s Ferry.

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Ariel in 1970

As most of us have learned from the past decade, little is stable in our society. That people can remain consistent in general is a major achievement. For too long without someone questioning whether what they are doing is really of any significance. So it is with Ariel. We feel that we have added something to the Jefferson scene simply by our presence and our point of view which is a bit different from the generally prevailing point of view here. We feel we have inspired some people, and raised some questions which had to be raised -- both inside and outside of the medical school. On several occasions we may have even influenced school policy for the better.

Yet there is something clearly lacking. We had hoped to stimulate some real enthusiasm and vitality about health affairs in our traditional student institution, but most of us feel that we have not succeeded. Some of our articles on drug use, abortions, and racial matters have been rejected rather than unequivocally enthusiastic. If not (legal) it usually results in an atmosphere of distrust and ill feeling between the student body and the administration. The fact that this situation is independent of this educational setting is disturbing.

It is a secret that certain faculty members and administrators (and students) are not happy with the dress and personal appearance of some Jeffersonians. (The reverse is also true.) Such reactions seem quite natural in the context of the nationwide cultural concern about the young and the not-so-young. What is unnatural is the formulation of school policy according to personal inclination.

The question of dress regulations is only a symptom of deeper and more insidious attitudes at Jefferson and other medical schools. First, it reflects the ascendant nature of medical education in which the student is caught between demand and condescension on the one hand and independence on the other. Second, it infers the need to preserve the professional image, and an obligation to the medical establishment. It is time to look past the image and examine the reality of medicine's inadequate response to the health needs of this country. A cost and we will not erode the growing dichotomy between the potential and the actual level of health care for some members of our society. If one really wants medicine to remain an honorable profession, he would do well to pay more attention to the needs of the patient and the community and less attention to the length of his colleague's hair.

What About Wednesdays?

There is nothing new is supporting a switch in the planning of Wednesday classes and electives (especially for juniors). Not only have there been discussions here among the students as to whether this would be suitable for affiliated hospitals but also among the administration at Jefferson itself.

Wednesday classes mess up the week. To some they are of dubious value in themselves. But must will agree that the spirit, to which we are rapidly approaching when the majority of the people simply cannot afford hospital care? Population control, nutrition, environmental pollution are all national problems to which the health professions must address themselves. But what do we students know about them?

We hoped that Ariel might act as a sounding board for these issues with participation from all segments of the Jefferson community. Our medical curriculum touches these areas only peripherally - yet we will all be expected to deal with the problems arising from them because medicine can no longer be separated from the ills of the total society. We are responsible for gaining some competence in solving these problems.

In the coming year then, we ask you not only read Ariel, but respond to it. Criticize us, attack us, discuss us, write for us -- but respond.

Resident Evaluations

The third year of medical education classically has introduced the aspiring student into the exciting new frontier of the clinical years. New skills are cultivated, as is acquiring a system be devised to prevent against such tragedies? More than one resident has almost given up the struggle for graduation on the front. This third year of medical education has been performed by almost every medical student.

Ariel, the residents have been through. Many have varying points of view on the need or indeed the desirability of points during the blocks? Is it too much to ask some of the staff to teach a little each day at the bedside rather than "doing their thing" once a year in front of 35 sleepy junior students? Electives are great too. Though they may vary depending on the subject of typical interest.

There has been much controversy recently over the killings of Black Panther leaders, Fred Hampton and Mark Clark, by Chicago police. Reports of the girl have brought out many contrasting statements, but the only thing the truth will be brought out as it is the local, state, and federal investigation. The girl has carried out with fairness to both Black and white girls. At the moment this may not be possible because the legal and bureaucratic case has almost nothing to do with money. If you are interested in seeing the truth made public and see a semblance of justice preserved, you are urged to contribute to the Fund for Civil Defense. Make any checks payable to the Fund and send them to:

The Law Office
605 South Dearborn
Chicago, Illinois 60604

Maternal Inequality

To the editor:

After having participated in the program for freshman students in the maternity ward to watch deliveries, I was appalled at one blatant injustice there. Ward patients were all permitted to have their husbands present in the delivery room, while private patients are permitted. Unless I am misinformed about the background of the policies of the maternity ward, I must conclude that this is injustice unpardonable.

For what reasons other than racism and insecurity can the hospital staff dig up to account for this? I have rejected the excuse that the maternity ward is understandably, that the nurses are not being trained to do the job. I do not believe the evaluation of the medical school or the hospital is as imperative here. For what other reason would the husband of a ward patient one thing, yet allow a private patient's husband another? Is this an abortion issue? Jefferson OR-GYN, get rid of those "chauvinistic and unfair policy!"
problems of trying to get the medical schools to change their policies. The creation, of reaching motivated and qualified black college students to inform them that they should apply to a medical school is not necessarily close and of trying more help for the overwrought students. The issue is still to be resolved, but it is probably more easily dealt with problems in the process. The Center for Medical Careers (CMC) was a result of last year's Committee for Black Admissions (CBA) in Philadelphia, CBA, composed of a small group of medical personnel from a few of the medical schools in the city, boldly demanded last year that the medical schools accept a third disadvantaged, primarily black freshman. From 1968 to 1969 a four fold increase of black medical students, from 8 to 35 entering the freshman classes resulted. This was the first time ever of all freshmen, not the most significant increase. It was in part that Brent Spears (Continued on page 7)

ARDIN

In fact, it seems unlikely that he will pass along an effective, well established CMC to next year's director. First of all Brent was not directly involved with CBA last year, therefore he lacks the same base of confidence that black students would give to a formerly CBA member. He received a handsome salary for his efforts, leading to more success. Black students at Jefferson say for the most part the Brent's pragmatism excludes a real human concern. Our Dr. Y. (Continued from page 1)
Thou Shalt Not Kill

By Michael J. Blecker

Thou shalt not kill. The commandmentstands firm, as at least some of the pulpit preachers have been quick to remind us. But what happens when the law is broken, and the perpetrator is on the run? This is the central question of the movie "Shinestone Street," directed by Barry Abraham.

The story revolves around a young couple, John and Jane, who are involved in a murder. They are on the run, trying to escape the law, and are constantly on the lookout for a place to hide. The film is a tense and gripping drama, with a strong cast of characters.

John is a former police officer, who has been forced to go on the run after being involved in a murder. Jane is a young woman who has been caught up in the situation and is trying to help him escape.

The film is a study of the human condition, and the choices that people are forced to make in order to survive. It is a powerful and thought-provoking film, and a must-see for anyone interested in the genre.

As they run, they are pursued by a number of people, including the police, and the situation becomes more and more dangerous. The film is a study of the human condition, and the choices that people are forced to make in order to survive. It is a powerful and thought-provoking film, and a must-see for anyone interested in the genre.

...
In Richard Bowman's article "Drugs and the American Mentality," he states that drug education and research was the only rational approach that ultimately leads to the use of drugs. To this I agree, however, at this time. He made a differentiation between people who experiment with drugs and those who misuse them. The former group had a "right" to do the same thing, but in my view it was inexcusable. M. O. has no "right" to stop them. Of all the different approaches and prevention are the key insights to be derived from this study. Statistically, the author asserts that the med"...
Discussions On Pass Fail

A third intern selection is only competitive for the Jefferson graduates seeking the most difficult to obtain. (Fall, September, 1969, according to the M.A.M.A, Approved National Intern Matching Program, 631 of 717 hospital units available remained in the first round.) We should have sufficient trust to be confident that the "best" students will be recognized as such by our faculty. The other Jefferson students, the vast majority, will get the same internship regardless of the evaluation system.

An undifferentiated evaluation system represents the medical education experience from a competitive to a co-operative environment. There are several spin-offs to such an important improvement. The value of assistance, consultation and discussion among students will be reinforced as effective and desirable techniques in handling medical problems. This will always prove a tremendous asset both for the physician and the patient. In addition, faculty and students may find it easier to teach, learn and work in a cooperative environment.

4. A change should be made to serve medical education a more plausible and successful experience, provided that such change is not accompanied by a sacrifice in the acquisition of KSA. I believe an undifferentiated evaluation system will accomplish both.

5. Preliminary assessment of student opinion in early November, 1969 demonstrated tremendous student interest at Jefferson in a pass-fail system. A more extensile poll, consisting of a) a specific proposal and b) mailed to every student, would be required before such an important change could be finalized. The following question, with responses following, were put before the freshmen, sophomore and junior classes during a morning hour:

Proposals: Elimination of the numerical grading system and its replacement by a Pass-Fail system with details to be arranged by a Facuity - Student Committee.

Agree Disagree
Freshman 63 13
Sophomores 134 28
Juniors 254 80 105

It is also possible that the contaminated change from a highly differentiated to an undifferentiated grading system would shift the Jefferson student's attention from exams (witness the tremendous concern last year with whether Technicolor was on the sophomore Pharmacology), the refusal of many juniors to take Ob-Gyn and biochemistry finals, etc.) to how best acquire the knowledge, skills and attitudes of an outstanding physician.

Does F/W work?

An abstract in the Journal of Medical Education (9:869, 1969) describes the experiment. In the fall of 1965, the University of Southern California adopted pass-fail on a trial basis. Grades were dropped and replaced with "unsatisfactory," and "satisfactory," with the possibility of honors. During the school year students were tested on the standard medical student attitude inventory. The results showed that under the new system students were doing more assigned reading, more unscheduled reading, there was some decrease in the amount of cramming before exams as well as a net increase in self-directed study. Southern California like the other schools previously listed, has now eliminated grades permanently.

Pass-Fail at Jefferson?

The matter of pass-fail at Jefferson is currently being discussed by the Promotions Committee whose responsibility it is to decide such matters. A current study is being conducted by an Ad Hoc Student Council sub-committee with faculty representation on it. This committee plans to report to the students on the various forms of Pass-Fail, emphasizing the strengths and weaknesses of each. It is still open to the student body to determine specific preferences. This information will be submitted to the Promotions Committee where it is hoped that a student desire in this matter will be weighed with considerable emphasis.

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Drugs

(Continued from page 5)

ment has passed laws making possession of drugs a felony. The AMA stated that "marijuana is not a medical necessity because of its potential dangers.

The solution is to work with what knowledge we have. First, we must petition for more information. Research into the drugs that plague Americans must be continued and such research must be honestly presented to the public (this latter aspect has conspicuously failed to occur—why?) Second, we must raise the public's awareness to the drug problem. A little serious thinking about their definition may lead us to a solution concerning their use and abuse. At this moment, Congress is debating a bill to lower the penalties for possession of marijuana. (Continued from page 6)
Hair

(Continued from page 4)

similar reasons like sex and color of skin. None of the individuals had recourse to disputing the decision of the "Big Nurse" who, of course, has final word in hiring and firing. In fact, no one said anything. No one could.

They simply walked away, down the long, sterile corridor, with a resonance "Sorry, that's policy, you still ring in their ears. Standard Hollywood technique.

On one level, this document expresses the discriminatory policies of one of this country's vital institutions. Unfortunately, in all this there's nothing new. We've tolerated it for so long our senses have become numb to its decedent color. And even though significant legislative measures have been taken in recent years, discriminatory policies still persist in all areas of American life — although the more blatant forms of injustice have been banished from the written word and into the dark confines of unspoken sentiment and unwritten policies.

On another, perhaps more disturbing level, this documentary is a tragedy, a distinctly American tragedy. The main threat to the film is not the immediate issue raised by discrimination against and dehumanization of the individual. Rather, the film clearly depicts the gradual demise of a much needed institution, an institution which had the resources but lacked the insight and understanding to meet the challenges of the times.

The hospital deliberately kept aside the rapid changes in medical technology and instrumentation. To fail to do so would have been insane. But amidst the medical upheaval, the hospital neglected one aspect of their service — their patients and their socio-economic environment.

The hospital ignored the upheaval in social structure and social norms. It failed to realize that the medical delivery as implemented or regulated by hospital policy has to be constantly re-examined in the light of the "outside world," within the context of the changing times.

For you see, as the "long-haired, dark-skinned, slant-eyed freaks" were turned away one by one in the holy name of policy, the hospital found itself surrounded by a sea of sickness and suffering — with no way of delivering the needed medical assistance. All the lab technicians and nurses aides grew long sideburns and were, consequently, fired. However, this left no one to clean the hospital and change the linen and perform all those "menial" tasks. And, though the medicine cabinet was crammed full, typhoid fever was rearing rampant through the ward.

In the final scene, the hospital has been forced to shut down. The administrators, who have been forced to dye their skin and let their hair grow and string tears in order to secure employment at one of the local hospitals, march solemnly down Walnut Street, single file, with "Big Nurse" at the head. And the triumphant notes of Thus Spake Zarathustra bring the documentary to a shredding end.

Because of incredulity and lack of cleverness I rate this picture "disastrous."

Project Haiti

(Continued from page 7)

with the Albert Schweitzer Hospital, can afford to send four or more students at a time, and can set a precedent in medical education that, giving medical students the opportunity to learn medicine on the spot under minimal conditions rather than in classes and modern hospitals under the somewhat artificial conditions they provide.

For the present, however, the Project has great hopes, $400, and openings for two Jefferson juniors or seniors to serve in Haiti from January 25 thru March 8, if you're interested in serving at this time or in the future, please contact Aris Sophocles, 1625 Delancey St., Phila... K 6-0716.