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Recommended Citation
Case, Jr., Delvyn C.; Miller, Eugenia; Pearlman, Mark A.; Bialas, Paul; Tischler, Art; and Burt, Terry, "Ariel - Volume 3 Number 2" (1970). Ariel. Paper 54.
https://jdc.jefferson.edu/ariel/54
Medical Students Invade Appalachian Mountains

by Paul Shelden

The Student Appalachian Medical Association (SAMA) has recently concluded the 1970 ‘Appalachian Project’ summer program which afforded students in various medical fields the opportunity to experience and study the problems of rural health care delivery.

This article will attempt to present an overview of the project, its history, administration and its goals. Hopefully, it will be read by a later article concerning specific health problems as they exist in Appalachia. Nearlv 150 students participated in this year’s programs representing schools of medicine, nursing, dentistry and dentistry from across the country. A closer analysis shows that about 190 medical students, 20 pharmacy students, 20 nursing students and 7 dental students were involved.

This was the second consecutive year for the project, and it is hoped that programs and realities that are part of this project will be acceptable to students from various institutions and para-medical disciplines.

Funded by the Appalachian Regional Commission, a branch of the federal government, the project was designed and administered solely by students. The nucleus for student activity is the SAMA and SAMA National Student Nurses’ Association.

Activities in the project were assigned on a one-on-one basis with practicing preceptors in their particular Appalachian area of the health geographical belt extending from northwestern New York southward through Pennsylvania, Maryland, the Carolinas, Georgia, and part of Mississippi.

Using their preceptor as the key to other community resources, each student was expected to become involved with the community from a medical, socio-economic perspective. Daily logs were kept in order to capture the essence of the day, and weekend meetings were held to share highlights and areas to share experiences of the past week. Since Appalachia encompasses small towns of 400, as well as cities of 30,000 population, (tenant farmers, coal factory workers, even millionaires) it is easily seen that each student had a unique perspective of the educational experience.

What was the purpose of the Appalachian Project? Briefly, they were as follows:

1) To create among health science students a greater awareness of the actual deprivation of the Appalachian Project Briefly. They were as follows:

1) To create among health science students a greater awareness of the actual deprivation of Appalachian residents, and to invite to them to join with free lunches, dinners, and parties every night.

Laid over into confusion, the once terrify project was finally revealed by the people of the area as they played with his bones box the entire weekend, thinking, “Well, maybe this won’t be so bad after all. I can join as many elicitation of medieval projects. The project is expected to become involved with the Appalachia Project.

A symposium on the Lincoln Medical Student Forum will be held next October 20.

Enter Class of 1974

Welcome to Anatomy

by Mark A. Pearman

On the morning of September 9, 322 hardly souls congregated for the first time as the class of 1974. Each was probably thinking, “Well, what have I gotten myself into this time?”

In many ways their faces reflected of Pennsylvania, has prompted much confusion, the September 21 meeting of the National Institutes of Health, the Committee for Selective Service and the possibility of obtaining medical student or physician continuing. The Medical Committee for Conscientious Objectors has been invited.

The recent announcement by Selective Service that there will be no physical draft next year has prompted much confusion among interns and students at the medical schools. Many students are unclear as to the opposition of the National Institutes of Health and the Public Health Service; and the possibility of obtaining conscientious objector status as a medical student or physician continues.

This program was planned at the September 21 meeting of the Student Medical Forum. Important issues discussed included the unionization of hospital employees, recent activities of the Health Professionals Committee, the Shapp/Kline abortion at Jefferson, the publication of the RNS, and commitment of medical students at other Philadelphia medical schools.

A symposium on the Lincoln Hospital dispute was tentatively planned and the Student Medical Forum will meet again on October 5 and 26.

SMF Plans Draft Program

by Debyln C. Case, Jr.

On Wednesday, October 3 at 12:30 P.M., the Student Medical Forum will sponsor a symposium on the draft and alternatives to the draft. Representatives from the local chapters of the National Institutes of Health, the Public Health Service, the American Friends Service Committee and the Central Committee for Conscientious Objectors have been invited.

Why Not Read A Little

at a student rate of 85 and regular rate of 87. If interested one may write to them at 17 Murray St., NY, N.Y. 10007. It is well worth reading.

The Medical Committee for Human Rights is a national organization interested in the activist and humanitarian philosophy in the development of an effective critic of the medical establishment for several years now, and sponsor a variety of educational and participational activities. To join write MCHR.
Shapp Plans
(Continued from page 1)
companies other than the two currently operating in Pensesylvania, and 2)
investigating comprehensive proposals from the Kaiser-Permanente program in California.
To solve the problem of constantly rising health care costs, Shapp devoted a
major portion of his budget to:
(1) creating new, non-hospital facilities, and
in these facilities, such as nursing homes and channel state support, previously directed most exclusively to such out-patient and inpatient facilities.
The decrease in health care costs produced by effective use of non-
hospital facilities is clearly evident. It costs an average of $70 per day to hospitalize a patient, $30 per day to care for him in a nursing home, and a much lower
fee to provide out-patient care. Most professionals agree that millions of patients are currently only briefly hospitalized, but are nevertheless
served by such non-hospital facilities.
Second, the governor should establish a single agency to audit and regulate
non-profit hospitals, similar to Pennsylvania's Health Facilities
Review Board, in the role of a public agency currently active in Pennsylvania, for the
health of our profession, and for the health of American politics.

Medicine and Medipolitics

From every sector of the population, demands are being made for changes
in the health care system. It is easy to say services must be expanded and improved and waste eliminated, but the problems are complex, the solutions even more so. As providers of health care, we must by now realize that health cannot be divorced from developments in the rest of society. Medicine and politics are inseparable from each other, and to ensure people's health, we must attend to developments in both these spheres. Now is a good time to start.

One of the candidates in the upcoming gubernatorial election is Milton Shapp. In health, as in other areas, he has shown both the will and the necessary insight to deal creatively with real issues. In a talk titled "A Rational Approach to the Health Problems of Pennsylvania," he has stated frankly that health services in this state are a "non-system with non-funding," in which hospitals, medical schools, and research facilities continually face the threat of having to close. He has stated that health must be given high priority in state and national politics. There have been distortions, half-truths, and outright lies.

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The campaign of Shapp's opponent in other areas, has been devoid of programs. It rests primarily upon time-honored dirty politics. There have been distortions, half-truths, and outright lies. This, if nothing else, has caused some awedly apolitical members of the medical community to endorse Mill Shapp.

Shapp is no optimist, but we are of his voice to it -- for the health of Pennsylvania, for the health of our profession, and for the health of American politics.

Pass Fat Under The Rug

The questionnaire discussed last March by the Student-Faculty Evaluations Committee clearly indicated that most students prefer a pass/fail evaluation system. But, at Jefferson, it appears that the questionnaire, the Student-Faculty Committee, headed by Mark "Dilmore" 73, last May recommended to the Faculty Promotions Committee, which has charge of the evaluation system (outlined in the September Ariel, page 7), the Promotions Committee chose to ignore this recommendation and formed a new subcommittee ( outlined in the September Ariel, page 7 ). The Promotions Committee of students and faculty "to study the matter further." The man appointed chairman of this subcommittee, Mr. Carter Zeleznek, is an overbearing and self-serving. But the wage increases were inevitable, and the striking hospital workers have shown us how it's done. True, increased wages have forced hospital costs to rise dramatically in recent years. True, its labor turnover, in the past as high as 40 percent, and the sense of pride and of investment in the system has raised job stability. The New York hospitals have found that the workers' new sense of pride and of investment in the system has raised job performance. Moreover, labor turnover, in the past so high as 36 percent per year and a major cost factor, has in some hospitals dropped as low as 4 percent.

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The union train is coming. If a spirit of cooperation is established, it will benefit everyone. To create that spirit, we will have to clear the tracks.

Coming Events

ARIEL MEETING: Everyone welcome. October 14, 7 P.M. Rm. 139

CHRISTIAN MEDICAL SOCIETY presents "Crises in the Mideast." Speaker: Pat Kennedy, M.D., Jefferson grad who recently returned from experience in the Mideast. Oct. 30, 10 o'clock P.M., Rm. 139, Jeff Hall.

JEFFERSON CHOIR replaces Defunct Glee Club. First rehearsal Wednesday, October 14, from 7:30 to 9:30. All welcome! Rehearsals held Wednesdays, 8-10 P.M.

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November, 1970

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November, 1970
By Terry Bart

Who are "we"? Who are "we" becoming? Who are "they"? How do "we" relate to "them"?

Every medical student has an identity crisis when he dons the white jacket. He is passing from the greater world of "them" to the esoteric society of doctors--"we doctors." It is a formative period, but he is not entirely passive in the initiation. Ideally he examines what he is becoming and decides "Aye" or "Nay" to each phase modifying the process if necessary.

This is the reason for the underlying discussion of Jefferson issues, curriculum revision, student conformity or non-conformity to certain stereotypes, admissions criteria, etc., as well as wider issues, for instance "our" changing role and responsibilities as physicians in the problem of delivery of health care to each and all of "them." In my own case, this identity problem is complicated by another factor. I have already gotten quite accustomed to another identity. I am a nurse. That identity and the accompanying thoughts do not drop away instantly when entering these halowored portals. May sense of "we" and "they" is all mixed up. I feel like a wolf in sheep's clothing.

Because of my own anomalous position, in addition to the general "topics just mentioned, I am also interested in discussing aspects of the Doctor-Nurse relationship (Note that I diplomatically avoid the initial impulse to write "Doctor vs. Nurse relationship.") In my present schizophrenic condition, I could carry on this dialogue myself, but hopefully comment will also be forthcoming from Arriel readers. I can try to reframe and interpret in this interim while I have a foot in both camps. I am We and They.

Attending Med School With Misgivings

Terry Bart, M.N.

Sure I want to be a doctor! That's my problem. Ever since I was eleven and read Paul DeKruif's Microbe Hunters, the irrational desire to practice medicine has complicated my life.

I tried to resist. I tried everything. I attended Medics Anonymous meetings where worn-out M.D.'s counseled against approaching the maelstrom. Mother put up signs saying to the house--"Medicine May Be Hazardous to Your Health." I took the Salvation Army--nothing but three week confessions with a TV set loaded with old Killide and Ben Casey reruns. I tried Cold Turkey--a year working in a bobble gum factory and taking liberal arts courses at home. Finally friends advised a Less Toxic Substitute--nursing. All to no avail. Here I am, Jefferson. We will have to work this out together.

(Good grief! exclaims the admissions committee. Why three thousand to choose from, we picked this one!)

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Enter 1974

(Continued from page 1) on Vanness Road, there's back.

Before you realize it, Sunday P.M. is upon you, and it is time to start preparing for another hectic week with only one thought in mind, "After this week, there's only 14 more of anatomy."

Red

(Continued from page 1)

80 Addison St., Philadelphia. In addition they sponsor 2 publications, Health Rights News, a monthly newspaper you receive with your membership, and a new journal called the body politico. The subscriptions fee for the latter is $4 and may be obtained by writing to the body politico MCHR, 160 Howard St., San Francisco, California. For further information on any of the above topics contact Rich Botano Box 64, Jefferson Hall.
Students Invade

(Continued from page 1)

problems, general medical needs, and the gaps in health care which exist in rural areas.

2) To enable the student to identify with the role of a rural health practitioner, so that the student might visualize himself in rural America after graduation.

3) To broaden the understanding among practicing Appalachian physicians of the interests, needs, and goals of today's students.

4) To encourage participating students to return to their schools and actively seek curricular change, in the direction of providing a larger output of personnel, appropriately trained and exposed to the health needs of rural America.

Clearly, these goals are educational in thrust. The participants were not expected to invade an impoverished, problem-plagued area and act as savors of the time. However, if the student was able to effect a smooth transition into the community within the first few weeks, he was encouraged to identify a problem and attempt a solution by initiating a project of his own. Besides being of some benefit to the local populace, these would permit closer involvement with the community's problems and people.

Examples of projects undertaken range from the formation of pre-school immunization clinics, to health recruitment programs in the high schools, to descriptive surveys of the health care situation in specific counties.

It is emphasized that the Appalachian Project was not designed to teach clinical medicine. Rather, it was intended to help fill the void that currently exists in medical education, in preparing physicians to handle those problems of health care to which he is not exposed in medical school. To accomplish this, volunteer private practitioners were utilized as preceptors. After becoming acquainted with his host, the student then explored the community on his own. This was done by making home visits with public health nurses, Visits workers, and the welfare department, meeting other physicians in the area and spending time with them in their practices, attaching himself to ongoing community projects, such as the local OEO agencies, and by beginning his own project.

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