Duke University Medical Center
DURHAM, NORTH CAROLINA
27706

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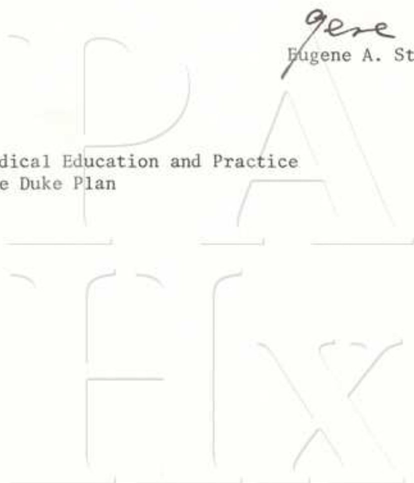
DEPARTMENT OF MEDICINE

MEMO TO: Dr. Kinney

I believe both these manuscripts may be of interest to you.

Gene
Eugene A. Stead, Jr., M.D.



Medical Education and Practice
The Duke Plan

THE DUKE PLAN

How to give public assistance with dignity; how to share the cost of public assistance between the private and public sectors of our society; how to create useful jobs for that portion of society who can work but who, if paid the minimum wage, cannot return a profit to their employer; how to give home services to the rich and poor of all races in times of need so they can live in security outside of nursing homes; how to create for the unskilled career ladders which have sufficiently small steps to be realistic; how to prevent the recycling of dependency by appropriate attention to the young; how to build a home support system which will allow professionally trained women to work and maintain their homes. These are some of the burning questions of our time. The Duke University Medical Center is developing a program which will give new answers to these difficult problems.

The Duke plan accepts the fact that public assistance will always be a necessary component of our society. Indeed, we anticipate that more, and not fewer, persons will need public assistance in the future. Each person must reach a certain level of adaptability, of education and of skills to survive in our society without public assistance. The level which must be attained in order to maintain independence is rising at a more rapid rate than the abilities of our people. We do not believe that the people requiring public assistance need to belong to any one segment of our society, and we do not believe that children of persons receiving public assistance should automatically be the persons receiving public assistance when they reach adulthood. Instead, we look on public assistance as a necessary support mechanism which may in one generation be needed by anyone in our society. Out of the pool of persons supported by public assistance in any one generation should emerge many independent citizens of the next generation.

Those who believe that public assistance is undesirable and that recipients of public assistance are unworthy persons have always structured the system as a pure welfare program. Those of us who believe that the growth of our society demands that public assistance be available and be non-degrading wish to construct the system using funds from both the public and private sectors of our society. We believe that private agencies supported by both public and private funds offer many advantages over the present welfare system.

There are many workers who are only just able to survive on the income they create and who will eventually turn toward public assistance as they grow older. These persons receive less than the minimum wage and are not able to raise their children in a way that will make the children useful citizens for tomorrow. They have the option of continuing to struggle to support themselves or of falling back on welfare. Illness or aging may remove the option and make welfare the only recourse. In this segment of our society, we need to combine public and private moneys to provide minimal wages and to support training to increase the income potential.

The health field is the best area in our society to create jobs which can give real satisfaction to the worker who is limited in education or work skills. The children, the handicapped, the ill and the aged all require help whether they remain in their homes or whether they are placed in institutions. Anyone who can establish regular work habits can perform a useful service. At one end of the spectrum we have people of limited skills who need work and, at the other, we have sick, the handicapped, the children and the aged who need help. The unskilled persons need a minimal wage to function in our society, and the people needing the help frequently cannot pay that much for the services. Both the unskilled worker and those needing

help are frequently forced entirely back onto public assistance. A mechanism should be found by which the unskilled worker can work with dignity, and the sick and aged can receive his services.

The unskilled person entering the working force should have the opportunity to learn and to improve his condition. Many people can do this if the steps in the career ladder are small and if the entire program is geared to allow the person to make use of the material he has learned.

There are many trained professional women who work for only a few years in the health field. They are attractive and capable, and they acquire husbands. They do not need to work for economic reasons, and they have difficulty in obtaining help in their homes which would free them for services outside the home. Day care centers do not solve their problems. They need help in the home with housekeeping, budgeting, dietetics, shopping and cooking. These trained professional workers represent an unused resource. They could work outside the home to give needed services in the health field, or they could serve as trainers of unskilled persons by using their home as the school.

Under the Duke plan the Duke Medical Center will employ, at the minimal wage rate, men and women who are now on relief or who are employed at less than the minimal wage. There will be no means test. The only requirements are the ability to establish regular working hours and the absence of destructive patterns of behavior. After a short period in service training, the services of this corps of workers will be offered as a fringe benefit to professional women working in the University and Medical Center, or to professional women now in the home who would like to return to work.

The professional woman will work from one to five days in the University or Medical Center and will spend one day per week giving instruction in the

home to the home worker. She will be supplied with instruction kits, covering the areas of cooking, nutrition, shopping, budgeting, dietetics, housecleaning, care of pregnant women, bottle and breat feeding, first aid, simple physiotherapy for persons with arthritis and strokes, and nursing care for bedridden persons. Special arrangements will have to be made for those who cannot read or write. Standardized tests will be given to determine whether the training in the home compares with that given in the classroom.

The Medical Center will determine the economic value of the services rendered in the home, and this will be deducted from the pay of the professional woman. If she accepts the fringe benefit in lieu of salary, there will be some income tax advantages to the professional woman. She will also receive some income tax relief by using her home as a training base. The Medical Center will collect from public assistance the difference between the value of the services rendered and the minimum wage.

Some persons will never advance beyond this first stage of home worker. They may never create a minimum wage. They will continue to be subsidized by public assistance, but neither the worker nor the person receiving the fringe benefit of home services will know that public assistance is paying part of the bill. Some of the home workers will create a minimal wage from the start and will need no direct help from public assistance.

The workers who have learned new skills from the home instructional program will be brought from the home into the health-care institutions where they can function as aides in nursing, dietetics, physiotherapy, housekeeping, laboratory work and dentistry.

Those persons capable of advancing further in the health field will be given practical nursing training. The Duke Medical Center will maintain records

of the home training and the in-service training so that due credit can be given for past achievements. Practical nurses who wish to develop further will be trained as clinical specialists, which will give them clinical skills in specialized areas equal to that of the registered nurse.

The Duke plan can be used for both men and women but, in the beginning, it will involve more women, and these women have children. Day care centers are an integral part of the program if we wish to interrupt the dependency cycle. Development in this area again needs a proper balance between public and private funding.

With this new cadre of workers the Duke Medical Center will supply home services to handicapped, ill, or aged persons who at present have to be institutionalized because they have no other resources. All persons, black or white, young or old, rich or poor, at times need the help of other human beings. We wish to establish a human resource to meet the need. The Duke Medical Center will supply the persons to give the service. Duke will collect from the person receiving the services -- whatever he is able to pay. Duke will bill public assistance for the difference between that figure and the cost of the services. The worker giving the services and the patient receiving the services will not know whether or not funds from public assistance are being used. Under the Duke plan the land will still be largely covered by 8-lane highways, but the spaces between will not have to filled with concrete-block nursing homes.

The Duke Medical Center believes that this proposal warrants serious attention. It has aroused interest in everyone who has seen it. The plan will be difficult to implement at the usual agency level within the Department of Health, Education and Welfare. It involves use of welfare funds; it creates new jobs in the health field; it starts a series of home schools which require central record room keeping; it needs a day care center.

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