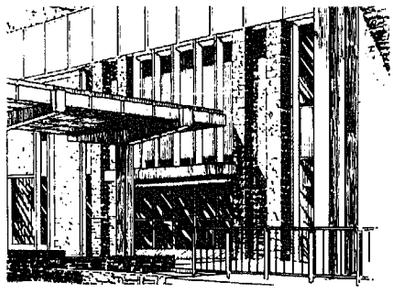


SHIFTING DULLNESS

DAVISON SOCIETY NEWSLETTER
DUKE UNIVERSITY SCHOOL OF MEDICINE
Box 2889 DUMC

Special-For Y'all

November 14, 1977

NAVY SCHOLARSHIPS FOR 1977-78

Lieutenant Ron Hewett, Physician Programs Officer, U.S. Navy, has notified us that there are over 100 Navy scholarships available for 1977-78 as of November 1, 1977. All applicants who were preveiously notified of an alternate status have been offered a scholarship. First year students will have a prorated commitment of service rather than a straight four years. Second year students would have a minimum of three years commitment of service. Current applicants who are selected may expect payment to begin in January, 1978. Current applications will be selected on a first-come first-serve basis without regard to institutional costs. All new recipients (1977-78) will have their scholarships totally taxed (tuition and stipend). Previous recipients of scholarships will not be taxed. The Armed Forces have proposed to relax taxation for the next two years. (look for more details below). For applications and more information: Navy Physicians Program Officer, P.M. Box 18568, Raleigh, NC, or call toll free in North Carolina 800-662-7568.

NEW LOCATION OF ARMY SCHOLARSHIP OFFICE

Medical students having questions about, or interested in making application to, the Armed Forces Army Medical Scholarship Program may now contact the North Carolina office: Captain Roy Leatherberry or Ms. Barbara Cowan, Raleigh, NC 834-6413 or -6414.

APPLICATIONS FOR LOAN REPAYMENT FOR SERVICE IN A SHORTAGE AREA

As of October 1, 1977, the Student Assistance Branch, Bureau of Health Manpower, is no longer accepting applications for Health Professions Loan Repayment for Service in a Shortage Area. Applications for Nursing Loan Repayment are still being accepted.

On August 1, 1977, the Health Planning and Health Services Research and Statistics Extensions Act of 1977 (PL 95-38) was signed by the President. This legislation provided that other professional educational loans made prior to October 1, 1976 were eligible for repayment in addition to federally funded health professions loans. Due to this enactment, the Bureau has received an increased number of applications which has resulted in a total commitment of funds allocated for FY1978. Although no funds remain for new applications, it is possible that additional funds for this fiscal year may be made available.

In accordance with the Health Professions Educational Assistance Act of 1976, the published health professions shortage area lists previously in use expired September 30, 1977. New criteria and lists are now being developed. We will notify you of future developments

THE POLICY MAKERS

TAX STATUS OF PUBLIC HEALTH AND MILITARY SCHOLARSHIPS

A bill has been passed by both the House and Senate relating to the tax status of Public Health and military scholarships. The existing law holds that for anyone starting

the program this year, his/her scholarships (tuition and living stipend) will be included in taxable income. The new bill will exclude the scholarship amount from taxable income for anyone currently enrolled in any of these programs or for anyone who enrolls before December 31, 1978. The bill is now on President Carter's desk. If you have any questions contact Jackie Rutledge, Box 2843.

Externships, etc.

This article is the first of a series on externship/summer opportunities. Many people have had patient care experiences away from Duke. Most have had good experiences, some not-so-good. We would like to share them with you for your interest and as a source of ideas. This one comes from Marilynn Prince, MSIII.

INDIAN SUMMER

Yat-eh! The cordial Navajo greeting is used by Indians and Anglos alike on the reservation, acknowledging who is host there. I learned the word quickly; rounds at the Public Health Service Hospital in Tuba City, Arizona require an interpreter, but a smile, a handshake, and the native greeting do help to bridge the gap. Establishing rapport is especially important in a culture where many elderly Navajos speak little English, have a traditional belief in witchcraft as the basis of physical illness, and do not immediately accept the purpose or efficacy of Anglo medical practices. I was quickly impressed by the sincerity of the PHS physicians in their attention to Indian cultural values, and my 11-week preceptorship convinced me of the importance of the art of medicine, as well as the science. Eight weeks on medicine, three on surgery, and a general exposure to out-patient and emergency care provided an excellent experience with high-quality community medicine in a very unusual setting.

The medicine man remains a powerful figure in Indian culture, viewing spiritual disturbance as the source of somatic difficulty and employing both physican and spiritual means of cure. Certainly he is more effective than the foreign Anglo doctor at assuring the patient that the witchcraft has been broken. The interface between Indian and Anglo medicine is often startling. It is not unusual for a patient to request to leave the hospital for a "sing" - a medicine man's ceremony - or to be taking Indian medicine as well as Anglo. At the extreme, imagine a modern Intensive Care Unit with its crisp technology, flashing monitors, imposing respirators and defibrillators. Now add to that sterile scene the wisdom of centuries in the figure of a wizened, aged Navajo medicine man, chanting compellingly for hours over an animal skin spread over the patient, laden with mysteries of bits of bone and feathers, and patiently arranging a complicated sand painting beneath the bed. The effect is eerie and astonishing, and since neither cultures ritual was able to save this patient there is little place for ridicule.

Easterners tend to view Indians as well-developed media cliches would have them - Hollywood's whooping red man, or insurgents of Alcatrez and Wounded Knee or straight men to cowboys - colorful, but faded and fortunately reservation-bound losers. In fact, "Indians" can hardly be treated as a composite, comprising instead a variety of very different cultures that can be lumped only by the Anglo habit of treating his own culture as a standard. The Hopi Indians occupy territory that is an enclave on the Navajo reservation, yet these two historically warring tribes reflect widely disparate ancestries, cultures, and languages. Descended from the pueblo-builders, the gregarious Hope maintain their agricultural tradition, living closely together in villages displaying varying degress of modernization. In contrast, the much more aloof Navajos are traditionally shepherds with lesser emphasis on agriculture - a way of life which in arid country dictates their habit of living in small, semi-isolated clan groupings. Frequently they still

reside in one-room structures or "hogans". Both societies maintain powerfully spiritual cultures and traditional practices that have resisted many of the materialistic pressures of Anglo society although there is a significant duality between acquired Anglo goods and customs and old practices. The conflict is especially evident among the young, many of whom leave the reservation to find jobs, countering protests from tribal elders as well as discrimination off the reservation. Thus the conflicts apparent in a focus on medicine are representative of more general problems.

Medical care and life in general require creative adaptation to the rugged desert terrain. Water is scarce; access to the scattered Navajo families is time-consuming and difficult. A full day spent with one of the outreach PHS nurses included visits to only a few families but offered a revealing picture of problems in very rural medicine. We reinforced instructions for insulin injection to a new diabetic; we cheered up a totally contracture-bound rheumatoid arthritic, whose hospital bed seemed out of place in his traditional hogan; we discussed nutrition with a mother whose children were prone to dehydration and failure to thrive; we discovered an old Parkinsonian in acute urinary retention. The desert has a sobering impact on medical care. A trip to the hospital may involve many hours of jolting over dirt tracks. Serious problems often present in highly acute form, and follow-up appointments are hardly a casual undertaking.

Tuba City is actually a very small town by Anglo standards, and the nearest large town is Flagstaff, 75 miles away. The Tuba City hospital, though, is an impressively attractive and modern facility with about 125 beds divided into an adult medical and surgical unit, ob-gyn, and pediatric wards, and an Intensive Care Unit. Various clinics, lab, E.R., x-ray, and pharmacy are also well-equipped. The eight general medical officers (resident-level PHS physicians serving at least a 2-year stint) rotate through the various services and assist the permanent specialists - an internist, two surgeons, two pediatricians, an ob-gynecologist; Psychiatry, ophthalmology, and dentistry also have clinics and permanent specialists, and there are weekly visits from an orthopedic surgeon, and an ENT specialist. Thus the hospital has the capacity to care for most problems, and an air ambulance service provides transport to Flagstaff, Albuquerque, Phoenix, and Tuscon for tests and procedures not possible in Tuba City (e.g. C.T. scan, arteriography, cardia cath). (Occasionally students are asked to serve as attendants and get the rare privilege of dramatic desert scenery from the vantage point of a small plane).

The range of medical problems is wide with a shift towards infectious disease, pulmonary problems, and trauma. Shigella is rampant and TB is common, as are cholecysitis and diabetes, The adult population tends toward obesity with a high carbohydrate diet. Cardiac disease is infrequent but may be increasing. Widespread social problems, especially high unemployment, are reflected in a high incidence of alcoholism and drug overdose. Aggressive diabetes and TB clinics in the Tuba Hospital have made recent strides to counter these two problems.

In addition to the excellent medical experience, recreational opportunities last summer were terrific. The Grand Canyon is 60 miles away and many other options for hiking and camping exist as well. The closely-knit hospital community was very warm and welcoming and several times I was invited along on off-road jeep trips. I'm not in the Public Health Corps student program - such preceptorships are open to other students. At first the desert was impressive, but strange to my Eastern eyes. They appreciation grows wildly for the clear night skies, the supernatural rock formations, the ever-present light, the distant horizons. No wonder the Indians know of spirits everywhere - and no wonder they're calling me back.

Information on the following externships is available in the Med School library reserve room in a book entitled Electives away from Duke.

Clinical electives at the National Institutes of Health
Rural Health Primary Care Preceptorship program in Maine; Medical Care Development, Inc.
Oakland Health Education Program-Clinical Training in Oakland County, Michigan

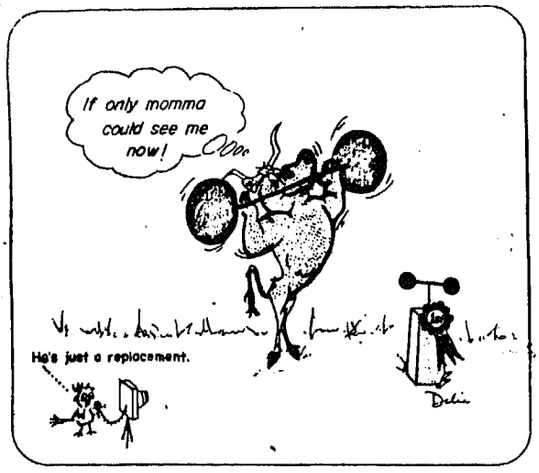
med jocks

MED CENTER VOLLEYBALL TEAM ARE CHAMPS

The B - Blockers, one of the medical center's coed intramural volleyball teams, easily won the university championship last Tuesday night after an unblemished season. Reports differ as to their secret of success: was it the devastating blocking and spiking of Dave Abernathy and Ralph Damiano? or the ball control and hitting of retiring senior Kurt Newman and Eddie Miller? More likely, success can be credited to the four women - Rock Rusch's pinpoint sets, "Baby B" Basuk's hustle and cannonball serve and the flawless consistency and every present high spirits of Jeanie Guyton and Mary Early. Finally, after many years of good, but often frustrated showings, the medical center has an IM championship!!

PATHOLOGY PUZZLE

Answers to this week's puzzle can be put in the ballot box in the mail room. Entries must be submitted by 1:00 Monday, November 21 to be considered for the prize. Last week's winner was Bill Griffin. The answer was: AUTOPSY - anatomy, prognosis, trauma, atrophy. Congratulations!!



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RADEOSCNY O _ _ _ _ O _ _ _

HAPPY THANKSGIVING!