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ALIFORNIA STUDENT HEALTH PROJECT summer 1968



CALIFORNIA STUDENT HEALTH PROJECT SUMMER 1968

DEPARTMENT OF PEDIATRICS
LOS ANGELES COUNTY-UNIVERSITY OF
SOUTHERN CALIFORNIA MEDICAL CENTER

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"An ideal medical center would give to physicians and students a direct contact with the whole spectrum of these (biomedical and social) sciences, from the most abstract knowledge to its ultimate practical applications. Such a center would provide a suitable environment for the birth of an idea, the establishment of its validity, the shaping of it in the form of a usable concept, the testing of its practical utility and limitations, the teaching of its theory and practice, the concern of the moral and ethical problems that inevitably arise whenever technological innovations are applied to human beings, and finally the discriminating application of the new knowledge for the benefit of a particular human being as well as of the community as a whole. Ideally, the medical center should recapture the intimate relationship with the patient, symbolized by the traditional picture of the family physician; it should cultivate the rational approach to disease that has grown out of scientific medicine; it should be a forum of the soul, and the needs of society are integrated into a new science of human and social engineering."

—RENE DUBOS,
Man Adapting

PREFACE

The following report has been prepared by Mrs. Tess Weiner, an experienced sociologist, who served as the Director of Education for the 1968 Summer Student Health Project. Her background in medical care administration, particularly at the Mount Sinai Hospital Child and Family Study Center and as the Director of Health and Welfare for the Los Angeles County Headstart Program (EYOA) provided an excellent basis for appraisal of this program. Her inherent sensitivity and perceptive nature, together with her close but "nonadministrative" involvement with the project has provided an unusual perspective for a different form of evaluation for this project than was done in prior years. She has captured the essence of the successes and failures, and the many poignant vignettes included bring to the reader a measure of sharing in the experiences and frustrations of their authors.

As this report is reviewed, the discerning reader will recognize the resistance of the "over-organized" health science student to a structured and regimented experience during the "vacation" months. He will also see the greater interest in what is now called community medicine, evidence of increased student political activism and, as in prior years, the individual expression of student attitudes toward various social problems. There is also clear evidence of the present unwillingness of many students to speak for their colleagues; its counterpart, the lack of clear definition of those the group wishes as its representatives, is also shown.

The project was mounted with an aura of great expectation born of success during prior years. The philosophical divisions and changes in attitudes within the sponsoring agencies, the students and the preceptors were not clearly recognized. Those between law and medicine further complicated the plan. The year 1968, itself, marked by political conventions and campaigns, civil disturbances, and assassinations of prominent leaders with the understandable emotional reactions, added further problems to the successful pursuit of the project. Perhaps the most important lesson to be learned from this report is the need for organizations contemplating the sponsorship of such programs to develop, in advance, a central organization with the needed experienced staff who can participate with students in defining the reasonable goals and methods of achieving them and an organizational structure which will withstand the sudden and often unexpected pressures to be encountered.

These comments are not intended as an apology for less than optimal performance by an organization composed almost entirely of dedicated and altruistic individuals, but as an introduction to a detailed and thoughtful report, best described by a truly involved participant who has given

much of herself to the successes of the project. She has provided herein a valuable and perceptive account of the program itself and insight into many of the social forces which influenced its ultimate form.

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ACKNOWLEDGMENT

This case study on the student health project of 1968 is a departure from former years when students wrote and edited the final report. Their fresh, sensitive style, unhampered by analytic jargon, reflected the honest excitement of discovering their own strengths, and the pain of experiencing the pain of others.

In a very different vein, this report is being compiled both as a description of the Summer 1968 project activities, and as an analysis of some of the problems the organization faces in the ever increasing turbulence of student activism. It will be neither as subjective nor as poetic in its compassion as the reports of former years. This is by way of an apology, since dispassionate analysis sometimes cools the passion that moves us to action.

To the social researcher, diagnosis and prognosis are no less important to the achievement of health than to the physician. If the report appears to focus on shortcomings, if it reflects frustration, perhaps it is because we recognize that self-criticism is necessary now so that we might better understand how to define and pursue our objectives later. But, more importantly, the students who will be called upon in a few years to make fateful policy decisions need to expand their judgments. There will be a significant influx of students active in the process of change joining the ranks of professionals within the next 10 years. To strengthen their commitment to improving the profession which they are about to enter is the challenge and privilege of those teachers also interested in modifications in the health services.

For the Project Directors, S. Douglas Frasier, M.D., for the faculty, and David M. Snyder for the Student Health Organization, and Paul F. Wehrle, M.D., faculty advisor, who entrusted the writing of this study to me in spite of our differences, I feel sincere admiration. It would have been infinitely more reassuring for them to have authorized a descriptive study of the Student Health Project experience rather than a substantive analysis. Somewhere in their decision must have been a similar thought that prompted John W. Gardner's statement:

"Many Americans have a sentimental and indiscriminating view of change. They think it is, without qualification, a good thing. But death is a form of change. So is deterioration. A society must court the kinds of change that will enrich and strengthen it, rather than the kinds that will fragment and destroy it * * *

"Renewal is not just innovation and change. It is also the process of bringing the results of change into line with our purposes." (15)

I also wish to thank Mrs. Joan Bolté for help in preparing this manu-

script, and for the many hours spent in analyzing student reports. To her Brian, 6 months old, a special thanks for contributing the warmth of his trust.

My very special gratitude to my husband, Beryl Weiner, for his stimulating editorial comments and painstaking assessments during the process of writing this study.

And, of course, a special word of thanks to those students, faculty members, and preceptors whose thinking is brought together in this study.

For those among you who remain dedicated to the cause of improving health care institutions, I hope this proves of some value.

TESS WEINER, M.A.,
Los Angeles, Calif.,
May 1969.

PERSPECTIVE

This report is being written as a protest of scientists is occurring at MIT which may quickly spread to science departments in other major universities. The protest consists of a 1-day research stoppage by a group of students and faculty while they discuss their involvement in government-related research used for military purposes. They question whether their talents could not be put to better use in the solution of the major problems of the cities, such as water and air pollution, education, health, and welfare.

Within the last 10 years, student involvement has had an exuberant rebirth after the dormant period of the 1950's when political conservatism victimized the Nation's intellectuals while it promised rewards to youth for aggressive mastery of technology and uncompromising excellence in research. However, their research was not to be used so much to investigate the social institutions as to serve an abundant consumer-producing economy. Universities sanctioned a competitive search for knowledge with ever-heightened standards of independent scholarship. But the system of extending education, with practice deferred until later, delays achievement of autonomy. It fosters dependency.

Talcott Parsons, in the 1962 edition of *Daedalus* (24) "Youth, Change, and Challenge," traces the change in the concerns of youth from its primary field of social justice at the turn of the century to that of meaningfulness in the 1960's. The desire to exert some influence on the decisions which affect their lives has been the demand of students in the mid-sixties. It invariably has been called *The Identity Crisis*. By the late sixties, youth movements have become more organized. They have focused their attacks on a social system which they perceive to be inequitable and punitive to disenfranchised segments of the population—minorities, students, and the poor.

As a lesson in the rapidity of social change, it is surprising to note that as late as 1962, Kenneth Kenniston was still concerned with and deploring the political apathy of students. In an effort to stimulate some participation, he stated:

"Young people, by exaggerating their own powerlessness, see the system, whether at work in politics or in international affairs, as far more inexorable and unmalleable than it really is. In short, an alienated generation seems too great a luxury in the 1960's." (18)

Kenniston, though concerned about general student apathy, called attention to the fact that even scholarly elites were defecting from the mainstream of tradition:

"A surprising number of these young men and women, despite their efforts to get good scholarships and good grades so that

they can get into a good medical school and have a good practice, nonetheless view the world they are entering with a deep mistrust.

★ ★ ★ the sanity of young people today is partly manifest in their awareness that their world is very different from that of their parents." (18)

To that small but growing group of vociferous students, society has again and again violated the trust and values so necessary to achieving maturity. Erik H. Erikson puts the case of youth and its need to trust in community:

"In youth, ego strength emerges from the mutual confirmation of individual and community, in the sense that society recognizes the young individual as a bearer of fresh energy and that the individual so confirmed recognizes society as a living process which inspires loyalty as it receives it, maintains allegiance as it attracts it, honors confidence as it demands it." (11)

The quest for a revitalized society continues, as does the quest for a "philosophy" to guide action. In that tortuous quest some choose to opt out, some to "cop out," and some to search for new models of behavior and service to mankind.

Only 6 years later, in 1968, Daedalus published another issue on youth, titled "Students and Politics." By this time, student movements had become prime news for every kind of media and countless observers of the scene, whether educators, journalists, or political analysts. Not a day or evening's cursory glance at the ubiquitous tube omits reports of student activism, variously alluded to as revolt, riot, or mutiny. Sometimes students have been denied their share of self-determination by those still believing in the theory of conspiracy, of "outside agitators", or communists. This occurs in spite of the Kerner Report statement to the contrary. What is not understood is that students historically have had enormous courage in pushing for social change all over the world: in anticolonial struggles, in the spread of republican and radical ideas in India, Indonesia, Asia, and Africa, and, more recently, in France where students successfully involved a sluggish labor movement in a general strike. Seymour Lipset, in the 1968 issue of Daedalus referred to above, states that:

"Students were often the carriers of modern ideas of liberty, socialism, industrialization, and equality of opportunity." (19)

Now new voices are being added. For the first time in modern history, young Sisters of Catholic orders are signing the same political petitions as minority group students attending local colleges. By Vatican report, one thousand priests a year are requesting a change in the celibacy laws. Students, black, brown, and white, are pushing for black studies departments and student representation on faculty committees.

Although mistakes in strategy occur, it is hoped that through organizational experiences like the Student Health Organization more appropriate strategies will be developed.

THE STUDENT HEALTH PROJECT

BACKGROUND

The history of the Student Health Project has been adequately documented in the 1966 and 1967 reports of the University of Southern California and the 1967 Student Health Project of the South Bronx and Chicago. The three reports describe the birth of the organization in June, 1964, in Los Angeles, at the University of Southern California School of Medicine. All sum up the inadequacies of present medical education in similar statements: the confinement of health science students to teaching hospitals with concentration entirely on clinical theory and methodology separating the students from the community. The realization of many health science students that the social aspects of medicine are largely ignored in the medical school curriculum, and the interest in these problems that students acquired during their undergraduate years, plus their motivation to find solutions, combined to bring about the nationwide Student Health Organization. In the Chicago report of 1967, the case is stated:

"Within the past three years, the students active as undergraduates in campus organizations and service programs have begun to arrive at health science schools. They have been unwilling to drop their concern for social change upon their entrance to medicine. Many of these students chose medicine with a conscious desire to study man rather than disease alone. They soon became aware that the course offerings at health science schools failed to reflect the contemporary ferment in medicine. What they had hoped would be a broad and protean experience promised, they were sure, to be narrowing and restricting. They were disappointed that topics such as abortion, population control, poverty, racism, euthanasia, chemical

and biological warfare, urban violence, drug addiction, and war were, in large part, omitted from their curricula. Lack of this subject matter symbolized to them the failure of their teachers to come to grips with the biosocial issues of the day." (35)

On those campuses where the organization took hold, they developed a pattern of student-sponsored meetings at which important speakers were invited, followed by lively debate on the crucial issues of the time. There was particular emphasis on the relevant health issues, such as fragmentation of medical care and the need for widely based neighborhood health services responsive to the needs of individual communities.

In the summer of 1965, concerned health student leaders met in Chicago to discuss possibilities of formalizing the organization and, by 1966, plans were under way to submit a proposal to the Office of Economic Opportunity for a more extensive program during that summer. Support came from faculty in various medical schools and from the Office of Economic Opportunity, which awarded a grant of \$204,000 to the University of Southern California-Student Medical Conference Project in Community Health Resources for the poor. In 1966, fellowships were provided for 90 medical, dental, nursing, and social work students from 40 institutions in 11 States. Fifteen community workers received the same stipend and helped guide the students through their communities. The 1966, University of Southern California Medical School Student Health Project report states:

"Concomitant with educational values, placement of health science students in such communities also is seen as a stimulus to public health and welfare agencies to review and carefully evaluate traditional meth-

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ods of provision of public health and medical services found in urban and rural poverty areas. Manpower shortages frequently prevent or delay systematic reappraisal of existing programs." (33)

During the summer of 1966, the project provided an educational experience to see at first hand how the system of health services works and the degree to which health has become specialized and bureaucratized. As students guided patients through the maze of welfare and hospital departments, they noted that the interest and responsibility of the latter were focused not so much on the study of the person as the study of his isolated problem; the students began to identify with the patients whose life chances gave them no alternatives.

The literature of the students reflects their frustration with the unplanned system of medical care, a system which spawns more and more bureaus sensitive to the convenience of the profession, rather than to the needs of the patients.

The interrelationship of health and illness to other urban social problems was a powerful learning experience for most of the health science students. Many of the students began to realize that we are not applying our existing knowledge to people's most basic needs in planning for the general welfare. We laminate layers of opaque veneers onto antique foundations, knowing that the structure will never serve modern technological requirements. For many students the times call for a set of ethics responsive to human welfare, not to a welfare system. Rather than utilizing intermittent stop-gap measures which provided more and more specialized clinics or departments to fill the holes in the system, it was necessary to coordinate and perhaps reorganize so new solutions could be found for old and new problems. As McLuhan stated, we attempt to apply new content to old forms and the malady lingers on.

Constant assaults on emotional health, secure and trusting relationships, and ego-fulfillment, forces people into the despair which accompanies poverty. In their own context stu-

dents began to question the relevance of the private practice of medicine, the social distance of faculty from community problems. They questioned the separation of different professional schools for health professionals who would be required to work together at a later period. The whole structure of medicine as private enterprise was the subject of constant discussion, in view of the need for public access to the human services.

Summer 1968

In 1968, 93 students came to California from many areas and universities in the United States. The distribution by school and geographic origin is recorded on pages 8-11. It should be noted that the political climate had changed since the first students came in 1966 and 1967. "On strike, shut it down" had become a familiar organizing slogan on campuses across the Nation. Authority-rejecting students, increasingly violent police actions, and rising student militancy undoubtedly affected members of the Student Health Organization.

To the students, continuation of the war in Vietnam is a clear example of the illegitimate use of power to manipulate people and the institutions which serve them. Many see a parallel in the use of power to control service institutions in the cities. While some student health people saw their role to be patient-advocates, rather than social change agents, there was a significant number who aspired to the role of radical reformer in support of oppressed ghetto minorities.

Even medical students, who usually are identified with some of the more conservative members of the health professions, have begun to question the posture of many of the professional associations, medical schools, hospitals, and welfare organizations which do not take an aggressive stand in solving the health problems of the Nation.

And so 1968 brought a curious mixture of students to California, not unlike previous mixtures of students except that the objective conditions called for more clarity of purpose than ever before. In 1968, it was not possible for students to have widely disparate goals, from low to reasonably high levels of political

understanding, varying levels of investment in organizational success, and wide differences in knowledge about their profession—all sheltered under the matrix of one organization. These differences, coupled with lack of interest in being either leader or follower—or in establishing an ad hoc hierarchy for purposes of decision making—gave rise to one emergency after another. Structure was considered synonymous with authority and control. Students brought different definitions of program, different expectations of their summer work, and a high degree of individual anarchy.

Excerpts from Application—Why They Came

A review of student applications bears out the above-mentioned variety of interpretations of student health project goals but, more particularly, the variations in individual goals.

Some who came were primarily interested in

becoming better professionals, whatever their specialty. One student explained it this way:

“Being only a first-year student, I still look at the medical profession as a means of helping humanity by treating *people*. As I consider the attitudes of my classmates, this seems to be a major philosophy behind a good majority of them. Compare this to the junior, or senior students: The stimulus in most cases has become money and the method has become treatment of *disease*. The institutional efficiency of our physician assembly line called medical school, isolates us from patients our first 2 years, and fails to emphasize anything about them but their diseases during our clinical years.”



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Hoping to improve her skills, a third-year nursing student says:

"I believe that the project will present a challenge for educational growth, personal development and also a better preparation for future work in community health."

Some of the students felt that involvement in the project would help them in reorganizing the medical school curriculum. To that end they discussed the need for change:

"What is amazingly pathetic especially in a large city like mine is that an effective program in community medicine has never been established at my school. I know what medicine is about and I know too that when the only sick person I can see all year is myself, then I've been living a very sheltered existence.

"It's about time the medical community quits kidding itself about the excellent medical care given to the American people, as one can see from the most cursory look at any hospital emergency room."

There were others who spoke with poetic compassion and, though their goals were not well defined, they wanted very much to be a part of change. A student interested in the mental health field observed:

"Last summer I visited a State mental hospital. In the children's ward were 10 black boys and one white boy. The ward room consisted of one wooden floor and four walls, completely empty: no toys, no equipment. The windows were cracked and there was an open terrace. The 'patients' were locked in there for most of the day with nothing to do and were then diagnosed 'aggressive, acting out behavioral problems.' The institution functioned to hide these children from sight and remove them from public schools which could not meet their needs."

A third-year occupational therapy student cau-

tiously stated:

"I can offer my sensitivity to people inasmuch as I am aware that my individual insensitivities interfere with the understanding of theirs."

In an intense personal statement, one third-year medical student:

"Medical objectivity comes from experience in suffering and can be gained with or without genuine concern for patients. But concern feeds my strength. I will make personal contacts with patients in my education. Without these my humanity will wither. There is nothing so self-destructive as an unvented soul."

A young nursing student attending an eastern college measured her present resolve against her earlier background:

"I was born and raised in a Southern white family and all my life my contacts with Negroes and minority groups were almost nil. Three years ago I moved to New York. Here I have been allowed to attend an integrated nursing school without being ostracized. This association plus my work in the South Bronx project has been an eye opener for me * * *"

Not satisfied by the progress "implicit" in integrated education, the young woman is quick to discern that institutions have to be reinforced by operational philosophy. She goes on to say:

"The nursing school I attend 'prides' itself on being a patient-centered school and many lectures are devoted to the 'whole patient'. However, when we are on the hospital wards, we are cautioned against getting too involved in our patients' private affairs (and to our instructor, this means their socioeconomic problems.) They tell us that this is the social service department's concern—not ours. I think it is our problem because nursing should involve more than ministering to a patient's physi-

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cal needs for the time he is hospitalized, only to send him back out into the same situation that was responsible for his hospitalization in the first place."

There were those for whom the Student Health Project offered an outlet for political action:

"I have to learn how to approach practical social problems so that as a doctor I can be an asset to the community not just as an individual healer, but as a trained organizer in the solution of sociomedical problems."

Another:

"It is the type of action SHO organizes that strikes me as the only way health workers and community members can effectively combine their experience to provide medical care and community action at a grassroots meaningful level."

For many students, self-fulfillment was a goal. Among this group were those whose expression of their own autonomy superseded project needs or community cooperation. One student, in the course of describing his own motivation, states:

"I find the Student Health Organization project especially appealing because it appears that the only limit to one's accomplishments are his own initiative and resourcefulness."

A first-year social work student who felt well-endowed with the power to solve life's problems confidently stated:

"Not only do I have the basic knowledge of the growth and developmental process of human beings, but also the techniques to precipitate change." (Veni, vidi, sed non vici!!—Ed.)

Whatever the individual goals reflected, they all sought personal involvement. Many of the students' applications expressed the guilts of

white liberal adults and students who have not yet decided how to make the fight for social justice their fight. One summed it up:

"I am asking for the opportunity to work with the Student Health Project this summer to experience firsthand the conditions confronting the disadvantaged. I would like the chance to work with people in the minority community on an individual basis, and to show by my presence that there is some concern for their problems in the white community and thus dispel some of the general antipathy towards whites that seems to be growing in the ghetto."

Though some of the objective factors of class, age, and socioeconomic indicators were the same for the black students as the white, there was one major difference: The black students had an unequivocal sense of identification with blackness. The white students chose to identify vicariously with blacks, migratory workers, Chicano farm labor organizers, or many of the other descriptive terms used for the poor—disadvantaged, deprived, or emotionally handicapped. But the black students were eager to make their positions known. Witness the statement of one first-year black medical student:

"It is a well-known fact that the number of existing Negro health science students is very small. Realizing this, I feel that I cannot any longer rely on others to do this work."

Another medical student:

"I think it is imperative that those Black Americans who have had more good fortune than most, must begin to provide the remainder of the black community with whatever is needed to continue the movement to freedom."

A second-year nursing student included the following essay in her application:

"I think I should be a part of this project because I know what it is to

go through half of my life thinking that all white people were smarter and a much better person than I was, that white is good and black is bad. But then one day, in my last year of high school, I realized that the lowest mark in my report card is an 85 and I didn't study because of the noise that five little children can make in a three-room apartment. Can you imagine the shock and surprise that it must be for an 18-year-old to wake up and see that I'm not inferior and stupid and being black isn't the worst thing in the world?

"I also know that the fight for life in the ghetto is a 365-day-and-night struggle. Your guard must never be let down, or else. I consider myself lucky because I had someone behind me, pushing me on. I had someone to identify with. I hope through this summer project to show all the children that I come in contact with, that it can be done, it's not an impossible dream, I am a living, breathing example. This is one of the somethings that are lacking in the black community, identity. The kids of the ghetto from time they can remember have nothing more to identify with than dope pushers, junkies, and number runners. These are the only people on the block who have clothes, a car, and a decent place to live in. But I hope to show them that this isn't all the world has to offer, that pushing dope and number running aren't the only professions that are open to them. With just a little more effort on their part, a whole new world can open to them. It may not be as easy as becoming a dopepusher or number runner, but no one is 'promised a rose garden.'

"I know what it is to have someone to look up to and count on. If I can get just one kid, this summer, who will really build a trust and can even-

tually identify with me, this will be my greatest reward."

Another nursing student stated:

"I am convinced that my unique experiences as an Afro-American have played a decisive part in the formulation of this desire to work in underprivileged communities. I truly desire to help my people in time of crisis."

A black law student makes clear that his goal is to reinforce what he is and who he will be, and perhaps points up the major goals of the black students who participated:

"There are various reasons why I feel that I should participate in this program. All of them, however, are wrapped up with a continuous effort to be black in a constructive way; to emphasize and relate that blackness to one's interactions with people and things, e.g., institutions.

"I have been trained at educational institutions that reflect the best that white America can offer. Too often, black people of similar experience have used it to escape from their blackness. This history is clear, I won't go into it. We have ended up with black leaders who are largely extensions of the white culture, who are psychologically and socially distant from their own constituency. 'Captive leaders' they have been called.

"* * * The orientation here at law school is toward big business and corporations and money and Wall Street. The talk is of fine cars and big houses. The rich get richer and the poor get poorer. And for the blacks who follow the traditionally-directed routes here, the roads toward the poverty and ghetto-stricken are hardly on the map.

"* * * It is the effort to make new maps that motivates me to work with relating my life to such experiences as this summer project offers."

SELECTION OF PARTICIPANTS

Health Science Students

As in the previous year, the application form for the 1968 Student Health Project was mailed in an imaginative, aesthetic brochure, describing the various projects throughout the country. Again, too, the student response to the essay question "Why Do You Think You Should be a Part of the Project?" was used as a major criterion in choosing the participants by the selection committee, composed of medical, dental, and nursing students. The committee looked for several attributes in their selection:

- (1) Students with some previous experience in community organization, poverty programs, and health related agencies, who had developed a commitment to the goals of the student health project, and therefore were able to "jump right into the job."
- (2) Students with relatively little past experience but eager to learn and displaying, in their application, some intention and promise of using the experience for self development.
- (3) In order to ensure heterogeneity all minority group applicants were accepted and a balance was sought between a wide range of disciplines of medical, dental, nursing, and social sciences. In addition, preference was given to students from California.

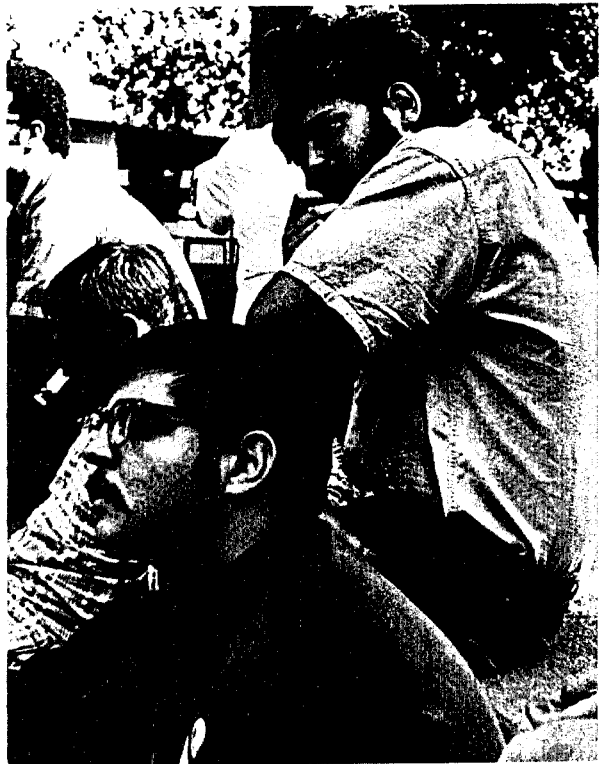
Law Students' Selection

The philosophy of the law student project very much dictated the kind of students who would finally be a part of it.

Early in the spring the faculty law advisor and law coordinator developed a central philosophy which prescribed the quality of student community relations, the style of life to be mu-

tually shared, and set the tone for the pattern of behaviors to which students would be expected to comply. It was to be an intense personal experience validated by a summer of service.

Law students were screened by the advisor and coordinator who are contemporaries, the advisor having graduated from law school in 1967. The relevancy of that fact is merely that the advisor's youth lent acceptance to the rule that all law students must live and play in the poverty community to which they were assigned. Hence, though he was both authority and intern, the advisor also became comrade



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and advocate. Perhaps the many roles he occupied offered greater strength to his position, but they might have weakened his leadership had he not shared in the daily life of the community with students and been less sure of what he hoped to accomplish during the summer.

The law project will be dealt with at greater length in another section of this report, but in terms of the selection process, the fact that all students were to share in the life of the community gave support and cohesion to the group.

All applicants were personally screened, by the faculty advisor and law-student coordinator, and though this method of screening is largely subjective, there were very specific objective criteria by which students were judged.

The project judged a student by:

- (1) The extent of his political awareness;
- (2) The degree to which he understood that his technical skills were second to his ability to work with established and relevant community agencies; and,
- (3) The degree to which he understood that autonomy and decisionmaking rested with the community people, not the student.

The students who were chosen were those who the two interviewers felt could trust in the community and build trust for the student project. They were to function as counselors and friends to the local young people and as expeditors to experienced community organizers.

These were essentially the qualities ascribed to law students who were selected by the law screening committee.

Distribution of Students by Discipline and Race

Out of 250 applications, 93 students were selected for the 1968 Student Health Project. Although this information is not complete for the law student groups, the record shows that at least 59 students were from California and 56 attended California schools. Of the 93, there were 65 male and 28 female participants. The average age was 23.6.

Distribution by Discipline

	Number	Percent
Medicine	37	39.7
Law	19	20.4
Nursing	14	15
Social sciences	6	6.4
Pharmacy	2	2.1
Dental hygiene	2	2.1
Optometry	1	1
X-ray technician	1	1
Occupational therapy	1	1
Total	93	100.4

Distribution by Race

	Number	Percent
Caucasian:		
White	67	72.
Mexican-American	6	6.4
Black	18	19.3
Oriental	2	2.1
Total	93	99.8

List of Student Participants

<i>Student</i>	<i>Home</i>	<i>School</i>
<i>Medicine</i>		
William Bauer	Brooklyn, N.Y.	New York State University
William Boyd	Denver, Colo.	University of Colorado
Lionel Bodzin	Oak Park, Mich.	Wayne State University
Robert Buker	Mount Vernon	UCLA
Joe Capell	Fresno, Calif.	University of Southern California
Noel Drury	Los Angeles, Calif.	University of Louisville

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<i>Student</i>	<i>Home</i>	<i>School</i>
Michael Duchowny	Bronx, N.Y.	Yeshiva University
Andrew Fisher	Bartlesville, Okla.	University of Oklahoma
John Gambin	Los Angeles, Calif.	University of California, at Irvine
Jerry Ginsburg	Los Angeles, Calif.	University of Southern California
Lloyd Gordon	Paramus, N.J.	New York State University
Michael Halperin	Fresno, Calif.	University of Southern California
Kirk Holloman	Los Angeles, Calif.	Stanford University
Duane Iverson	Kent, Wash.	Northwestern University
Robert Jones	Denver, Colo.	University of Colorado
Phyllis Klein	Bronx, N.Y.	Yeshiva University
Alvin Larkins	New York, N.Y.	Meharry Medical College
Joseph Lee	Los Angeles, Calif.	Meharry Medical College
Edward Liu	Detroit, Mich.	Wayne State University
John Long	Beaver, Pa.	University of Oklahoma
Robert Lundstrom	Los Angeles, Calif.	UCLA
Bill Mason	N. Hollywood, Calif.	University of California, at Irvine
Walter Maynard	Los Angeles, Calif.	Meharry Medical College
Robert Montoya	Los Angeles, Calif.	University of Southern California
Lovell Mosley	Oakland, Calif.	Howard University
Robert Peoples	Los Angeles, Calif.	University of Southern California
Don Peterson	Los Angeles, Calif.	University of Southern California
Arthur Rachels	Los Angeles, Calif.	Meharry Medical College
Barry Rand	New York, N.Y.	Yale University
Don Rogers	Los Angeles, Calif.	UCLA
Robert Slama	Los Angeles, Calif.	Temple University
Semeon Tsalbins	Brooklyn, N.Y.	Yale University
Lauren Welch	Kansas City, Kans.	University of Kansas
Albert Wilburn	Los Angeles, Calif.	UCLA
Bernard Wilkins	Los Angeles, Calif.	Meharry Medical College
Michael Witte	Fullerton, Calif.	Marquette University
David Wren	San Francisco, Calif.	University of California, at San Francisco

Law

John Calmore	Pasadena, Calif.	Harvard University
Diana Chapman	San Joaquin, Calif.	University of California, at Davis
Stephen Cline	Sacramento, Calif.	University of the Pacific
Bartley Deamer	San Francisco, Calif.	Harvard University
Martin Eichner	Palo Alto, Calif.	Stanford University
Steven Heiser	Palo Alto, Calif.	Stanford University

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<i>Student</i>	<i>Home</i>	<i>School</i>
Peter Janiak	*	University of California, at Davis
Nanette Kripke	*	University of California, at Berkeley
Theodore Lakey	*	University of California, at Davis
Stephen Lindfeldt	Sacramento, Calif.	University of the Pacific
Keith Lesar	*	University of California, at Berkeley
Leroy Miller	*	Stanford University
Philip Nicholson	*	Stanford University
Alan Rader	*	Stanford University
Ron Romines	*	Stanford University
Greg Sager	*	University of California, at Davis
Sheldon Sarfan	*	University of California, at Berkeley
Jon Steiner	Los Angeles, Calif.	University of California, at Berkeley
Jacob Weisberg	Los Angeles, Calif.	University of California, at Berkeley

*Information not available.

Nursing

Maria Gonzalez	Los Angeles, Calif.	L.A. Valley College
Ruth Hassell	Chicago, Ill	Wesley Memorial Hospital, Chicago
Catherine Hunter	Vancouver, British Columbia	University of British Columbia, Canada
Martha Jackson	Charleston, South Carolina ..	Bronx Community College
Leona Judson	San Francisco, Calif.	San Francisco State College
Norma Kent	San Francisco, Calif.	University of California, at Berkeley
Betty Labastida	Los Angeles, Calif.	Cal-State, Los Angeles
Claire McCamman	Los Angeles, Calif.	Cal-State, Los Angeles
Anita Roper	New York, N.Y.	Bronx Community College
Toni Taylor	San Diego, Calif.	San Diego State College
Fae Thomas	Vancouver, British Columbia	University of British Columbia, Canada
Brenda Thompson	Los Angeles, Calif.	UCLA
Patricia Wiley	Los Angeles, Calif.	UCLA
Bonnie Zagon	Flushing, N.Y.	Bronx Community College

Dentistry

Frederick Collins	San Francisco, Calif.	University of California, at San Francisco
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<i>Student</i>	<i>Home</i>	<i>School</i>
Maria De Marco	San Francisco, Calif.	University of California, at San Francisco
Richard Deatherage	Manhattan Bch., Calif.	University of Southern California
Dick DiBartolomeo	Santa Cruz, Calif.	University of California, at San Francisco
Roy Fogelman	Los Angeles, Calif.	University of Southern California
Richard Fuentes	Los Angeles, Calif.	Northwestern University
Don Graham	Los Angeles, Calif.	University of Southern California
Steve Mascagno	Manhattan Bch., Calif.	University of Southern California
Stephen Sanders	Los Angeles, Calif.	University of Southern California
John Trego	Santa Ana, Calif.	UCLA
<i>Social Sciences</i>		
Margaret Carter (behavioral sciences)	San Jose, Calif.	San Jose State
Jane Hirschmann (social work)	Los Angeles, Calif.	UCLA
Alice Krowitz (clinical psychology)	Brooklyn, N.Y.	University of Colorado
Marta Steiner (political science)	Los Angeles, Calif.	UCLA
Deborah Tarnapol (social psychology)	Cleveland, Ohio	Case Western Reserve
Judith Varni (sociology)	Watsonville, Calif.	University of San Francisco
<i>Pharmacy</i>		
Eddie Boyd	San Francisco, Calif.	University of California, at Berkeley
Robert Zeiger	Los Angeles, Calif.	University of Southern California
<i>Dental hygiene</i>		
Sherry Plumb	N. Hollywood, Calif.	University of Hawaii
Sally Westrick	Van Nuys, Calif.	
<i>Optometry</i>		
John Bruce	Los Angeles, Calif.	L.A. College of Optometry
<i>X-ray technician</i>		
Melodye Tunis	Woodville, Calif.	L.A. County General Hospital
<i>Occupational therapy</i>		
Dale Kawagoye	Gardena, Calif.	San Jose State

THE PRECEPTORS

BACKGROUND

During the spring of 1968, possible sites and appropriate preceptors were sought by site selection committees composed of medical, dental, and nursing students in southern and northern California. According to a committee member, they conferred with community leaders, community action oriented groups, and some established health agencies. In the main, the effort was to attach students to established community organizers who understood and were sympathetic with the goals of the Student Health Project and who had been involved in the Project in previous years.

The preceptors were differentiated by their areas of expertise, the agencies or schools to which they were attached, and the amount of interest they had in students. More influential in affecting the choice was how closely their individual philosophies dovetailed with those of site selection committee members.

Some preceptors interpreted their jobs to be advisors or facilitators, to be available when needed; some considered themselves supervisors; while others, more in tune with the needs of students, joined students as problem solvers in a mutual enterprise. As few students had had the experience of initiating activities in any community, particularly on complex problems which predated their entry and would postdate their exit, preceptors who offered teaching skills and structure to projects were more successful than others who did not maintain close personal contact.

As a consequence of these different attitudes toward the program, the preparations made by preceptors for students varied. Some welcomed them with specific plans, depending on student acceptance and understanding; others felt students ought to structure their own projects, pending approval from the preceptor; and still others applied students onto on-going routine surveys which afforded them little opportunity for inspiration or exposure to real peo-

ple and real problems. However, in one instance, where a preceptor encouraged students to develop and execute their own survey project, the students felt a sense of involvement, creativity, and accomplishment.

At the close of the summer, the preceptors were sent a letter requesting an evaluation of particular subjects of interest to the Student Health Organization and University.¹ Only three of the 32 preceptors replied. Subsequently, a request for an interview was mailed to a sample of preceptors, faculty, and students, who, it was felt would represent a variety of opinions. Out of those preceptors who replied, 12 were personally interviewed.

In spite of some displeasure with students' undisciplined behavior and vicarious overidentification with minorities, and despite some doubts about the validity of nonhealth-related projects, the preceptors hung on to the Student Health Organizations' ideal as one worthy of perpetuating. As one said:

"In the long run you get a new breed and they respond to something that is different from what currently exists, but only if they are permitted to deviate from what is currently the norm—isn't that where we're at?"

It was felt that the only constituency interested in modifying the health services is the student group, and we have to find ways to help them during the next 10 or 15 years. The more liberal preceptors agreed that there is no other formal health organization dedicated to change which the students can be a part of, and, therefore, the Student Health Organization must be maintained in some form. But it must be maintained as a health sciences organization rather than a "weak, leaderless SDS."

A hospital-affiliated preceptor stated:

¹ See appendix.

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"The students provide a fresh, sometimes anarchistic, sometimes nihilistic attitude, which gives the preceptor and establishment person a reminder that he has accepted a set of conditions based upon the flimsiest of foundations."

This same preceptor, who had guided a group in a large teaching hospital, continued on the issue of leadership:

"I think there should be extremely dedicated leadership, with guys who know where it's at and who are prepared to work their tails off on a weekly basis up until the time when the project is ready—whatever the form, I still think the project is very necessary. But the Student Health Organization is not the place for community action projects. It is a criminal waste of funds to dissipate the energies of these students away from changing the health system."

Some preceptors made the point that people don't expect a great deal from a demonstration project the first year, but after 4 years, they had hoped that the student health project would exhibit more organizational sophistication.

The charismatic student leadership who initiated the program was frequently given as a reason for its early success and the present lack of that leadership the reason for the current frustrations. However, in reading the 1966 and 1967 Student Health Project reports, it is evident to the author that lack of organizational structure was and has continued to be a problem.

From the interviews, several other thoughtful reactions and suggestions emerged. With the exception of the black preceptors, who supervised black students in ghettos and who were reluctant to discuss the positive and negative aspects of either the projects or the students assigned to them, all preceptors felt students should be more carefully matched to the jobs assigned; that preceptors should be in-

formed of the student health project's expectations of the summer experience and be involved in planning; that student health project members should be oriented to the individual communities prior to the summer; that, no matter how capable students are, in a short 2-month project, they are usually unable to make effective contributions; that it took too long for students to understand both the agency and the community; and that white students have to understand that the black and brown communities are only willing to accept them as technicians, not leaders, in their revolution. On this last subject, two of the responses of preceptors are appended at the end of this section. Mr. Richard Unwin is a special assistant in Tulare County Community Action Agency. Miss Eleanor Foster is the director of the Child Care Education Center in Tulare County's Department of Education, Visalia.

In summation, the general feeling of preceptors was that there can be no change unless there is some influence, some kind of systematic way of influencing the present arrangements to become part of the past.

The reactions of preceptors can be divided into subject areas of:

1. Planning of projects;
2. Student selection from the preceptor's point of view;
3. Student-school relations;
4. Student-community relations.

Planning of Projects

All preceptors agreed that students and preceptors must plan the contents of the projects earlier and with greater specificity. Preferably, projects would continue year-round. Continuity would be maintained through rotating fellowships after a given period of time, when students either go on to other projects or graduate. Regular channels of communication would be established for preceptors so that they might stimulate each other's thinking.

A special year-round committee should be formed, composed of preceptors willing to meet with students on a regular basis to plan and analyze projects and develop a sense of personal involvement.

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People in the communities chosen for student assignments should be involved in the preplanning phase. There are certain kinds of projects which would interest particular groups in the community—planned parenthood programs, prenatal programs, dental health, health education—and many others which would give students experience in organizing, in health needs and in working with communities. They could also be involved in programs relating to middle-class health problems, such as drug addiction and alcoholism.

Student Selection From the Preceptor's Point of View

There was unanimous feeling that the value of the Student Health Project is really in its sensitizing effect and, therefore, any student who evinced an interest in working in a community health program should be accepted, whether or not he has any degree of social awareness. If he has, he will probably bring a more sophisticated attitude toward learning; if he has not, he will be stimulated to learn. In neither case can the project lose.

Student-School Relations

Two questions which continue to be of particular interest to faculty and students are:

- (1) Would it be well for students to confine their activity to "their own communities," of which the basic unit is the medical school?
- (2) Is the Student Health Organization having an effect upon medical school curricula?

There was general agreement that the students can have an impact on school policies through participation in curriculum and policy committees of the schools. But, although most faculty people felt that preceptors should come from the faculty, all were in agreement that student activities should not be confined to the medical schools. Whether this was in self-defense we could not tell, but their feelings that students could best learn by working in structured projects in the community seemed genuine.

After being involved with students in sensi-

tivity training, one consultant to the education program offered the advice that the medical school administration must assume the responsibility for educating the students to social and economic problems which affect the distribution of medical care services. One of the consultants who participated in a communications workshop stated that the universities should assume some responsibility for helping students become "aware of the gaps in their social awareness".

It would seem that a program less vulnerable to quick starts and stops such as the summer program, might be more possible if the school administration would actively seek joint sponsorship with the community in a program of community education for health science students. The university as an institution has allowed itself to become so fragmented that it does not even take advantage of its own departments or the experience of the community which surrounds it. To be made aware of the possibilities of collaborating with the departments of social work, sociology, public administration and education, in conjunction with truly representative grass roots community organizations, would offer students less restricted and more useful educational tools. For example, the department of pediatrics might enjoy some benefits from cooperating with the teacher corps or other title I programs under the Economic Opportunity Act which affect the physical and emotional growth of thousands of youngsters. These exposures might offer the nation a greater chance than we now have to develop young scientists guided by their humanistic as well as scientific interests. To those students who are demanding this kind of social education, it would offer a direct route.

Perhaps, then, a young doctor could see himself delivering health care in revolutionary ways.

A practical measure recommended by one faculty person was that medical schools provide medical care for a defined segment of the population, 20,000 to 30,000 people, by developing a model health service administered by the medical school faculty and the students.

Almost all preceptors thought the project

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could be immeasurably improved if there was a full-time person administering student-community programs. That person should be university based but have a background in the social as well as health sciences, in order to understand both the educational and the community aspects of the program.

It was suggested that preceptors might be paired off—one knowledgeable in the health field and the other in community skills—working with a group of students around specific projects.

Student-Community Relations

With the exception of four, all faculty preceptors believe that the preceptors should be university-attached rather than community-based people. One professor in the School of Public Health stated:

"I would think that any preceptors who are selected, if they do not have a university appointment, should be very carefully reviewed and approved by appropriate faculty of the university, if it is to be a university sponsored program."

To show the variations in the faculty opinions, one physician connected with a medical center in San Francisco, commented:

"I do not believe the Project should be used to educate educators in any didactic way. I believe university faculty should serve as preceptors only if they work in conjunction with community preceptors. I believe community preceptors do not necessarily need to work with faculty. If a student has a community preceptor, that work relationship alone will be educational."

In response to a general question about students involved in nonhealth related community agencies, several faculty members stated that the distinction must be made between their education as professionals in the health fields and their interest in community life. Students should be given every encouragement, but their

participation in the community should not be the responsibility of the university nor should it be regarded as related to their health education. The Student Health Organization should be concerned with the community aspects of medicine.

In contrast to most faculty people, there were a few who felt strongly that preceptors should be community agency people, with the latter having some informal relationship to the faculty. As one member put it:

"Faculty people hang in the ivory tower—they're part of academia. It's a lot different being in the community."

This same preceptor said:

"If you had effective preceptorships at the community level and the black students said 'Go to hell', no matter what was said, an effective preceptor would be responsible for working things out and coordinating the work."

One preceptor from dentistry stated:

"Students frequently resent the institutional rigidity of institutions such as health departments or informal community agencies, and preceptors from these agencies are sometimes fearful of the students, but one of the important experiences gained from this type of exposure is that this rigidity is what is preventing progress."

"Under these circumstances, what the students do is not nearly so important that they be frustrated in the doing of it, because nothing could be more misleading than success in a summer project."

The degree of community involvement in preplanning came up frequently, and as mentioned previously, all concerned were adamant that the community should be involved in preplan-

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ning. One community organizer in the San Joaquin Valley, in answering general questions about student-community relations, went so far as to state:

"No project will come into Visalia again, unless there is a committee of local people from the barrio who have a say in what that project will be and who will participate. Students should be chosen by a panel of community members plus faculty and students—but the community should have the final say about a student working in its community. I see a change coming about in the barrios."

A black preceptor in northern California, who

had a highly successful program in 1967, but was dissatisfied with the 1968 relationships, states:

"We're kidding ourselves if we think that inexperienced students who in many cases are still undergraduates, can come into a ghetto community and establish a rapport and deal effectively with the system—that's just a little too much. We have to realize the students are going to be gaining most of the knowledge, and the community is the one that is going to be supplying it—the investment might come out 4 or 5 years later."

Distribution of Preceptors by Organization and Specialty

Name	Organization	Specialty	Rural or urban
General Preceptors for Southern Counties:			
Jacqueline Campbell	Private	Dental hygienist	Urban.
Max Schoen	U.S.C. School of Dentistry	F, B	Urban.
El Centro:			
Jeff Ghelardi	Economic Opportunity Corporation	C	Rural.
Fresno County:			
James Aldridge	Model Cities, Fresno	C	Urban.
Joe Lee	North Avenue Community	C	Urban.
Harold Williams	Community Medical Planning Program, Fresno General Hospital.	C	Urban.
Kern County:			
Gary Bellow	Western Center for Law and Poverty, U.S.C., California Rural Legal Assistance.	D, F	Rural.
Jerry Cohen	Farm Workers Organizing Committee.	D	Rural.
LeRoi King	Rural Development, Bakersfield	C	Rural.
Jackie Wallace	Multi-Service Center, Bakersfield	C	Urban.
Kings County:			
Angelo Alessandro	Hanford Community Action Organization.	D	Rural.
Larry Lezak	Hanford Community Action Organization.	D	Rural.
Los Angeles County:			
James Bates	South Central Multi-Purpose Health Center.	C	Urban.
Thomas Brod	USC-L.A. County Medical Center	E	Urban.
Jay Friedman	UCLA School of Public Health	B	Urban.
Arnold Kisch	UCLA School of Medicine	E, F	Urban.
Raymond Kivel	South Central Multi-Purpose Health Center.	E	Urban.

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Name	Organization	Specialty	Rural or urban
Tony Salazar	El Monte Teen Post	A	Urban.
Arthur Stein	USC-L.A. County Medical Center	C	Urban.
Lou Smith	Operation Bootstrap	A	Urban.
Merced County:			
Art Jenkins	Economic Opportunity Corporation, Merced.	C	Rural.
Mac Lopez	California Rural Legal Assistance	A	Rural.
Denny Powell	California Rural Legal Assistance	D	Rural.
Oakland:			
Nelson B. Smith	East Oakland Neighborhood Services Center.	C	Urban.
Oxnard:			
Armando Lopez	Grass Roots Operation	A	Urban.
San Francisco:			
Arnold Gilbert	Comprehensive Care Program for Chil- dren and Youth, Mount Zion Hos- pital.	E, F	Urban.
Southern Monterey County:			
Stuart Allen	Rural Health Project	C	Rural.
Tulare County:			
David Brooks	Salud Clinic, Woodville	E	Rural.
Chuck Gardinier	AFSC-Farm Labor Project	A	Rural.
Eleanor Foster	Child-Care Center, Visalia	C	Rural.
Leon Mirviss	AFSC	E	Rural.
Richard Unwin	Tulare Community Action Agency	C	Rural.

Code: A—Community organizer. B—Dentist. C—Administrator. D—Lawyer. E—Physician. F—Professor or teacher.

FUNDING SPONSORSHIP AND STAFF

The University of Southern California School of Medicine sponsored the Student Health Project of California. Funds came from the Social Rehabilitation Services and the Division of Regional Medical Programs of the Department of Health, Education and Welfare. The University of California at Los Angeles Medical School supported four students in the project.

In addition, there was a small grant from the Rosenberg Foundation awarded to the law students who participated in a rural legal assistance program and focused their attention on a variety of legal problems related to health and welfare.

The faculty adviser was Paul F. Wehrle, M.D., professor of pediatrics and chairman of the Department of Pediatrics. The faculty director was S. Douglas Frasier, M.D., assistant professor of pediatrics and physiology, Department of Pediatrics. Other members who were temporarily attached to the summer project as faculty advisors were Peter Haberkamp, LL.B., law faculty advisor, and Tess Weiner, M.A., educational director, and Harriet Sprouse, R.N., P.H.N., educational director. The administrative assistants, Kathleen Brennan and Barbara McClaurin, were a part of the permanent staff.

The basic student staff consisted of the director, David Synder, a fourth-year medical student at the University of California at Los Angeles, the educational director, Robert Vintz, a third-year medical student at the University of Southern California, and seven project coordinators, Barbara Hastings, R.N., John Prueitt, John Bruce, Steve Bingham, Norma Kent, Hugo Ferlito, and Helen Salazar. Unfortunately, the administrative assistant, Karen Chappel, and one of the coordinators who had been instrumental in the early organizational phases of the project had to leave early.

The project was organized and directed by the members of the Student Health Organiza-

tion. The area coordinators screened, selected, and developed the sites where students were placed. This process of development necessarily had to be done early in the year with those people in the areas who would be served, and therefore, could not involve the students who were to eventually work in those areas. This is a matter of logistics and cannot be helped at the present stage of planning, but it would be well to consider how individual students might be helped to determine their own placements. The odds are that there would be a better marriage of student and community objectives.

The State was divided into regions, northern and southern, for administrative purposes, but major policy and financial decisions were made from the Los Angeles office.

Because the project was funded directly from Washington, neither Dr. Donald Brayton nor Dr. Donald Petit, areas IV and V directors of Regional Medical Programs, respectively, were engaged in the planning for funding the Student Health Project. However, they did have more than a peripheral interest in it. From time to time, the student staff approached Dr. Petit for advice and support, educational material, and resource people. In every instance, there was genuine cooperation. However, in the main, the local Regional Medical Program offices had little daily contact with the project and, therefore, their reactions were largely dependent on secondary sources.

In an interview, Dr. Petit agreed fundamentally with other faculty members that student projects should be health oriented, and if funded by Regional Medical Programs, should be pertinent to heart, cancer, and stroke diseases. He mentioned that the Comprehensive Health Care Act would be a more flexible vehicle for student research and activity since the act makes provisions for demonstrations of new models of health care, methods of eliminating duplications, and filling-in gaps in service.

Dr. Brayton, at UCLA, had less contact with

the summer students, as the SHO headquarters were at the University of Southern California Medical School. However, immediately after the summer project, Dr. Brayton reported an increasing interest of the UCLA students in some closer relationships with the RMP organization. Dr. Brayton reacted by suggesting that area IV RMP (UCLA) would be able to lend itself to a certain degree of student training in the coming years, but any plan would amount to "an RMP preceptorship wherein the student would be exposed to the organizational and planning problems inherent in the development of Regional Medical Programs." Adequate and suitable skilled staff would have to be made available for organizing such a program.

In July 1968, two communications were sent from the training consultant in the Washington office of RMP. The first indicated that the most significant contribution of students would be to gather information about urban community organization problems pertinent to RMP programs. These would include the present effectiveness of voluntary and public agencies now operating in the inner city. The memo stated:

"From the students we should be able to learn which of these have problems, what the problems are, and which organizations are effective. Further, we should learn the reasons for certain agencies' ineffectiveness."

The second communication was an invitation to a joint 1-day RMP-SHO Conference in Chicago in July. At this meeting, Dr. Manegold reiterated RMP's concerns about the disparity between accumulated knowledge in the technology of medicine and the imperfect, unsystematic distribution of that knowledge. It was his judgement that if it could be worked out, RMP and SHO might share certain information. The information included a survey of var-

ious kinds of unorthodox community resources which might be useful in the solution of health problems, the gathering of data for the development of new guidelines for health care systems and the building of community relationships which would afford RMP deeper insights.

Some of the basic incongruities between RMP and SHO were discussed at that meeting. The students found RMP's commitment to the present structure of medicine incompatible with their own goals of modifying those structures; students believed that RMP should identify and build networks of relationships with community groups who were not particularly in the mainstream of health care, and students were unwilling to be officially tied to any government group which might threaten their organizational autonomy or acceptance in the poverty communities.

In consideration of the above, it would seem that if RMP's purpose is to more effectively spread knowledge of new modalities in health care, it would be well advised to involve the students in a jointly sponsored RMP-community preceptorship program, while at the same time strongly protecting SHO's rights to make independent judgments and affiliations. A well planned year-round program might be developed by a committee of the two groups. Through the establishment of this kind of a cooperative relationship, both organizations might satisfy their own needs and the needs of the communities for education and service.

Although the Regional Medical Programs in Washington funded the Student Health Organization directly in 1968, there would appear to be an advantage in involving the local RMP organizations in support of the above mentioned year-round planning. Surely in the geographic areas where they function, the recognition that problems of local origin need local solutions would be a determining influence in the decision to work with students who are a part of those same local areas.

ADMINISTRATION AND ORGANIZATION

Description

The summer 1968 project terminated in such a state of disorganization that many participants, students, staff, and preceptors came to question the legitimacy of the project itself. Nonetheless, as mentioned in the section dealing with preceptor reactions, despite the disappointment, hope for future projects persists. Faced frankly, it is a moot point whether this hope should be nourished or quietly smothered.

Perhaps the best way to begin a description of the administration is with an anecdotal story. It describes the last hours of the final conference held in Santa Barbara late in August. Days and weeks were spent in finalizing physical arrangements and program for the 200 people expected to attend. However, neither students uninvolved in the arrangements nor the staff who did the planning, felt obliged either to adhere to the program or to substitute another more meaningful. On the last afternoon, the final full group meeting at the conference dissolved in total frustration, and the students began departing en masse. While the project directors were quietly leaving, apparently as demoralized as the confused students and equally confused members of the staff, the project secretary was busily reproducing the position paper of the black students¹ in the temporary hotel office. Communication and coordination has been so lacking that she was unaware that the students to whom she planned to distribute the paper were already leaving in disillusionment. The summer program terminated in quiet despair—like a routed army in disarray, its wounded devoid of the courage supported by their cause, and a few stragglers searching in vain for an explanation.

This story typifies the daily misadventures of the blithe but ineffectual central staff. With the exception of the fulltime administrative as-

sistant and secretary, all other staff members were summer workers. The project directors, educational directors, law project directors, and coordinators did not take an active role in the project until the middle of May. Routine decisions were attended to by the two permanent office people with occasional supervision from one of the project directors. Day-to-day decisions, which didn't seem crucial when weighed individually, became cumulatively irritating when consistently handled in a casual manner. Complicating matters was the fact that the project office was located at the University of Southern California while the student director and several coordinators were enrolled on other campuses. Students who called the office with genuine emergencies were always met with warmth and concern. The office staff were often helpful to those who arrived without money or lodging, but little was ever done to dispel their sense of impotence. Groovy promises were made with groovy hopes and a groovy "Wow!"—and months after the project terminated, many loose ends were still dangling.

A good part of the problem was lack of know-how and curiosity about ordinary office procedures which have proven successful for years. Material was frequently undated so that a retrospective look at the project through written material becomes difficult. The office was a vast reservoir of miscellanea—hundreds of copies of outdated memos and equipment that had long ago outlived its usefulness were being saved at the expense of scarce space needed for current staff use.

Staff meetings became another instrument of argument and confrontation. As a consequence the organization provided a structure for venting individual psychological needs. Vulgarized sensitivity group techniques, repeated questioning of individual motives, precluded adherence to simple agendas. The differences were never neutralized. Nor were they channeled

¹ See Appendix E, "A Position Paper."

positively to optimize the objectives. General problem solving techniques might have taken into consideration the weighing of alternatives and deciding on priorities.

And thus, while the well-intentioned staff was highly motivated, they were too inexperienced to manage a project of such magnitude and complexity. As a result, they reacted defensively to suggestions or requests for information as if an orderly approach smacked of the "establishment" and violated the spirit of the project.

Other general meetings, having to do with planning educational programs, the opening and closing conferences or matters of policy were held when necessary. Probably the most consistently constructive meetings were held before the summer program started. At the instigation of the project directors many discussions were held about the educational policy and program. For a variety of reasons which will become evident in the report, students did not respond favorably to the program, but nonetheless, a good deal of thought had preceded the summer project.

Some of the faculty and advisory board members behaved toward the student health project more like parents of unwanted children—acknowledging their parentage but unable to cope with their own feelings or the character of the children who developed. Perhaps the analogy would be more suitable if it were drawn of the parent, who unable to see the child grow up, forever infantilizes him. Both comparisons are variations on the same theme.

The whole concept of group process is at stake here. There is a difference between a group and an aggregate. The smallest group, two, four, or six, has the same basic requirements as a larger one. A bunch of people standing on a street corner is an aggregate. They might all walk into a department store or waiting room, but are still an aggregate. Something has to happen to make them a group. A form of communication, no matter how simple, must occur. They have to acknowledge some relation to each other. Someone has to assume leadership. Some issue must mold them into a group. Some form of social control to govern

their relations must develop through mutually acceptable sanctions, no matter how loosely applied. We could carry this out to the logical determinants of a bureaucracy—the most complex form of groups within groups, with many goals, hierarchies, systems of communication, and patterns of authority. Whatever the form all these take, one of the most basic requirements common to all groups is that responsibility must be assumed or delegated to someone or a group of someones. The most simple group requires some patterned division of labor. In larger organizations, job descriptions serve the purpose of explaining what is expected. Other requirements are the built-in authority that must accompany responsibility and some form of feedback or accountability for purposes of evaluation and continuity. All of these ideas can safeguard the rights of individuals if applied in a flexible, commonsense way. It's what sociologists call structure.

The exercise of authority posed another problem. Unfortunately, neither the staff, whose position gave them authority, exercised it, nor did the larger group recognize the staff's authority as legitimate. Without the former, a vacuum is created and without the latter, no leader can function.

If a short-term project is to have any strength, it cannot tolerate this vacuum; nor is there time to correct major administrative mistakes. Direction not only implies coordination, but the ability to arbitrate between opposing and competing factions and securing the cooperation of the group in setting standards. There is no question that the combination of the black-white confrontation and the demoralizing effects of guilt and nihilism would mitigate against the success of the strongest of leaders. But the misfortune of the summer was that problems heaped upon others, and lack of organizational stability precluded the ability to take the blows and respond with a new strategy for survival.

There was an ideal of participatory democracy. Everyone spoke the words, and nobody seemed to say that the prerequisites to participatory democracy are a highly disciplined group of individuals able to focus sharply on

interests and issues, with sufficient control mechanisms to insure participation. Some mechanism for making decisions and making them stick is also essential.

Whether from the East, Middle West, or West, students seemed to perceive structure as restrictive and authoritarian, rather than instrumental to cooperation and coordination. They confused participation in decisions with the implementation of them, which require delegation in order to achieve minimal goals. As a result it would have been easy to predict that everyone would make unilateral decisions, and all the King's horses and all the King's men . . .

Some Administrative Decisions

Considering that health science students have little free time and are forced into rigid patterns of curriculum and long hours of concentrated study, it was difficult to establish regular meeting times.

Student leaders and faculty had held meetings devoted to developing proposals and request for funds. But by spring, it became necessary for students to anticipate problems of organization on the assumption that funds would eventually be made available.

In March of 1968, 45 people responded to an invitation to a special meeting of students and advisory board members. The purpose was to arrive at some general agreements about site selection, student selection, the education and orientation program, methods of relating the San Joaquin Valley and northern California, and the advisability of involving the Neighborhood Youth Corps as trainees. Based on the unsuccessful experience of the previous year, the students decided not to include the Youth Corps students. Committees were formed for each of the other tasks.

In that same month an educational task force was formed to respond to the requests of both urban and rural educational committees. Because many students were active in the rural San Joaquin Valley, inhabited mainly by Mexican-American farm laborers, students felt the educational material might have a different

emphasis than that geared to urban problems. The educational program will be discussed more fully in another section.

Another area of concern was the relation between preceptors and students. The decision was that flexibility in judging each problem on its own merits would be the rule of thumb, and independent solutions were to be arrived at between preceptor and student. It was hoped that serious disputes could be mediated by coordinators whose familiarity with communities and rapport with preceptors provided them with special insights.

Other major decisions reached during the planning stages, were: (1) That any unfilled places would be filled by black or brown students, and (2) the orientation program should emphasize the organization of medical care systems, provisions of various categorical aid programs, and an analysis of community health resources in areas where projects sites were located.

Against the backdrop of increased nationalism and racial pride in the Mexican-American community, on April 15 the staff invited a Mexican-American member of the Los Angeles County Commission on Human Relations to discuss methods of working in East Los Angeles, an area largely populated by Mexican people. He cautioned against the effects of students who try to organize in an area unfamiliar to them, particularly in view of their lack of community organization skills. He warned that community trust takes longer to build than one summer and by inference suggested that students confine their activities to their special health science skills in support of others who were indigenous to the community.

At another staff meeting a highly respected and much admired black community organizer and advisor to the Student Health Organization suggested that the orientation meeting and a good deal of the time of the educational program should be devoted to black-white sensitivity sessions of "telling it how it is" and "finding out where it's at." Due to the naivete of the staff, including both faculty and student members, there was not real understanding of how much an issue this would become as the summer went on.

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Faculty advisory people who were interested in didactics were pushing for their positions, community organizers for encounter groups and confrontation as a method of education, and the students and staff were uncertain about which way to go in a short summer program.

During the orientation session in Yucaipa,² from June 23 to June 26, the black and brown Student Health project students formed a caucus to challenge the organizational structure, particularly the ratio of white to minority staff positions and the ratio of minorities on policy committees. On July 11, a meeting was called to implement an important demand of the June 23 Yucaipa meeting of the black-brown caucus—this provided that preceptors were to be included on the board where staff decisions were made. At the July 11 meeting, the following decisions were made:

- “1. A joint preceptor-staff policy-making committee is hereby established for the Los Angeles Region.
 - a. The membership of this committee consists of all Los Angeles preceptors and Student Health project staff members.
 - b. Voting powers shall be distributed equally between black, brown, and white preceptors and staff according to the 1/3, 1/3, 1/3 principle.
 - c. Formal meetings shall be held once a week for the next 3 weeks; thereafter, every other week.
2. The Joint Preceptor-Staff Policymaking Committee hereby instructs the staff to institute an educational program commencing forthwith.
 - a. The educational program shall consist of weekly meetings, the content of which shall be the responsibility of the educational committee.

² See Appendix F, letter from Roger O. Egeberg, dean, University of Southern California Medical School.

b. Attendance at the weekly educational programs shall be mandatory for all student health project students.

3. Students are invited to attend Joint Preceptor-Staff Policymaking Committee meetings.

Those who were present approved the minutes with the exception of Dr. Brod.”

Preceptors

David Swimmer, M.D.
Arnold Kisch, M.D.
Max Schoen, D.D.S.
Jacqueline Campbell
Jay Friedman, D.D.S.
Tony Salazar
Thomas Brod, M.D.

Staff

David Snyder
Tess Weiner
Robert Vinetz
Hugo Ferlito

At this point in an already explosive situation, an action was taken by the student and faculty directors that turned out to be more inflammatory than illuminating. They changed the word “decision” to “proposal” in the minutes on the grounds that the northern California group had to agree to any decisions before they could be made binding. Their premise was that all decisions must be uniform throughout the State. Since the northern California group was never asked to act on the proposals, those involved in the original meeting felt that they had been stripped of their power through the illegitimate use of it by the directors. It was unfortunate that by that act the directors rendered the new policy committee impotent and lost the good will of some of the preceptors.

The reason the last meeting is recounted is merely to describe in some historical way, if not exactly in chronological order, the enormous amount of conflict situations which the staff had to face during that summer. Hopefully, this lengthy analysis can be used to thwart any repetition, if and when another project is launched.

A LOOK AT GOALS

About three-quarters of the way into the summer, the faculty director, Dr. Douglas Frasier, became alarmed by the many problems which remained unresolved. The perturbing frictions between staff members, conflicts in goals, and inadequate communication between coordinators and students in the field, contributed to mounting dissatisfaction. There were a series of interminable, indecisive meetings to which the students reacted with belligerent criticism and faint support. No new leadership developed. By their own assessment, students experienced a slowdown—some were angry, some guilty. The cohesion of former years seemed to give way to an immobilizing paranoia.

It was at this point that the faculty director felt compelled to pose the question "Who should set the goals?"³ in a paper sent to all participants. In substance, he stated that, if the three interest groups (students, community groups, and funding agencies) would reconcile their goals, the organizational problems might be lessened. Further, that the goals of students, community groups, and funding agencies, if not polarized, were surely not integrated. It was the director's suggestion that if students had independent interests from community and funding agencies, it was urgent they recognize that fact. It was equally urgent that the Student Health Organization work toward common objectives with these agencies. The only reference to goals by a sponsoring group had been issued earlier in the year by the Washington office of regional medical programs. It was an unspecific, too comprehensive paper called "Work Scope", which summed up the goals of Regional Medical Programs, the achievement of which would require high level medical and community organizational skills and months of planning and training.

Actually, the theoretical question of congruity of goals comes up for analysis in every ser-

vice organization. And though that recurrence only indicates how difficult a problem it is, the implicit assumption that it was possible to integrate difficult ideologies of students, community, and funding agencies is a Utopian notion. By Utopian, we mean that a situation is incongruous with the historical and social reality which exists in a given present. As Mannheim once said of 18th century values, "The idea of Christian brotherly love for instance, in a society founded on serfdom, remains unrealizable."⁽²⁰⁾

There are many organizations which successfully serve the goals of more than one group. Many have made important contributions to science and industry and have used their multipurposes to stimulate growth. The high-quality hospital which serves the triple functions of teaching, research, and medical care is more often superior to the hospital which only gives medical care. The demonstration school is frequently a better educational institution than the ordinary school. The problem with measuring success solely by achievement of goals is that goals become subjectively defined, idealized symbols, and cannot readily lend themselves to dependable social analysis. Perhaps that is why so many students and faculty felt unable to cope with the reality of the Student Health Organization summer 1968 project.

Implied in the director's search for satisfaction of mutual goals is consensus. But in the wish for congruity and consensus, the contributions of conflict to change are overlooked. Consensus and conciliation are certainly acceptable and easier methods of settlement, but not often possible. Conflicts produce organized subgroups from which power plays become inevitable. If successful, they frequently shift the organization in another direction. In that case, several alternatives open up for the less organized groups. They may form other groups retaining the old objectives, develop tangential

³ See Appendix, Douglas Frasier M.D., "Goals and Directions."

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ones, or cease to exist. But what is important is that the conflict succeeds in forcing a new plateau—whether or not it satisfies the needs of the members or contributes to a better situation, obviously is not always predictable. But the recognition of the value of conflict to progress is important.

In the case of the student health project, it seems that there has been a shift in interest and emphasis from the 1965, 1966, and 1967 projects from identification with established health agencies toward more militant community action groups. This has paralleled the growth of student militancy against the political and military institutions in the nation. Some of the health-science students have been deeply touched by these movements. The major problem of the summer 1968 program was that no one was sufficiently skilled to convert the conflicts into positive accomplishments. The United States was born in conflict and unfortunately is still settling major disputes by armed conflict. Yet we expect rational problem-solving to find mature expression in consensus. We continue to look for agreement between ideas and conduct and fail to understand that conflict is the fulcrum for the balance to be achieved.

Because the author feels that we have too long neglected the role of conflicts and have not given enough study to the art of negotiation, this paper takes issue with the search for goal consensus as commendable as it may be. This is strictly the author's bias but raises important questions for accomplishing social change. The paper takes issue not because there were not real differences in the goals of the three interest groups, but because the director poses their incompatibility as the reason for failure. Perhaps it would be more realistic to start out knowing incompatibility exists and going on from there. Accepting handicaps is a good way of starting a game if you acknowledge they exist.

With these factors in mind, our analysis of whether an organization has succeeded or failed should not be based solely on attainment of idealized goals. Rather, evaluation might be based on reality factors such as cumulative accomplishment in education and service over time, evolution of organizational structure, a subjective evaluation by the members of their own effectiveness, attitudes and value changes by objective and subjective indices, or other measurements or combination of measurements the group agrees to. Such changes would provide inputs and resources for conversion to still higher levels of adaptation.

From the foregoing it must be apparent that the organization was bombarded by problems on all sides. There were internal administrative problems and external political pressures. It was an election year of intense political confusion with four candidates polarized on different issues, the assassination of two national heroes, and widespread campus protests. To top it off, the student health project's final conference was being addressed by Eldridge Cleaver as the radio and TV blared out the treachery of the Chicago police during the Democratic convention. Put in this context, it is not difficult to understand why things did not go as smoothly as they had in previous years.

"The word progress is extremely ambiguous. It means, of course, moving forward on a certain road, but not necessarily the right road. It denotes a continuous expansion of knowledge, but is almost meaningless with regard to betterment of the human condition, unless the goals to be reached are stated."(8)

—RENE DUBOS.

THE ROLE OF THE UNIVERSITY

In all likelihood, the University viewed the student health project as a maturing organization then in its fourth year. It assumed there had been learning from negative as well as positive experiences, and this was not an unwarranted assumption considering that the students had been active for 2 to 3 years. Perhaps the University failed in not making its own objectives clear to itself or students. In interpreting its role as one of a facilitator rather than a change agent, it stood apart rather than become involved in a mutual enterprise. Under ordinary circumstances people have a chance to test out their learning before taking over a leadership role. But the objective political conditions in 1968 were quite different from other years, and consequently conditions for leadership were also different.

No one at the University or elsewhere could have predicted the events of the summer. Even if the University had stepped in with creative and imaginative shock troops, the probability is that they could not have changed the direction very much. But sensitive and resourceful supervision might have responded to the assaults on the organization, handled the pedestrian needs of students, and offered security to a badly battered staff. Organizations, like people, have a life and death cycle. If an organization is to prosper, it must be given proper nutrients and a chance to mature through learning opportunities and successful coping.

As to the coming years, it matters not who sponsors the students in the future—whether it be departments of community medicine, voluntary or government agencies. Discipline and control must reside in both sponsor and students. If the sponsor is the University, it has to make itself accountable to students in their acceptance of students as developing adults in-

terested in promoting change. That means the University would have to invest more imagination in planning their sponsorship. The students too would have to accept the charge of planning projects with reasonable judgment and follow through. It is not an unwarranted assumption to expect that students will be in conflict with universities, health institutions and other groups from time to time. That in and of itself should not mitigate against the Student Health Organization seeking alliances with those professional and nonprofessional groups who offer the best solutions for health care delivery.

Nineteen sixty-nine and the seventies will no doubt produce some forms of student-community relationships. What is to be hoped for are thoughtful and more refined models of community education and service which will permit the university and students to have a constructive experience in community development and community medicine.

When people are so fresh from the wounds of a moving experience, it limits the implications that can be drawn, but in retrospect, some of the positive elements come through. This resiliency is now being exhibited in the initiative of those students who have decentralized the local organization into three separate organizations attached to the major medical schools in the area, the University of Southern California, University of California at Los Angeles, and the University of California at Irvine.

Already they have begun to make contributions to the number of minority group student admissions and to define other objectives directly related to the original objectives of the student health projects of the past several years.

EDUCATIONAL PROGRAM

During the previous summer, the faculty advisors, preceptors, and students had expressed concern over the lack of an organized educational program to supplement the field experience.

At the March 1968 Student Health Organization meeting, the minutes show that the students agreed that this year special attention would be given to the study of the organization of medical care institutions, the funding processes, Federal, State, and local health care jurisdictions and responsibilities, and the various kinds of health care available to, as well as the gaps, in services to the poor. In addition, the educational committee gradually refined its scope to include workshops in communication skills, a study of community organization methods, plans for a session on racism, and later, sensitivity training groups if monies were available and there was sufficient need and interest.

Three educational directors were attached to the project: one was from the field of medical sociology, another was from nursing education, and the third was a third-year medical student. It was unfortunate that the three people were never able to work out a unified program. Each had autonomy and seemed unable to relinquish some of it. The intent was that the educational person from the field of sociology would add some knowledge from the behavioral and social sciences, and together with the student director, contribute a balanced program of readings, films, discussion groups, role play, and other techniques suited to the particular educational goal. The educational person from the field of nursing education was to use her knowledge to give support and guidance to student nurses who have long suffered from a low self-image in relation to physicians. The hope was that behavior would change as we upset the traditional roles which institutions foster in physicians, dentists and nurses.

In addition to organizing formal programs,

the three educational directors were to be available resources to preceptors and students. Beyond their own limited knowledge, they were expected to develop a bank of additional resource people who could be called on to supply information when needed. They were to be from a large variety of fields such as community organizing, child care experts in education and health, and physicians, dentists, and public health nurses familiar with the organization of public health programs.

That the program did not come off satisfactorily was due to the general problems mentioned earlier: disinterest in formally structured programs, which is understandable considering the overly structured life health students lead, and the inability of students to distinguish between authority and authoritarianism. The lack of authority of the educational directors was another major barrier to success. Individual volition was the only authority but a mobilizing force was absent.

Attendance at educational sessions was voluntary, and needless to say, summer is a good time to go to the beach or to explore new vistas. If a didactic program is to be included in the student health experience, it would appear one day a week should be set aside for that purpose.

To mix a metaphor, the staff was snowed to the point where it lost its own volition and the snowball effect took over. Rather than recognizing the boycott of the educational program as another evidence of protest, and therefore terminating the program, those of us who were involved became lemmings and went quietly to our demise. The author, who was involved as one of the educational directors, shares the responsibility for not shifting gears quickly enough to either terminate the educational program or drastically modify it. With some defensiveness, it must be stated that the project directors and the educational directors frequently attempted to seek suggestions from

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students, who were really disinterested in any formal program. To the degree that we did not respond to their capacities and interests, the goals of the educational program failed. The students, however, also failed in their consistent lack of response either to the program or requests for program suggestions. Consequently, part of their confusion on projects resulted from their ignorance of simple answers to what appeared to be large insolubles. Perhaps what it indicates is that the concept of measurable education in sequential steps is irrelevant for the summer—just as the summer program is no longer relevant. If students are required to use their own potential in dealing with persons and problems, and if possible, offer solutions within a reasonable time, the development of those skills also constitutes a good basic education. But there remains the fact that without some basic knowledge about how to approach some of the problems they encounter, the students can only stumble blindly onto solutions. In so doing they quickly incur the wrath of the communities in which they work and insure defeat for themselves. It is evident from student reports that students who were better prepared, either from past summer experiences or intellectual interest, had more realistic expectations of themselves and the summer experience.

Since a project such as the student health

project has many potential advantages and obvious built-in disadvantages, what is crucial is to focus on the process of education in all its forms. Otherwise we may only finally achieve a less committed, partially defeated student who perceives the problems as so enormous as to be insurmountable. To some degree the future behavior of the student will be conditioned by the outcome of the conflicts between his principles and his self-interest. If the Student Health Organization can help in unifying the struggle between these two pulls, it will make a significant contribution. Camus(5), in explaining that reasons for revolutions are inbedded in the conditions of their times, and in modern times in western educated man, reflects:

“Actual freedom has not increased in proportion to man’s awareness of it. We can only deduce from this observation that rebellion is the act of an educated man who is aware of his own rights. But there is nothing which justifies us in saying that it is only a question of individual rights. * * * what is at stake is humanity’s gradually increasing self-awareness as it pursues its course.”

In the interests of documentation, though none of the educational programs were well attended, some of the sample programs follow.

Sample Educational Programs—1968

- June 13..... Staff meets at Urban Training Center with four community organizers from minority communities.
- June 15..... *Communications Skills Workshop*.—Part of staff and volunteers take 1-day training workshop to learn discussion leadership techniques in order to build cadre of leaders. Led by Paula Menken, UCLA specialist in communications.
- June 21–24..... Orientation program at Yucaipa, Calif. *See Appendix for program.
- July 14..... *Informal Sunday Evening “Problem Clinic”*.—Dinner and beer (The “Problem Clinic” was a gimmick developed to give students a place to share problems, to ventilate anxieties, and perhaps to pool solutions to mutual problems.)
- July 28..... *The Political and Social Forces in Health Care: Who Has the Power?*—Evening with three experts: Lester Breslow, M.D., president, American Public Health Association, professor, UCLA School of Public Health

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David Solomon, M.D., chief of medicine at Harbor General Hospital

Austin Chinn, M.D., project director of Rehabilitation, Research and Training Center, University of Southern California School of Medicine.

- July 20..... *Trip to Salud Clinic, Woodville, Calif.*—David Brooks, M.D., director; an independent health clinic near Visalia, a small farm labor community inhabited by mixed ethnic groups, poor whites, Mexican-American, and some black families.
- August 11..... *Community Organization and Development.*—John Davis, sociologist and representative of the Black Congress; Jerry Inglis, Community Service Department, Los Angeles County.
- August 18..... *New Careers in Health—Legal and Attitudinal Barriers to The Use of Semi-Professionals* (canceled because of lack of attendance at previous sessions).
- August 23..... *Racism—Full-day Session.*—Open discussion between students, preceptors, faculty—Nathan Cohen, dean, UCLA School of Social Welfare; Harold Jones, M.D., black psychiatrist from Youth Development Center; representative from United Mexican-American Students; and all student health project fellows. (Cancelled because of threat of boycott by black SHP students.)

Suggested Alternative Programs.— (These were discussed for future programs if SHP should consider year-round activity.)

The Development of Alternative Systems and Models For Health Care Facilities through the Case Study Method With Role Play Techniques. —Students to develop the cases out of their experiences.

The Relationship Between Law and Health—Legal Barriers to Health.—Members of the UCLA and U.S.C. School of Law.

The Responsibilities of Public Health Institutions in 1968.—State Department of Public Health and Child and Youth Clinic, Los Angeles County Department of Public Health.

The Urban Condition.—Population shifts, black capital, white exodus, tax rates, land rate, automation, jobs, industry, housing and

education—the relation of complex social problems to individual health problems.

The Concept of Community as a Process.—What are its functional borders? What are the factors in its togetherness? What are the obstacles to change? What would accelerate its progress?

The alternatives are listed here for the record. They may be suitable for study in a year-round program on community medicine.

There were many pieces of important literature sent to students or given as handouts. They covered a variety of subjects such as Financing Health Care, The Economic Opportunity Act, The City, material on New Careers in the health professions, community organizing methods. There were others too numerous to mention.

THE PROJECTS

Introduction

In some parts of the country, the projects planned in advance for the publication of their reports. A staff historian or evaluator was made a part of the staff at the beginning which permitted an objective evaluation to be kept and later compared to the subjective logs of students. While the project was in process the historian was able to investigate individual communities and relate demographic material to deficiencies in health care in these communities. Whether this information was gathered only for the official student health project report or was used to enrich the understanding of student fellows, we do not know. If it in fact was used to supplement the students' knowledge about the areas in which they worked, it would have added much meaning to their jobs.

In former years, the California area coordinators summarized their own perceptive feelings about the various ways the students lived in the communities in which they worked, and the intensity of some of the relationships that developed; how some of the teams worked along well as a part of the community, and how in some communities, students were too uncomfortable to weave themselves into the life of the community. Characteristically, there is a description of the sharp contrast between the students' ability to deal with complex intellectual concepts, and their inability to understand the complexities involved in the perpetuating cycle of poverty.

This year, because of various problems such as replacements in area coordinators, illness, the fact that one coordinator had to leave early, and other problems mentioned in the body of this text, no summaries were received from coordinators. Unfortunately, no one was assigned in advance to plan for the preparation of this report. Therefore, we are writing this retrospectively, without the possibility of verifying material with participants who have departed. If there are gross errors or serious

omissions, it is due to those reasons enumerated, plus the fact that the projects in the Black ghettos did not report. There was an attempt to collect data at the beginning and end of the summer. Questionnaires were distributed at the orientation session at Yucaipa, and at the closing session in Goleta. Some of the students cooperated, but many rejected the instruments as irrelevant. As a result, any conclusions based on the analysis of the questionnaires would be unreliable and incomplete.

The following summaries attempt to report some of the salient impressions, and sometimes hopeful and sometimes poignant anecdotes about the summer projects. The excerpts are from synopses of project goals written prior to the summer by the area coordinators and from final reports of students who worked in the projects during the summer. Thirty-nine reports representing 46 students were submitted out of a total of 93 participants. There were 16 health-science projects and 10 law projects in California.

No matter how exhilarated or weary, joyous or despondent, the message that comes galloping through all of the student reports is succinctly stated by one Yale medical student:

"I DID NOTHING, BUT I LEARNED A LOT."

Los Angeles County

There were seven projects in the following six areas in Los Angeles County: Venice, East Los Angeles, El Monte, Watts, Willowbrook, University of Southern California Medical Center.

Venice

Venice is a poor beach community on the west side of Los Angeles County. There have been some tensions between the Negro, Mexican-American, and poor whites who live in separate parts of the ghetto. A hippy community, a small group of university students, and a

group of elderly Jewish residents also live in Venice. It has been a retirement community for elderly Jewish people long before World War II and has remained so to this day.

Three students, two in medicine, and one in dentistry, worked in Venice during the summer. One law student, a student health project fellow, worked on a separate project which he organized. The goal of the students was to establish a Venice Health Clinic in cooperation with the UCLA Medical and Dental Schools. The ground work for this project had been laid the previous summer. The Venice project was a prime example of effective preceptor support combined with constructive experiences for the students. The project was well defined and provided consecutive challenges which were met by consistent faculty and community involvement.

With the help of three faculty preceptors, Arnold Kisch, M.D.; James Freed, D.D.S.; and Jay Friedman, D.D.S., the students wrote and submitted a proposal for the dental clinic to the Regional Medical Programs Area IV Division at UCLA. While in the process of developing additional support for the clinic, the students were able to build a good rapport with antipoverty agencies. The Venice State Service Center offered office space for the project and the Venice public library cooperated in publicizing and making space available for evening meetings. Probably the single most important contribution students made was in bringing together the University (UCLA), the Los Angeles County Health Department, and community people who formed the Venice Health Council. That the project had sufficient momentum to carry on from year to year, indicates that it is possible to build the kind of bridges between the community and the institutions who serve it, which will permit them to consummate projects beneficial to both. This sense of achievement was reported in the statements of some of the students. Bob Buker, third-year medical student with a sense of personal urgency worked in the program in former years and stated:

"Ultimately, the model (dental clinic—Ed.) we proposed was forced

to include provision for operating at a loss in spite of patient fees, with the hope that any such loss could be underwritten by sympathetic local companies."

"Other features of the clinic were to include medical students furnishing transportation and 'patient advocacy' for patients, as well as follow-up visits to those treated at the clinic in their homes. Treatment itself would be administered solely by dentists and physicians, however. It was understood that Venice residents would be selected preferentially for any staff positions at the clinic."

"A biproduct of our summer was an extensive list of over 50 important resource people in the Venice community. This also has been submitted to the student health office for any future workers in Venice."

John Trego, the dental student assigned in Venice states:

"We have support of the Health Council, the Service Center, and most everyone we have talked to in Venice. We have dental equipment donated to install in the clinic. We have a commitment from UCLA to make this a satellite facility. We have funds available through a state grant. We are now waiting on word from the Service Center director in Sacramento to allow us free rent on a room in the Service Center. These last two items—funds and space, will decide whether the clinic can be started and when."

"I know this summer has attuned my opinions of myself, my profession, and of people in poverty situations. I don't think I will ever forget the experiences I have had and the concepts I have learned this year. I hope to satisfactorily incorporate these 'ideas' into my future goals in dentistry, to please myself and to help the people that need it."

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The law student, Jon Steiner, who was placed in Venice because he had previously worked at the Venice public library in a tutorial project, was fully justified in complaining that he had no preceptor nor any project. However, his familiarity with the community helped him to flounder less than most students might have, and after a period of searching, he attached himself to the local Venice branch of the Los Angeles Neighborhood Legal Services office. With the cooperation of that office, he was able to organize a series of classes on legal problems which affect the poor, such as landlord-tenant relations, garnishment/attachment problems, consumer fraud, and welfare rights. He was encouraged by how much could be done by students if a plan had been implemented before the summer:

"Many times, a phone call to a collection agency could serve to release a garnishment of wages and save a possible lost job."

For the projected Venice Community Medical Center, it is hoped the clinic will incorporate three basic personnel elements: residents of the Venice area, interested physicians, and interested medical students.

The community needs training programs for auxiliary health personnel, and a cheap shuttle service to and from clinics.

According to one student who lived in the community, it needs sanitation services too:

"My apartment costs \$80 a month, has 13 broken windows, and houses the U.S. headquarters for the International Termite Command."

The East Los Angeles Child and Youth Clinic

East Los Angeles is a sprawling area east and north of the center of Los Angeles and composed predominantly of poor Mexican-American families. The Child and Youth Clinic is a demonstration project which represents a joint responsibility and collaborative effort of the Los Angeles County Department of Health and the Children's Division of the Los Angeles County-University of Southern California Medical Center. It opened early in 1968, and is a new clinic model for Los Angeles. It provides comprehensive services for children under 19. Some of the original data to substantiate the need for the clinic was collected by project fellows in the summer of 1967. Great impetus was given to the establishment of the clinic



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through the combined efforts of the administrator of the Los Angeles County General Hospital and the Los Angeles County Health Department.

Five students, from the fields of medicine, dentistry, psychology, social work, and political science were assigned to the clinic with two general objectives: (1) To develop meaningful educational experiences for four high school students participating in the project; and (2) to communicate their perceptions of the community's needs to the staff of the clinic.

Three of the students worked throughout the summer with the high school teenagers. They conducted classes on sex education, biology, anatomy, and mathematics. They made use of slides, films, and medical and dental equipment. They took the teenagers on field trips and encouraged them to ask questions. A special understanding was established:

"But the important thing was that they asked, and we listened, and reworked the rest of the program along with their desires. I had hoped that this would happen, but we really had to wait until they were ready to talk to us. As it was, it was like pulling teeth to get them to talk about what they wanted."

July 23d.—"Pat started the session. We talked about lung diseases, such as asthma, emphysema, cancer. We discussed pneumonia and TB, then the mechanics and symptoms of left heart failure. We showed a film about smoking and they know the danger signals of cancer. Then we got into a discussion of the common cold. From there we went to viruses and then DNA, and then the structure and function of RNA in the cell (DNA-RNA-Protein). We also had a discussion of coding, computers, and binary numbers. They can compute in binary numbers now."

BILL BAUER.

To achieve the second goal of the project, two students, Jane Hirschmann and Marta

Steiner, conducted a survey of families in the area through the use of a questionnaire developed at Children's Hospital. They chose a group of families who had been seen once at the clinic and had been rejected for future care for one of several reasons; either they did not meet the poverty criteria, had other health coverage, or were not in the catchment area. Thirty-eight families were interviewed for the study. The researchers wrote an excellent paper on their findings which they presented to the clinic and their preceptors at the close of the summer.

The two girls had many reactions to their experience:

"Located in the heart of a poverty pocket and making efforts to respond to the community's real needs, the clinic is bringing health services closer to the people.

"* * * The clinic personnel must remain constantly aware that they are working in an area where social pathology, as well as medical pathology, is a problem. It is the responsibility of the professional staff to recognize and respect the cultural differences between themselves and their patients."

"Those interviewed saw the clinic only as a place to bring children for emergency treatment. From these responses, we question the adequacy of the explanation of the services being offered by the clinic. To these people, a referral slip is the carte blanche to health care. This is evidenced by the fact that thirty-two of our cases came to the clinic by a referral from either the County Hospital, public school, Health Department, or Project Head Start. Many times an interviewee would question if she could return to the clinic without a referral slip."

JANE HIRSCHMANN.
MARTA STEINER.

"People in East Los Angeles are poor, yet this is the only thing they know. How can they lift themselves

up without power when even we who are not poor, cannot buck the system? What's the answer?"

MARTA STEINER.

Bio-medical Careers Project—Minority Group Admissions

This project was aimed at laying the groundwork for increasing minority group admissions into medical and other health science schools, and for the establishment of an organization to encourage high school students in poverty areas to enter the biomedical careers field.

Three students, two medical, one sociology, worked on the project throughout the summer. They gathered two classes of statistical information from nine California medical schools:

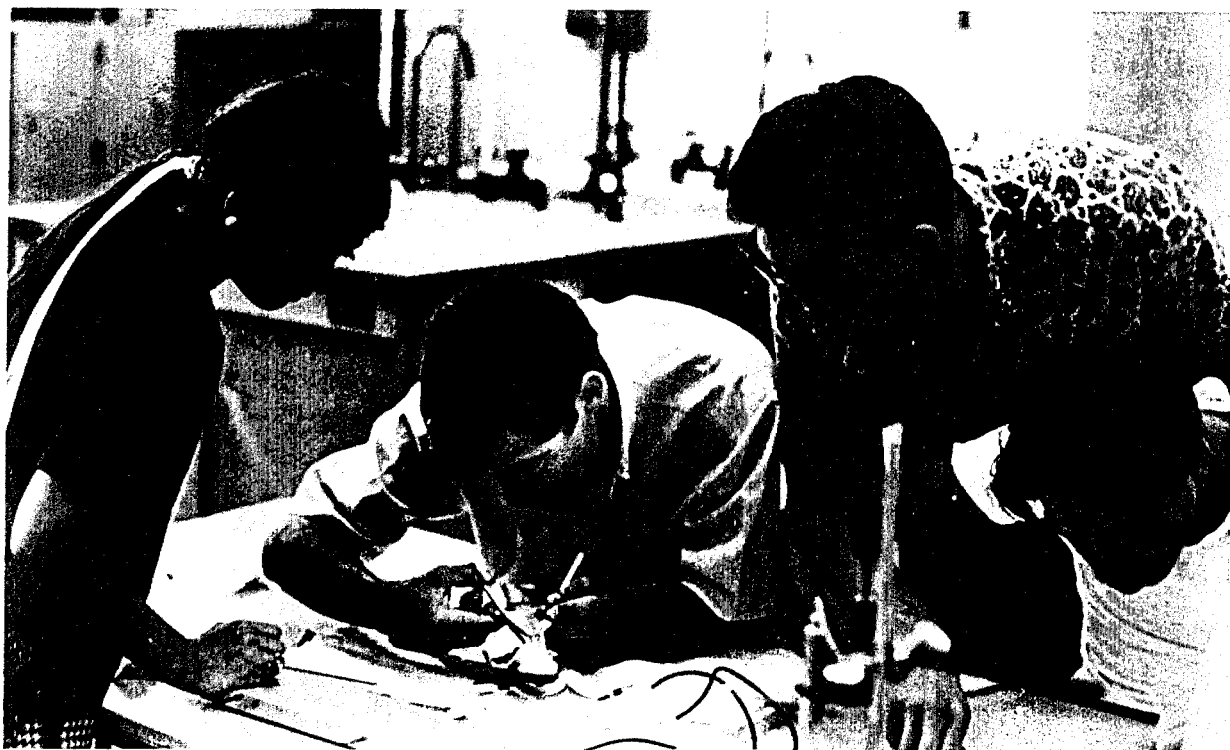
1. The number of minority group applications and admissions in the nine schools in the past 3 years.
2. The number of minority group students admitted since 1960.

With this information, the team prepared recommendations for a minority group recruitment program at three medical schools: U.S.C, Stanford, and the University of California Medical Center in San Francisco. They submitted several models of their suggested program to the Admissions Departments and Deans of medical schools and disseminated information about the program to students in the three schools. The model programs would permit minority group students at various levels of achievement to enter medical school. In order to compare their methods of approach, they contacted Student Health Organizations in Boston, Chicago, and Detroit, who had already made some progress in facilitating minority group admissions.

The students felt encouraged by the response to their efforts during the summer.

In the past year, minority group applications at UCLA have risen from nine to 35, from which eight will be admitted. At U.S.C. 15 minority group students have fulfilled admissions requirements.

Though progress is slow, the evidence contin-



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ues to indicate that pressures from students do have some impact.

Los Angeles County-University of Southern California Medical Center

The Los Angeles County-U.S.C. Medical Center is the largest medical institution in the United States.

Four medical students were assigned to the hospital with the goal of making some rough appraisal of the medical care received by some selected groups of patients.

The students, who had relative autonomy, decided to walk through with patients from moment of arrival, to treatment by a doctor, to receipt of prescription drugs. In their survey, they interviewed patients, doctors, nurses, and administrators. After compiling their findings, they made valuable recommendations for improvements about relatively simple, but probably very useful aids to dispel the usual confusion felt by patients in such an enormous facility. They suggested a brief pamphlet be published in English and Spanish describing the Walk-In Clinic, its procedures and the care it provides. They also suggested the placement of bilingual personnel in those areas of the hospital where there is a large amount of patient contact with hospital personnel, such as the Information Desk, Walk-In Clinic desk, and the clinic Registration Desk.

They found treatment in Unit I, the Acute Ward, was excellent. They suggest that in admitting rooms, medical wards, and out-patient clinics, the following changes would enhance personal service:

1. Screening of patients should be done by an RN or P.H.N.
2. That there be a special area set aside for the refilling of prescriptions. (Average wait for a large number of patients was 3 hours, 13 minutes.)
3. A bilingual pamphlet in English and in Spanish describing Unit I, its procedures and the care it provides, and in general what patients may expect.
4. Nursing personnel should pay more attention to the human factors in nursing rather than be task-oriented. Nurses should be invited to attend rounds with

medical staff and become patient advocates.

The students on this project had much to say about about SHP in general:

"The most obvious deficiency is the project's lack of leadership. It had been difficult to identify the staff because of the shunting of responsibility from one person to another. Confusion and indecisiveness in the leaders about goals and methods has led to confusion in the project. * * * Absence of direction prevents effective leadership in the present and prevents development of project sites that can be maintained into the future. An organization cannot exist only for the present. It needs a sound sense of the future to be able to grow and become more effective as it grows.

BILL MASON.

El Monte

El Monte is a city of approximately 65,000 residents in the San Gabriel Valley in the eastern portion of Los Angeles County, with about 55 percent white, over 40 percent Mexican-American, and the balance Oriental.

Two students were assigned to the El Monte Teen Post to attempt to establish a Dental Clinic for the area. Although they tried very hard and, in fact, made some headway in involving local residents and a local dentist, the students were unable to achieve their aim. The San Gabriel Valley Dental Society is a conservative organization which has, in the past, opposed other antipoverty or government subsidized programs. The students received promises of help from dental supply houses and a local real estate agent, but without the dentists, could go no further. They felt very disillusioned and bitter, and their experience in El Monte tended to dramatize the need for greater SHP activity. What they found fortified their beliefs.

The two students made many efforts to involve local people, but not only were they unfamiliar with the area, but they also lacked su-

pervision from health professionals who could have guided them. Their preceptor was either too busy or unable to direct them to adequate professional or community resources. The local Health Center dentist feared socialized dentistry, the PTA was squeamish about supporting a Dental Health Clinic if they did not have the support of the Health Department, the area coordinators were not able to teach any special organizing skills, and to top it off, no one ever circularized any representative groups in the community before the decision was made about organizing a Dental Health Clinic.

According to their reports:

"Four out of 13 dentists we invited showed up. We had a community meeting and five people showed up."

Don Graham, the dental student, wrote about his deep resentment:

"We finally seem to know where we are going—at least where we are at for sure—nowhere! We've gotten some good leads and are on the track and have appointments to make appointments to find where we will be referred to next. Primarily, we need dental health statistics and are prepared to make any sacrifices or attacks to remove or lift these facts out of the 'system'.

"I feel as if I am being used for a purposeless purpose and resent the arrogance or ignorance (probably both) of the SHO coordinators. You may rationalize by saying we planned these meetings with Dr. Schoen's office to let you explore more avenues of possibilities, but it was all an accident. Just as I believed we were getting somewhere, I learned that I am deeper in nowhere. I don't know where 'I am at' what I have done, or which way to turn, or what to do next. I know I am not at all pleased with what I have done so far, however.

"At our meeting to form a dental council, the only dentist was Dr. Kean, which was a great shock and

joy—at first. It was he who first swayed our clinic to its present objectives, but he was the first tonight to try to cut our project to ribbons along with the school nurse. And the people themselves (six women) disliked the project because the community was asked to help the project through participation and financial help—as I already expected, these people are lazy slobs that want everything handed them on a silver platter and for free."

Esperanza Gonzales, a SHP community worker at the El Monte Teen Post, after a meeting with some of the local dentists wrote:

"I also know that these dentists lie to you in your face. I only wish I had the nerve to tell them; although I did try. Dr. Kean says, 'I'm sure that the dentist and myself would gladly like to work on poor people and ease them of their pain. Mrs. Gonzales seems to give the impression that there are a lot of little youngsters going around in pain. If so, he says, bring them to us and we'll take care of them. We have always done a lot of charity cases, the doctor and I.' Well, all I can say is, they must have gone to jungleground for charity cases, cause I never heard of one."

Willowbrook Volunteer Health Center

Three students were assigned to the Volunteer Health Center in the ghetto community of Willowbrook, which is adjacent to Watts in South Central Los Angeles. They were not assigned any specific task or given any particular goal other than working with Dr. David Swimmer, the director of the Health Center and their preceptor "in doing whatever is needed to make the Health Center work." This they enthusiastically began to do, teaching NYC youths to take temperatures, blood pressures and pulses, and on occasion, the students pitched in on the maintenance work. They made great efforts to enlist outside support for

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the Health Center and achieved some measure of success.

In their final report, these students detailed problem areas in the Center and made suggestions and recommendations for the improvement of its health care delivery system. However, the unexpected consequences of a summer with this kind of involvement are often manifested in the sudden awareness that one must experience one's self and one's values before he can truly experience others.

"This summer's experiences has me more confused than ever. I honestly don't know how it is going to affect my 'career'. I am torn over just how involved I should get, or whether there is really a cause to be involved in. I get the feeling that people must first face themselves before jumping into a 'movement' or any cause."

JOHN GAMBIN.

John Gambin and Steve Sanders, the two students, felt this was an exceptionally good placement, and that they received constant friendly support and advice from Dr. Swimmer, a resident internist at Harbor General Hospital. But their awakening to problems was not without cost to their peace of mind:

"I feel that individuals seeking a large chunk of the 'capitalist pie' exploit their 'brother' with calls for unity and identity while really primarily concerned with personal advancement.

"Possibly we disrupted the lives of the boys our age by trying to be friends with them and then leaving them stranded at the end of the summer."

THE SPARROWS

Catching winter in their carved nostrils
the traitor birds have deserted us,
leaving only the dullest brown sparrows
for spring negotiations.

I told you we were fools

to have them in our games,
but you replied:

They are only wind-up birds
who strut on scarlet feet
so hopelessly far
from our curled finger.

I had moved to warn you,
but you only adjusted your hair
and ventured:

Their wings are made of glass and gold
and we are fortunate
not to hear them splintering
against the sun.

Now the hollow nests
sit like tumors or petrified blossoms
between the wire branches
and you, an innocent scientist,
question me on these brown sparrows:
whether we should plant our yards with
breadcrumbs
or mark them with the black, persistent crows
whom we hate and stone.

But what shall I tell you of migrations
when the dimmest flutter of a coloured wing
the precise ghosts of departed summer birds
still trace old signs;
or of desperate flights
when the dimmest flutter of a coloured wing
excites all our favourite streets
to delight in imaginary spring.

—LEONARD COHEN

Selected Poems, 1956-68.

South Central Los Angeles—
The Watts Project

Thousands of words have been written about Watts by people "in the system" and people doing battle with the system. There have been descriptions, explanations, and lamentations from all shades of opinion. Watts as Harlem has countless numbers of Federal, State, and local measures meant to reduce the symptoms of poverty, to tranquilize the pain, and to anaesthetize the anger.

Watts, a community in South Central Los

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Angeles, was the center of the 1965 Los Angeles revolution, usually referred to as "The Watts Riots." The people of Watts know some of the things they want. Jobs that go somewhere, a good education and day care centers are just a few of the things that are high on their priority list.

So much has been written about the characteristics of Watts, that this report will refrain from the usual comparisons of eastern and western ghettos or from giving an avalanche of statistical data on infant mortality, morbidity and unemployment rates, school dropout rates, life expectancy charts, average income, or number of AFDC families.

There were five project sites in South Central Los Angeles, with a total of 10 students, seven black, two Mexican-American and one white. The purpose of the projects was to establish voluntary medical disaster stations for treatment of injured persons in case of tensions erupting in the area. Important to the establishment of these stations was the plan to utilize doctors and nurses and health science students to teach first aid skills to community residents and thereby build up a corps of trained first aid technicians in the community. In the course of training, the community people would be brought into contact with available health resources and learn how to make use of them. Teenagers were also included with other residents.

The plan was carefully conceived and documented before the student health project people arrived. Groundwork had to be laid. Decisions about the most strategic locations for disaster stations, transportation of both working personnel and possible victims had to be arranged, and cooperation was sought from related social agencies, health agencies, churches, community organizations, and individuals. Channels of communication were worked out and dry runs were made with SHP fellows after they arrived.

It was understandable that professional personnel as well as community people might feel antagonistic to young, bright, privileged black students and, therefore, the roles of student health members were carefully limited.

The two preceptors who planned the program and gave tight supervision were: James Bates, community organizer for the South Central Multi-Purpose Health Center, an OEO Health facility, and Lou Smith of Operation Bootstrap, an aggressive voluntary self-help organization dedicated to the development of black-owned and operated businesses. According to one student, tempers in the summer demanded tight supervision and self-disciplined workers.

It is not possible to report the students' individual reactions to the project since none of them submitted a final report to SHP and only one responded to the request for an interview. John Bruce, an area coordinator in the South Central and El Monte areas is a man who can make many objective observations by reason of his African heritage. He talked about his recent identification with the black man's struggle in the United States:

"The differences I notice in South Central from most of the countries of Africa and Europe where there are ghettos, is that in those places there is hope—there are ways of getting out and here there is not."

When he discussed the method used to gain acceptance and trust with community people, Bruce stated:

"It helped, of course, to have the same color. Also there had been some involvement before the project began. We had meetings with the people in the community, with the women, Black Congress, and other groups. By the time we came, they were waiting for us—we met originally with older people, for we realized that younger ones were much more militant than we by middle-class standards."

Later on he mentioned that it was important that the people in the community realized the students were interested in their survival. Bruce was adamant that faculty people and the universities in the area represent special local interests and therefore cannot relate well to community needs, although he sees no reason

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the federal government cannot support local programs.

"I don't think universities and similar institutions can provide the type of person we need as a preceptor who understands and can be receptive to the community. But there is a role for these people. Dr. Kivel and Dr. Lieberman, both white physicians at the Health Center, worked with us last summer by providing technical advice when we needed it, and it was a very valuable service."

In a totally pragmatic way, Bruce stated that the black person aware of the urgency for change will realistically face the fact that there are not enough black professionals to solve the problems. But he attempted a definition of what the relationship ought to be. The white professional has to provide services against the background of dealing with a subculture on its own terms. He has to accept the fact that he is in a culture partially strange to him, and that he is going to have to work with the people in the way the people present their problems, not the way the professional predetermines it.

As to the integrative aspects of the black power movement in helping to strengthen the self-definition and self-determination of black people, Bruce stated:

"The black students saw their role more or less as a mission. They were involved and sensitive and took Watts on as their community."

Bates in another way stated that the black students were more politically sophisticated than the whites, that the whites really didn't understand the fact the black students were not permitted to keep logs and that the request for them was interpreted as counterrevolutionary by the black community. With the amount of surveillance and police interference, anyone with a pad and pencil is *persona non grata*, according to Bates.

The catalyst in the Watts project was the bull sessions held every Wednesday with Jim Bates and the students. Bates spoke enthusias-

tically of the Wednesday sessions when he and students would "sit around and rap" about books, their projects, the people in the community, about strategies and political imperatives related to the Black Revolution. As is the case of most teachers, Bates felt that he learned as much from the students as they learned from each other and the community. According to John Bruce and Bates, the spirit of trust and exploration set a tone which encouraged students to accelerate the process of their personal growth as well as deepen their philosophical commitment. Attendance on Wednesday afternoon was expected.

There is no question that the project served a critically important purpose for the black students. Most aspiring professionals leave impoverished areas as soon as they are financially able to leave. Watts is no exception. The SHP offered a way for the community to be visible again to some of the younger, more aware student professionals who hopefully might return once they have graduated.

In addition to changes in specific individuals, there was the effect of pride in group identity which captured the black students and offered them a chance to work within a ghetto community in a cooperative working relationship. Al Wilburn, a third-year UCLA medical student, who was one of the student fellows in Watts last summer, is currently involved in the faculty-student committee on admissions policies at the UCLA medical school. The committee is working hard to increase the applicants from minority group students and thereby to increase the number of black and brown students who are admitted. As a result of the work of this committee there has been a sharp increase in the number of applications this year. UCLA had 35 applications, out of which eight people qualified for admission, as against 10 applicants last year. USC has had a corresponding rise.

Ventura County—Oxnard

Oxnard is the center of a rich agricultural area in Ventura County, about forty miles north of Los Angeles. There are a large number of poor Mexican-American families in the area, conservative land owners with large

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holdings, and many lower-middle class families from the Middle West. Oxnard is sufficiently distant from the Los Angeles urban complex to retain some of the authenticity of old Mexico. Parts of it are still struggling to remain rural.

Seven students, two medical, two nursing, one dental, one clinical psychology, and one social psychology, were assigned to this area—four in Oxnard, and three in the small town of Santa Paula, 9 miles to the east. Their goals were:

1. To aid the community in on-going programs to fill community-perceived needs.
2. To provide students with educational exposure to the problems of ghetto communities.
3. To begin an alliance between students, health professionals, and community people to improve conditions and fill gaps in community needs.

The intent of the Site Development Committee was to allow for the greatest latitude and decision making on the part of the students, as reflected in their description of their aims, written prior to the summer. Though there was some minimal suggestion of suitable projects, the students still felt unanimous in their opinion that they had not received enough guidance from the SHO Staff.

Robert Slama, a medical student who discussed his team's problems at a few student meetings, wrote:

"* * * had little to do with health
* * * part of my disillusionment
* * * was due to illusions which I
had about what we would be doing.

"We had no experience ourselves;
as first-year medical or dental students,
we were very much in a position of
having a lot to learn."

"We saw a community that had a
little idea of what it should do itself
as a community, as we had of what we
should do ourselves on the Student
Health Project.

"Together, we made up a group of
idealistic, enthusiastic (sometimes)

drones who did not know what, where,
or how to do much of anything."

But, as indicated in the introduction to this section, the contradiction between how students perceive themselves as against what they learned was of constant interest to any reporter. Though all seven students in Oxnard felt thwarted and anxious the whole summer, they report sensitive insights. Slama states of the high school students:

"We of the SHP were originally assigned two crash kids. Supposedly, these two high school pupils were somewhat interested in health-related fields. My original two counselors were girls; one wanted to be a teacher, the other a hairdresser.

"The spark and enthusiasm which these kids had was tremendous."

The students were perceptive and analytical in centralizing the responsibility for services. Claire McCamman, a nursing student working in Santa Paula, pinpointed some of the problems and partial solutions:

"No health center, no dental care, no recreation facilities. There is no documented evidence of the need * * * The Health Department uses the lack of documentation as a 'cop out'. The SHP, by documenting the need, would provide some leverage for getting these services. A major problem is terror of the growers. Politically, the poor Chicano is disenfranchised. The mayor of Santa Paula is a 'brown-Anglo' who has sold out his people. Unionism seems to be a reasonable start at the solution of the migrant workers' problems."

Claire's job was to work with the Community Action Agency in the Summer Youth Program to develop a Girls' Club. She and two other students, Cathy Hunter and Alice Krowitz, taught classes on sex education, developed information on consumer education, publicized their classes, worked on health education with high school dropouts, and helped the La Raza Com-

mittee for Education, a group committed to increasing Mexican-American college admissions.

The reports from these students all indicate the Yucaipa orientation would have been far more useful if students could have been cued into the workings of the communities before they went out. However, they all felt Ventura County is an excellent place for SHO to work because as Bob Montoya, a medical student, stated:

"It is isolated geographically and is small enough so that there is not a great big bureaucracy to face."

Deborah Tarnopol, social psychology student, after trying in vain to work with young children in various centers and nursery schools, taught reading readiness to Head Start children in Oxnard with two NYC youths. The latter, under Deborah's tutelage, were able after a few weeks to teach the children themselves and became quite involved with the concepts of reading readiness. However, Deborah was not entirely happy with the whole experience:

"The next day, Wednesday, the supervisor of the Oxnard Head Start observed Armando and Lupe doing their lessons with the children. I think she was pleasantly surprised both by the skill of my two kids and the excited participation of the four-year-olds. She told me to feel free to train any interested volunteers to do similar things in the classrooms. This sort of passive cooperation was frustrating because, as an outsider I couldn't leave behind any leadership for this sort of Head Start program, and with only 2½ weeks of Head Start left, the time for training volunteers had long passed."

Deborah also became involved in helping a committee of La Raza write a proposal for higher education for Mexican-Americans. They encouraged local residents to have house meetings to discuss ideas for establishing a scholarship fund.

"I went with John, one of the

two community workers with SHO, to the home of one of his friends, and we discussed our ideas with him. We encouraged him to have a house meeting and invite some of his friends over to discuss the ideas we had presented to him. Thus, we arranged our first house meeting with little difficulty and proceeded to the house of another friend to try for another meeting."

DEBORAH TARNOPOL.

Although the proposal was not completed when the students left, enough enthusiasm was created for the proposal that the work hopefully continues.

"The next day I met with John and he was in great spirits and responded immediately to my concern about replacements for Ricardo and me. He was sure of himself and quite clear about his plans for La Raza Committee's near future. His strong feelings about this make me feel that he understood the situation much better. I felt that I had indeed fulfilled an honorable intention: to leave, or to help leave something behind in Oxnard."

DEBORAH TARNOPOL.

Deborah also helped a Mexican-American lady with the written section of the California driver's test, and ends her final report with this:

"So I said goodbye to Oxnard the next day and left behind Mrs. T. (with a driver's license), John and Ricardo (with La Raza Committee). I had learned much about techniques of community organizing."

Again and again, students reflected their strong convictions that they "did nothing, but learned a lot". Richard Fuentes, a dental student who tried hard to involve Oxnard dentists in private practice in a volunteer dental program, reported:

"I do not believe we helped the com-

munity. Some individuals may have been personally affected by us, but we did not get rid of any problems or improve their ability to get health treatment."

However, he goes on to say:

"I have made up my mind to do the best in order to get Mexican-Americans and Negroes into dental schools, either by giving them information, or later monetary help. This year my school accepted two Negro students, the first time a Negro has gone there in over 20 years."

Robert Montoya worked with community people in the Colonia area and helped form a Brown Beret Chapter.

The three students in Santa Paula decided to form a Young Mother's Club for unwed mothers. One of the problems was finding the young women without imposing a feeling of being special or different.

The Club was started with a small number of young mothers, and classes were held on sex education, first aid, and discussions about general problems. The team provided transportation many times for the girls and visited them constantly to encourage them to attend the club.

The combination of a profound sense of empathy, love, anxiety, and loneliness which comes through in the following excerpts, makes one feel Holden Caulfield's ghost has risen again. This time it is Abby Krowitz, older and wiser, female clinical psychology student from New York.

"Marty McKeever, of Family Counseling in Ventura, is so great—alive young, interested, and the possessor of a rare working combination of mind and feelings. I think we shall become good friends. Marty delivered me to the Health Department where I met two public health nurses. Man, they were prepared for a whole meeting and were so disappointed that I was alone. I really was scared at first and gave a 15-minute talk on SHP,

explained the others were away on an emergency meeting in Los Angeles, and heard what they had to say. Then I brought up my own project and got a slow response at first. They didn't trust me. However, after 10 minutes, we really got going—ideas, experience, suggestions, offers to help personally, and lots of literature. It was a valuable and productive meeting.

Second week of summer:

"Visited homes today. Walked for hours and hours tracking down unwed mothers. One moved, three were out, saw two others. Of the girls I saw, the first, Betty, was in some kind of a stupor. I got the impression she was doing nothing with herself or her life.

Third week:

"My project's coming along really well. Contacted four girls today—all coming. With some kids, the despair is so obvious, and with others you can see the strength. It's beautiful. I have great hope that the kids will help each other. One girl wants to go back to high school, another wants work. I sent the NYC director out there to talk to her (Alice). Alice is 17, lives in a labor camp at Sespe. Ten little kids hanging around, all dirty, ragged and nonsmiling. One thing about poverty kids that rips me up is the vacant eyes, and the don't-hit-me look—the fear.

Fourth week:

"When interest in talking lagged, I switched to the club as a purposeful get-together. I told them no matter how small it was, it was their club and I had done my share and they had to do theirs. They looked dumbfounded. I offered several alternatives, and said I couldn't believe three girls had no ideas about doing things. Betty spoke up and said one meeting a week wasn't

enough. I said fine, when do you want a second one? They said Thursday would be good and it was settled. Then another girl suggested a beach party and I said it was O.K. with me, but they had to plan everything. They took me up on it, and we are having it Saturday. They also said they would bring any unwed mothers to the next meeting and their other friends to the beach party. I was very happy about this meeting.

"There were times during the meeting when the group was really out of control. I was so personally overwhelmed by the stories they told that I couldn't direct it anywhere. Also, once the problems really began to become real, everyone got depressed, and although I focused on the positive, the negative and hell that they had each been living became too much. I wanted to break through the defensive laughter and did so, but when I did, it was a hard trip back from the dumps. I can see now that this approach, maybe groovy with psychological problems, just won't make it when it's a real baby, a real marriage that fell through, and a real mess that they have to live with."

Part of Abby's report is appended at the end of this section. In spite of its length we took the liberty to include it for those who might be interested. If moneys for this project could ever be justified by the degree of personal growth and education added, this kind of searching is in itself perhaps one of the best examples of self-discovery, and who knows what kind of commitment, and to what, may result?

South Monterey County—Rural Health Project

The rural health project in King City, south Monterey County, offers comprehensive health services, social aid, education and retraining to approximately 10,000 indigent people, mostly Mexican-American farm workers, in King City and its surrounding areas.

Two students, one in medicine and one in nursing, were assigned to the project directors of the existing health team to ascertain whether private medicine in that area could provide good medical care for the indigent.

The nursing student, Martha Jackson, lived with Mexican-American families for the duration of the project, working in the fields, eating, sleeping, laughing, and participating in the daily life problems. She observed and talked to people about their health problems. She then related her findings to the doctors in the rural health project. She describes her experience:

"My job was to 'educate the doctors' to the Mexican way of life. None of them in the group are Mexican, yet a large percentage of their patients are. This has posed some problems in rendering effective medical care. Aides from the target area are used as interpreters. I was also to identify health problems and other problems that might be indirectly related to health, such as housing conditions, working conditions, and the like."

At the end of the summer Martha submitted lengthy reports to her preceptor, Stuart Allan. She felt the summer had been very worthwhile, but was not sure to what extent she had affected the doctors' attitudes. But we want to share a letter she wrote to the project's director at the end of the summer in lieu of a report. We think it has the special flavor of someone who has lived poor. Her sense of reality, her refusal to romanticize the poor, her recommendations for the future, and her doubts about her own effectiveness in changing attitudes of physicians, gives her letter a kind of Pinter-esque quality. Therefore, we include it at the end of this section, following Abby's report.

Jerry Ginsburg made a study of how the rural health project served the needs of the community, and found to his satisfaction that they did indeed.

"We have proved that local initiative and autonomy can develop a

good working plan that provides good services.

"The rural health project has also proven that first-class, readily accessible medical care with proper facilities, and located where they are needed, can give the indigent a personalized, humanized, nondiscriminatory or segregatory treatment completely different from the one they have traditionally received."

Kings County Community Action Organization

KCCAO is the delegate agency for the OEO programs directed toward the estimated 25,000 low-income people in Kings County. The population increases by approximately 10,000 during the summer agricultural season with the influx of migratory workers.

The three medical and one nursing student associated with the Community Action Agency were fortunate because, either by design, or the omission of one, they encouraged the students to define their own projects, and in this instance some interesting things happened.

Robert Jones, who worked with the Tache Indians on the Santa Rosa Indian Reservation, defined existing health problems and worked toward the establishment of a recreational facility for the Indians. Although the facility was not completed by the end of the summer, Robert was assured that the work would be continued by the Community Action Agency.

Robert worked with the Tribal Council and was instrumental in bringing together and obtaining assistance from many institutions, both public and private. The local Naval Air Station, Standard Oil Co., and local Catholic Church, and the U.S. Government Soil Conservation Service all cooperated. Grounds were razed by the Standard Oil for the recreation facility and the Catholic Church was helping in making plans for it. Robert recognized the problem of half-finished projects and was particularly gratified that the community worker employed to carry on the project was a resident of the Santa Rosa Indian Community and married to a Tache Indian woman.

"This summer will only be a suc-

cess * * * if the programs which we initiated are continued in our absence. This was my joy in selection by the KCCAO of Clarence Gutierrez as a grassroots worker. It is felt he will be well able to carry on programs that have already been initiated."

Robert also initiated a health screening clinic, and one day was set aside for examinations of the Indians with participation from volunteer doctors from Fresno:

"The clinic ran both smoothly and effectively through the afternoon and evening. The turnout was surprising in the fact that over three-quarters of the reservation's population got complete physical and eye examinations."

Another student, Michael Witte, associated himself with the Kettlemen City Child Development Center, and after defining the health care and educational problems among the farm laborers, reduced his interests to nutrition and transportation. Very quickly he made contacts with a drug company in an attempt to obtain a demonstration supply of vitamins to distribute to the children. The local public health nurse cooperated in their distribution.

In the area of transportation, he hoped to obtain funds to establish a small scale bus system to transport people to the various clinics operated by the Public Health Department. Again, as with Robert Jones, Michael Witte stated:

"I will consider this summer successful only when we can create a viable proposal and obtain a sponsor for it. There must be someone to carry this project on once the summer has elapsed * * * Perhaps an agency such as CCAA, who seems enthusiastic."

Robert Jones, in his lament to the Indian who is locked in:

"To children, poverty is the dark rider encompassing them before their senses can acknowledge its presence.

It springs from everyday life and yields acceptance. For with the children of the poor, there is no awareness of another standard until their environment has made them a captive of their own."

Tulare County Community Action Agency—Visalia

Two nurses worked in the Earlimart Child Care Center, which had opened 4 weeks prior to their arrival. This was part of the Tulare County Community Action Agency. They set up a dental health program for the children and held first aid classes. They instructed teachers how to be aware of and treat such things as impetigo, ringworm, and minor abrasions so the teachers could continue this health program after the nurses had left.

"The assistant teachers were able to carry out these procedures quite well. They acquainted themselves with the first aid cabinet and all of the supplies on hand."

BONNIE ZAGON.

The nursing students also arranged for an immunization clinic to administer DPT, polio, measles shots, and tuberculin tests to all pre-school children. They maintained health record files on each child so that the public health nurse serving the area would not have to re-gather the information.

In spite of her own personal satisfactions, Bonnie Zagon's final report cautions about loosely defined summer projects:

"This would not be a good site placement for an SHO student next summer * * * I feel that in deciding on future site placements, emphasis should be placed on plugging in students to very structured projects."

She again poses the same paradox of the benefits of negative experience to personal growth:

"I have spent a very beneficial summer in working with a rural community and feel certain that I will continue to give service in this type of area. I have served and at the same



time have been sensitized to many problems that I was unaware of before entering the community. The health care I have given has been taught to community people and is most definitely an on-going project."

Fresno County—The Fresno Project

The Fresno project was probably rated highest in lowest rewards to students, preceptors, and community.

Though one member of the student staff had come to an agreement with one of the three preceptors, apparently there were many fuzzy areas never spelled out. These fuzzy areas con-

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cerned the actual tasks, the methods of interweaving students in staff projects and defining the limits of summer expectations. The lack of job specificity and content of tasks were obviously a detriment to the establishment of any good relationships.

The project consisted of four preceptors; three of these connected with the city of Fresno Community Health Planning Project in the Fresno General Hospital, a part of the model cities plan; and one preceptor in the North Avenue Community Center, a neighborhood settlement house fulfilling the needs of black residents.

Nine students were assigned to the general area. They were representatives of almost all of the health professions: medicine, dentistry, social work, health education, public health, and nursing. There were also indigenous community workers attached to the projects by the preceptor.

The only value at this point in describing the ineptness of the project and the uncomfortable personal relationships which resulted, is because it indicates again that noble intent and high spirits cannot forever make up for lack of sequential systematic steps in the planning process.

The students were to explore new and expanded methods of providing comprehensive care by taking a look at the family medicine training program, a neighborhood health center, and a variety of training programs for health workers in the allied health professions.

Contrary to every purpose of SHP, the preceptors attempted to reenact that situation which causes some of the most serious problems in health care institutions—the secondary role of the nurse was again reinforced by placing the student physician at the head of the student team. A student nurse comments on the problems of the project:

“Thus far I have attempted to describe only what we did this summer. Obviously, this does not sound like too much. I should now like to attempt to describe what I feel happened this summer and why.

The one major block to success

was communication, or an almost total lack of it. I believe that this existed with the Community Health Planning Project, the Student Health Organization, as well as with the students themselves. Through this, unexpressed complaints, misinformation, and personality conflicts were allowed to build up to a point where no one person trusted the other, and resolution of problems was not attempted.”

F.A.E. THOMAS.

However, Miss Thomas ends her report on a more optimistic note:

“Despite the problems this summer, I feel that I have learned a tremendous amount. One of the major things is the various blocks that exist to giving comprehensive health care. This will affect me when I am working as a public health nurse. I have also had some practical experience in innovation (although unsuccessful). I hope that I can learn from my mistakes. My understanding of some of the problems of the poor and minority groups has greatly increased since I have had no previous exposure to this.”

Another student vividly describes the difficulties of the project:

“My placement was with the Community Health Planning project of the Fresno General Hospital. This was a most unfortunate placement. The SHP members worked in a team approach with other members of the planning project who were given misinformed ideas of the SHP workers before we arrived. We were to have led the teams, been full of many ideas for Fresno (which we were to have discussed at Yucaipa), and have had the power to fire other team members! Unfortunately, none of these prejudices was brought out into the open until the sixth week of the sum-

mer. It was at this time that project workers from both SHO and Fresno began to express their dissatisfaction. Our chief complaint was that our preceptor had not strictly defined the goals of the Fresno project, had claimed that he could easily obtain grants and bend the ears of influential people, and that he communicated exclusively with SHP members, ignoring most of the Fresno workers * * * It was decided by the SHP members at this time (end of August) to continue their work in their respective communities with the community contacts they had made, but to disaffiliate themselves from the Community Health Planning Project. I felt personally relieved by this because I thought that I could do more good for Del Rey working for Sal Gonzalez than by bullshitting my time away with the Fresno project."

MIKE DUCHOWNY.

Duchowny concludes:

"I cannot yet say how this summer will influence my future career. I do know that the experiences I had this summer form a part of me that cannot express themselves very well on paper. I am returning to medical school with many new ideas and with my old ideals reinforced."

In summary, the Fresno projects, which are only briefly touched here, suffered from the same deprivation as other projects—a lack of definition. But it is interesting to note that some of the students found they were able to use their skills at the North Avenue Community Center in developing a Girl's Club, whereas some remained at the hospital and aided in a survey on transportation needs. A few held meetings with the Kings County group on the possibility of a county-wide transportation system to public health clinics. What is pointed up here is the amount of innovation that characterizes some of the student groups.

Kern County—Bakersfield

Bakersfield is situated in one of the largest cotton producing areas in the world. It is in Kern County, a county oozing with the earth's rich bounty, cultivated and tended by thousands of Mexican farmworkers. It stretches for miles of green, black, purple, and orange. The colors sometimes obscure the fertile black earth's cotton, grapes, citrus, artichokes, tomatoes, and melons. Bakersfield is insular. It sits comfortably in the vast San Joaquin Valley.

Five students, two in medicine, two in nursing, and one behavioral scientist, were assigned to the area with the Economic Opportunity Cooperation as their base of operation. They were assigned to two preceptors, the rural area program supervisor, and the director of the Multiservice Center.

The medical students worked mainly in the town of Wasco near Bakersfield. By working through an existing semiactive Women's Club, they were able to stimulate enough interest to form a Welfare Rights Organization, which became affiliated with the National Welfare Rights Organization. The students hoped the group would be able to maintain itself after their departure. In order to offer greater assurance of that, the students attempted to enlist commitments from local residents to continue their support of the Welfare Rights Organization.

One of the medical students established a free medical clinic in the Wasco labor camp. It opened every Monday and Thursday evening the latter part of the summer. One out of the six physicians in Wasco volunteered his time to the clinic.

One of the nursing students, a Mexican-American herself, became involved in promoting a program of interest in their own heritage among the Mexican-Americans. She arranged for films and speakers and trained two NYC girls to involve people from the community in the project.

San Francisco County

In San Francisco, six students from the San Francisco Medical Center operated a program in conjunction with the Office of the Dean to

enable economically disadvantaged high school students to gain employment in health care agencies. Fifty teenagers were placed in various hospitals, including the Veterans' Administration and San Francisco General Hospital. The teenagers worked 26 hours per week for 10 weeks and were paid from the Neighborhood Youth Corp's funds. The work experience was supplemented with educational and social activities such as a film on childbirth, a drug information program, a film on former SHP summer projects, a meeting with black students and medical students devoted to minority recruitment and admissions policies in colleges and universities, and a picnic and a dance.

"Throughout the program we tried to make sure the students were learning from their jobs and not spending all their time on routine duties. Through the use of counselors and small group discussions, we encouraged them to discuss their jobs and to indicate when they were dissatisfied."

Following are some of the problems the San Francisco project encountered:

1. Although the medical students had anticipated hiring students interested primarily in the health sciences, and had been assured by the Unified School District that the students would be screened with this in mind, the screening was not completed, and they were merely assigned a randomly chosen group of 50 NYC students.
2. The many delays and confusion in the paying of salaries:
 "The students never knew when their checks were coming and consequently felt most insecure about the entire situation."
3. Lack of preparation of supervisors in the departments. The supervisors did not know what was expected of them, nor were they given sufficient orientation about the NYC students or the objectives of the program which involved them.

Other difficulties resulted from the program (SHP—NYC) being primarily student-administered. The Medical Center SHP students were frequently unfamiliar with campus policy and how the administrators operate. This inadequate communication caused misunderstanding and delays.

However, in spite of the problems, most of the NYC students felt very positive about their experience. In a questionnaire distributed at the end of the summer, they responded well to their jobs and supervisors. A number of them asked to remain during the fall. Since funding for the NYC program was severely cut, this was not possible for all who wished it, but several have been absorbed. Many department heads were very enthusiastic about the potential and ability of the NYC group and specifically asked that the same student be retained on the job in the fall.

The SHP students felt this was certainly an important step in opening the Medical Center to employees in new careers.

Imperial County—Imperial Valley Project

Imperial Valley is a large agricultural area in Imperial County near the Mexican border. There is a large Mexican-American population with a small Negro population scattered throughout the Valley.

The previous summer, SHP had a project operating out of El Centro, which is located in the rich Imperial Valley. The students documented the need for a dental clinic for low-income children and had laid the foundations for the location and personnel. The Imperial Valley Community Dental Clinic had sent a letter in October of 1967 to the Imperial County Dental Association, reiterating the need for the dental clinic and expressing their interest in participating.

The Site Development Committee of SHO felt that with such interest on the part of the local dentists, and the groundwork that was done by students the year before, this project could be carried to a successful conclusion in 1968.

Three students, one from medicine, one den-

tal hygienist, and one occupational therapist were assigned to the Economic Opportunity Corporation in El Centro. The director of that agency was their preceptor.

The students submitted a joint final report in which no mention was made of previous arrangements for the dental clinic. They described existing conditions of poverty in the Valley, of local citizens' groups, of the possibility of future projects with these groups, and of "waiting to be given things to do."

"We did not accomplish anything. What we did find was a movement which can show students how a community can help itself. This was a major find.

"The trouble was there was little we could contribute. Perhaps this was because of our situation, but more likely it can be remedied by giving the community several months in which to decide how students can best add to their overall plan."

The three end their report:

"Finally we can say that the summer was a vital experience in our understanding of health problems, in the structure of the functioning of this country, in ourselves. The summer was like intensive sensitivity training, self-analysis, people watching, and group process. It is a major experience to see a woman crying because she cannot get money from welfare because her daughter needs a special diet; it is frightening to see a county (poor farm) hospital run by frightened and/or sadistic doctors who pride themselves on the cheapest care in the state; it is horrifying to see polio victims come crawling across the border when vaccine is 15 cents.

"Perhaps we learned something this summer."

BARRY RAND
DALE KAWAGOYE
SALLY WESTRICK.

The Law Projects

Background

The law projects were exceptionally well summarized by Steve Bingham, the law coordinator, and therefore, his report is reproduced here in toto. It follows the discussion of the relationships between the law and medical students.

As to be expected, feelings about the contributions of the law students differ. The faculty director, when asked about the role of the law students, stated:

"I think the law students were onto a good thing, they might have done well for themselves, but I don't think they worked well with the medical students. In large part, they ignored health science students. From the first appearance of the law students on the scene, they were destructive. They made a contribution to their thing, not the Student Health Project, which is to say let them find their own funds."

On the other hand, Chuck Gardinier, a well-accepted community organizer in the San Joaquin Valley, whole heartedly approved of the law student project. When asked "What was the most important thing the law students did?" Gardinier tells it from his point of view:

"The most important service was taking cases to court and they beat four of them in jury trials. And they had a licensed attorney right here. They did a lot of work with juvenile hearings and set up an OR (On their Own Recognizance) Program for prisoners. Those are in just legal terms. The other service they provided was being in the community and available twenty-four hours a day—they related very well with the guys from the barrio—the law center became a place for guys to drop in and rap."

Gardinier explained why he felt the law students were able to develop that relationship:

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"They were here earlier—a couple of weeks. Peter (Haberfeld) had been making continual contacts for several months and already was acquainted with the guys, so when the project started, they already knew Peter."

Apparently from the community's point of view, the law students were effective, and our observations and the reports which follow would certainly bear this out. Their realistic appraisal of the productive use of their time, their ability to face limitations in their own skills, and their decision to confine their associations to on-going community based Chicano organizations imposed functional as well as geographical limits on them. In addition, the fact that law students were expected to share the life style of the community by living, working and playing in it, imparted a special integrity to the project and solidarity to the group. It was an intense personal experience—Spartan at times—but one in which living with the people and sharing their frustrations increased the possibility of being accepted by them.

But their relations with the medicals students left much to be desired. Many of the medical students echoed the faculty director's statement. One who is very aware of the conscienceless society spoke for many others in describing his anger at the law students:

"As a group, they were more destructive than contributory. I think they thought we were all lost in our Ivory Tower and didn't know what was happening and they were going to be the ones to show us the light. The letter they read to us in the wind-up conference about being emotional Mongoloids and being entirely askew was very vitriolic and made me very angry."

To find an explanation of what happened between the two groups of students is difficult. The law students fell into the trap many militants fall into, and it is that confinement which gives them comfort but robs them of their vision.

To strengthen the convictions of some toward a career of social action, they indulged in ex-coriating lectures, challenged the students to shape up and reject their flaccid political standards. In losing "their cool" they also lost their humility. They arrogated to themselves the authority to set moral standards of behavior for all. At Yucaipa they almost appeared to set up a Kangaroo Court, where people were judged guilty or innocent by their knowledge of the political process. To their credit, some of the medical students addressed their attention to their own interests and skills. The resolve of those who were already politically sophisticated was strengthened by the law students. There were others who stood apart in the Yucaipa countryside hoping to be rescued from their discomfort.

A further explanation of the apparent incompatibility might be found in the different kinds of personalities who are attracted to medicine and law. Steve Bingham, the law coordinator, explained that in the beginning he did not see any difference between the students of law and medicine. But later he realized how self-selective the different professions are.

"Lawyers are argumentative and very verbal. Medical students have a much more humanitarian attitude—in the positive sense, in the project sense—missionary. The law students have more of a political way of dealing with things. Socially concerned law students make a different kind of analysis than socially concerned medical students. I think we see evil motivations on the part of people in power in terms of what they do—judge, ranch, legislator—conscious design—we tend, as political human beings, to look at a situation and analyze it in those terms, and I think a medical student tends more to look at the situation and say "it's unfortunate that man has to live like that and what can I do to make that situation better."

This is merely to emphasize that law and medicine do operate out of a different set of inter-

ests and frames of reference, although both are involved in advocacy.

It remains for interested law schools and medical schools to work out projects which permit mutual interests to become better integrated. After the summer experience Bingham recommended that a great deal of pressure be put on medical and law schools to get them to incorporate community law and community health courses in the curriculum.

Gary Bellow, attorney and preceptor, formerly with the California Rural Legal Assistance program and presently with the USC Western Institute for Law and Poverty, stated that "most of the law students learned very few of the insights medical students could have given them." Bellow suggested that supervisors who could themselves relate the two disciplines would be part of the answer. Bellow felt that the law students suffered as much as the medical students from disorganized goals.

"There was a real conflict of goals—whether it was to provide service for as many people as could be reached or whether it was to produce change or whether it was to radicalize the students. These are different concepts. The early meetings polarized youths depending on their concepts."

Peter Haberfeld, the faculty law advisor in large part responsible for the structure of the law project, and the leader in the Visalia project, had some second thoughts about the early polarization of the law and medical students, but in a letter received from him after the summer he evaluates the program positively:

"I came away from the final gathering with satisfaction. What had seemed to be complete disorientation had finally begun to crystallize. The conflict perhaps blasted people into a new realm, stripped naked of former cliches and grappling for a new understanding. In short, I came away with a good feeling, but little specific analysis.

"Though there is little doubt that

the participants grew tremendously, the question which remains unanswered is whether the projects had a beneficial effect on the communities, or possibly a harmful effect. It was the possibility of a tension between these two objectives which was constantly raised last summer."

The Law Projects by Steve Bingham

The San Joaquin Valley Legal-Medical project was an amalgam of individual assignments throughout the San Joaquin Valley. It is easiest to explain what it was and what it attempted to accomplish by discussing each location separately. Preparatory to that, however, the following introductory remarks are necessary:

1. The overall project was intended to place law students and medical students side by side in widely varied experimental programs, all hooked in to "relevant", "community-based", and "on-going" Chicano (Mexican-American) organizations. The reasons for these requirements were:
 - (a) Summer projects cannot succeed where they attempt to set up their own structure, goals, programs, and attempt to complete them in 10 weeks.
 - (b) "Anglo" urban-oriented students are incompetent to sally forth into the world of the poor and work independently.
 - (c) Because of a well-founded suspicion of so many poverty programs, especially federally sponsored ones, we insisted that we offer our limited skills to people and organizations which enjoyed wide-spread community support because of the nature of what they were doing. The initial evaluations were based on extended discussions with recognized community leaders throughout the Valley.
 - (d) Our decision to work primarily with chicanos grew out of a feeling that

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their oppressed condition is extreme and also a hesitancy to try, in a summer, to work with anglo poor who would be initially hostile. In addition, virtually every organization in the Valley at this time is working on chicano problems.

2. The medical-legal partnership was successful in the limited areas where it was attempted. Because of a general lack of interest in what we wanted to do by the medical students at the orientation conference, we took only those few (four) who shared our enthusiasm. The others were looking more for clinic-type experience. It is interesting, however, that during the course of the summer, several of the separate medical student projects developed along the same lines as ours.
3. While many of the final placements differed from those originally planned, the underlying thinking remained the same. Our reasons for choosing different project sites were varied but generally, we felt on the basis of further study after our first proposal was written, that the criteria in No. 1 required us to select other places.

The following projects were undertaken:

(*Merced*)—Jack Weisberg (first-year Boalt Hall). Jack initially assisted a budding black student group (some high school, other junior college) who were attempting to organize blacks in Merced around the issue of police brutality. This issue arose following a police invasion of a black dance, resulting in many arrests. Jack and several law students attached to the Merced County Legal Services office (two from Boalt but not under our program) provided what legal help they could as law students. Jack found, however, that the student group was too new to really take advantage of him, and the black organizer for whom he was working had little time to work out a summer program for him. Therefore, he spent part of the summer helping a community group in South Dos Palos, an incredibly poor, very southern-looking town of blacks, to form

a credit union. A couple of initial meetings were held during the summer. In addition he worked with a chicano community organizer on problems of working conditions in the fields. Because of the late harvest season in the northern San Joaquin Valley, it proved very difficult to operate in this area though some meetings were held. The most successful outgrowth of this effort was a program to include farm worker legal problems and solutions in the training of adult education persons, working for the Central California Action Agency. Jack's wife taught English to Portuguese cannery workers in Livingston.

(*Madera*)—Semeon Tsalbins (medical student, Yale), Ted Lakey (Davis, law) and Leroy Miller (Stanford, law) worked under Mac Lopez (a local community worker paid by our project). This team was given much assistance by the Madera California Rural Legal Assistance Office. Their emphasis was on the legal violations of farm labor contractors, who are required to provide toilets, washing facilities, etc., which the grower would otherwise provide were he hiring workers directly. A very complete 'declaration form' was prepared. The intent was to document violations and hope that a few individuals would be willing to seek legal help from C.R.L.A. in filing complaints. Due to an extreme reluctance to sign anything (fear of losing job, etc.), few declarations were gotten initially. This led to setting up 'house meetings,' small informal gatherings where workers could get together and discuss their problems. This is a technique which Cesar Chavez has used extremely effectively in his union organizing work. The students spent a few days actually in the fields working, and then making declarations themselves as well as meeting workers. In the future, this should be a major part of the work. By the end of the summer, a number of complaints had been filed with the Labor Commissioner in Fresno and the C.R.L.A. office may be able to use the information gathered. This group got off to a very slow start and suffered some lack of enthusiasm because they did not live where they were working and thus never became a part of the chicano community.

(*Del Rey*)—Sheldon Sarfan (Boalt), worked

with Sal Gonzalez, a highly respected organizer attempting to get the town of Del Rey incorporated. Presently, with a population 85 percent chicano, it is ruled by an anglo Community Service District Board appointed by the Fresno County Board of Supervisors. Shelley did some legal work in connection with the incorporation and was most useful in helping to formulate the feasibility arguments (sufficient tax base, etc.) to be presented to the Local Agency Formation Commission, which must initially approve every such request. Very recently, this Commission approved the request. This was considered a very surprising, major victory. In many ways, Shelley's assignment was the ideal model we would hope to build on in the future. His special (legal) skills were put to use by an organizer who knew how to use a law student effectively. Living alone in Del Rey (population 800), Shelly became a part of the community he was working with. Except in Visalia (see below), one of the consistent personal failures of almost all of the students—law and medical—was their isolated living situations and withdrawal from their communities during weekends. In addition to Sarfan, two local women were given half-time support from our project funds for organizing work they were doing under Gonzalez' direction in a packing house.

(Visalia Youth Law Center)—Peter Habersfeld (Boalt 1967, member California Bar), Keith Lesar (Boalt, Law Review), Steve Heiser (Stanford, law), Marty Eichner (Stanford, law), Jim Romero and Jim West, local community workers, Jeannie Eichner and Marilyn, secretaries. The Youth Law Center was financed by the Rosenberg Foundation (all other projects were funded by the Social Rehabilitation Services and Regional Medical Program of the Department of Health, Education, and Welfare). This project was the most experimental and probably the most exciting in terms of its potential as a model for radical lawyers seeking meaningful roles in poverty law.

The office was set up in an old church building on the north side, where Visalia chicanos and blacks live. The purpose was to provide legal assistance to people there but to do so

without all the stereotyped attitudes which most poverty legal services programs have. The office very quickly became a focal point for community activities. Chuck Gardinier, known throughout the Valley for his organizing skills, had already laid some groundwork and the Center was able to become part of that. The result of taking several cases (narcotics, drunkenness, etc.) was that more people began to come by. The style of the office had encouraged young people to drop in and rap. This resulted in a high degree of trust being established, a very rare thing for anglo outsiders to achieve in a short time.

The defense work in court caused the "establishment" to become very "uptight" and a good deal of hostility was apparent. The office even became the object of a County Bar Association financed investigation.

Besides the criminal work, other results of the summer included an experimental "O.R. Project," that is a project designed to enable prisoners to be released on their own recognizance without putting up bail, pending trial. Local youths are currently running this project themselves, conducting interviews and making recommendations to the local judge who has agreed to release the first 100. In addition, a not-so-successful attempt was made to improve the juvenile court procedures by having a law student work with the over-staffed officials there.

The Youth Law Center additionally served as project headquarters for all the law students and medical students in the San Joaquin Valley.

(Porterville)—Phil Nicholson and Ron Romines (both Stanford, law) had originally intended to work under two field workers for the Tulare County Community Action Agency. Ron was going to work in Dinuba with a recently formed community group, probably on labor camp Health and Safety Code Violations. Phil was to work in Porterville on a variety of community issues—credit unions, irregularities in the registration and voting laws, etc. Because they were unable to work under the two TCCAA workers, Phil and Ron worked with Jose Aguilar, who had done some farm worker organizing. In addition to helping to solve a

number of individual problems people were having with government agencies, they did a very effective and comprehensive job at documenting "field violations" in southern Tulare County. Using a detailed map they made of land holdings, they would visit different ranches during the harvesting of grapes. Through a variety of techniques (such as pretending they were looking for someone), they were able to visually observe lack of toilets, handwashing facilities, and so forth. Affidavits were prepared and presented to the Industrial Welfare Commission and the Labor Commission.

In addition, they were able to be helpful to the United Farm Workers' Organizing Committee, which at the time was interested in knowing who was engaged in health violations in the vineyards. Phil and Ron made a very effective team and provided much useful detailed information for different people working in Tulare County. Both UFWOL and CRLA were pleased with the work they did.

(*Hanford*)—Steve Linfeldt (McGeorge, law) and Lonnie Bodzin (medical school, Detroit), worked under a young lawyer and former social worker, who were both employed by the Kings County Community Action Organization. A plan was conceived to organize a county-wide welfare rights organization. Steve and Lonnie spent the first couple of weeks learning in great detail about how the entire welfare system works, who qualifies for how much aid, etc. The laborious task of contacting people, finding leadership, and explaining what the advantages to such an organization were, took most of the summer. A budding organization finally evolved, and both were hopeful that it would become permanent. Compared to some of the other projects, this one had the advantage of being directly organized by two poverty workers who had sufficient skill, and knew how to use the summer students. It was deficient in that the welfare rights group really should have been organized more by local people. But by the end of the summer, it was in their hands.

(*California Rural Legal Assistance Office, McFarland*)—Steve Cline (McGeorge) and Greg Sager (Davis, law), did office research on

a wide variety of legal problems. This job, while somewhat useful to CRLA, was more in the nature of a typical legal services office assignment and thus was not the kind of experimental project most of the other locations were. Some field work was done by them.

(*Hospital Project*)—Bart Deamer (Harvard, law) and John Long (Oklahoma, medical), spent a few weeks developing a comprehensive questionnaire designed to uncover different types of legal violations in the 'health care delivery systems' of the Kern General and Tulare County Hospitals. This project had the most potential as an effective medical-legal job but suffered because John arrived in California 2 weeks late and Bart had to leave a month early. About 30 interviews with former patients of these hospitals were completed and the groundwork laid for successful followup next summer. The reason for documenting these violations is to put pressure on the hospital systems to change their practices and, failing to do so, to hope affected patients will sue.

(*United Farm Workers Organizing Committee (UFWOC), Delano*)—Alan Radar (Stanford, law), Nan Kripke (Boalt), and Pete Janiak (Davis), did a combination of office research and fieldwork under the direction of UFWOC staff attorneys Jerry Cohen (Boalt, 1965) and Dave Averbuck (Boalt, 1966). This legal work was useful. These assignments, much like the Del Rey job, fit in most closely to our concept of what law students should be doing. Feeling that UFWOC is an extremely important social movement in the valley, the chance to place three students in their law office working under close supervision, gave us the opportunity to make maximum use of our legal skills for the benefit of a 'relevant' community organization.

(*Lamont*)—Diana Chapman (Davis, law), and Lloyd Gordon (med), began on a housing survey in Arvin, to try to get migrant housing condemned, because it housed scab migrants, being brought in to break UFWOC strikes. This work did not get very far however, because it was impossible to get into people's homes to ask them questions which they knew might lead to tearing down of their own

houses. Most of the summer, therefore, was spent doing a variety of jobs for the Lamont office of UFWOC. This included strike work, field investigations, and some legal research. (Once more the adage was borne out that one must hook in to a group already functioning that is doing something worthwhile, rather than attempt to create something new.)

This completes the list of individual projects. It is apparent in a number of cases that the students began on one thing and then had to move on to something else. As a result of this shifting, it was difficult in a 10-week period to accomplish a great deal. It is now apparent that the original project selection must be more thorough and be definite when the students arrive. Many of the problems we faced, such as the difficulty of obtaining affidavits in Madera and interviewing migrants in Arvin, could possibly have been anticipated with more contact work in the beginning. Furthermore, it is always risky to attempt to do anything independently. This had been, in fact, a basic premise to our whole program but in a number of cases, we in fact did just that (e.g. Porterville). (I am now convinced that a project on this scale must employ a person from the Valley, who knows generally the people who are doing things and can set up projects with them during the spring. Such a job would not be full-time but could be on a consultant-day basis.)

In addition, as many students as possible should be chicano. If anglo, they should speak Spanish. They should be willing to live in the communities where they work and not live a campus-type existence in an air-conditioned apartment. Their summer must be lived in the community where they work so that the dichotomy of time spent on the job and time spent at home cannot develop. The \$800 stipend can only be justified on the basis that students have to earn money for school. If this is so, the best way to administer it is to keep \$500 for the student to give him at the end of the summer. He can easily live on \$30 per week.

To find more people like Sal Gonzales and more organizations like UFWOC will be the necessary ingredient to a really cohesive and socially relevant summer program. The scar-

city of good organizations and good organizers suggests that the summer project should not restrict itself to the Valley but should look anywhere organizers are. There are many areas where we did not look—Stockton, Maysville, Salinas, and the urban areas as well. The chicano students who seem most interested in carrying on the program at this point have probably more interest in the urban areas.

On balance, however, I think the summer projects was extremely valuable as a way to experiment with new models. The Visalia law project, especially, has been the subject of much discussion in the law schools this fall; a number of students are talking seriously about this kind of community law practice after law school.

The students who participated this summer have by and large remained active. The Stanford contingent has organized the campus around the grape strike issue. We at Boalt have been working on different Boalt Hall Community Action projects and have some contact with the Mexican-American students Confederation. In spite of all the administrative and programmatic problems we faced this summer, I think the overall project was exceedingly valuable and should be continued.

Statistics

- (a) Project ran from June 24 to Augst 30.
- (b) Number of volunteer students participating.
 - 5 Boalt students
 - 6 Stanford students
 - 4 Davis students
 - 2 McGeorge students
 - 1 Harvard student
- (c) Impossible to measure the number of persons served by the project.

Blacklash and Backlash Blues

There was the confrontation at Yucaipa at the beginning of the summer and it went on all summer. Whites overreacted to blacks, and blacks defined every inept move of white students as white liberalism, tokenism, or counter-revolutionary. The lack of leadership from either black, brown, or white was apparent

from the start. At any well-organized meeting where there are many disparate opinions, it is crucial for someone to be able to integrate the knowledge, put the issues clearly in focus and agree on some level of action. Instead of that course there was a "you do it" attitude, a petulance and rigidity that did not allow for a modicum of good will. The absence of humor was frightening.

When people feel powerless there are two paths open: either resignation and apathy, or revolt. The politics of confrontation is evidence that those who use it so not feel powerless anymore. Frantz Fanon makes the point that violence is therapeutic and creative for those denied other channels of redress, and history records that violence occurs when rising expectations and levels of education make people want more of both.

On the part of the minority groups, the erosion of trust in the promises of the power structure has generally affected minority communities and minority group students. It has led them to intensify their demands, and in the case of those students affiliated with the Student Health Project, to use the project as a vehicle for their own anger. The black students saw conspiracy in every move of the staff and students. There developed a kind of sick symbiosis wherein white students almost unanimously responded with obsessive guilt and self-doubt. A simple example was the fact that a sloppy administrative decision, the refusal to provide a telephone for the Watts project, immediately took on giant symbolic proportions and was used as evidence of racism. The whole transaction amounted to \$4. The fact is that the telephone was among countless other errors in logic. Someone was standing on a principle which escapes the writer at this moment or probably any other moment. However, its denial was immediately contrasted to the expenditures on travel or sensitivity groups, neither of which had any bearing at all on the telephone. The sensitivity groups were a last ditch stand to try to ease the very tense situations which have been described here.

The project was also a way for middle-class black students to make a contribution on the streets and identify with ghetto residents. As



mentioned earlier in this report, the goals of the black students were much clearer than those of any other students. The brown students were in such a minority that they didn't affect the outcomes, but they did identify with the black students.

Black students were welcomed in ghetto communities as advocates and teachers, a role understandably designated as tokenism if undertaken by white students. But the realistic fact is that the black students could do things that are inappropriate for whites to do in 1968. The black students came into communities in which they did not live, were more highly trained and skilled than most residents, were used by—and used—the community for education and service, and to our knowledge left the communities when the project ended. At this writing, it is not known whether provisions were made for continuing the classes for community first aid workers or the disaster stations. Granting that it's a totally different scene with black students than white students from what is known about short-term projects the question remains whether this kind of project is not damaging to the community whatever the color of the student.

Minority group preceptors, in their effort to fully control the design and execution of their own projects while protecting themselves against intrusion, appeared to measure their success by the degree of independence they fos

tered in the black students. Gary Bellow and Douglas Frasier, both independently interviewed, felt that white students should fight to work in every community. Bellow was clearly in favor of facing up to the conflicts and using them to develop some positive outcomes. Frasier felt the project was used effectively by the law students and the black students for their own purposes of seeking power rather than seeking education about health institutions or in giving service.

There is no doubt that the preceptors of the black students succeeded in politicizing the students. If the SHP helps to turn the tide for black professionals and attracts them back to ghetto communities or public health medicine, much will be gained. What the long term effects of the summer will be upon some of the other young health science students, we have no way of knowing. But in 1968, the efforts of the white middle class students (and SHP members are characteristically that) evaporated in angry accusations of white liberalism—to militant whites and for blacks, the equivalent of poison. For some students, the self-image of the confused white liberal will be reinforced. For others, there will be a more accelerated search for social justice. No doubt for some, the charge of white liberalism will become a challenge, and for others the charge will be dropped in favor of a more comfortable retreat.

The majority of the health science projects have been reported in humanist terms rather than analytical terms. Most students found themselves anxious and sometimes frustrated by their inability to accomplish their expectations. With the exception of the Venice Dental

Clinic, few students achieved the goals projected for their projects. It is quite clear that even seasoned community organizers would have not been able to accomplish such overwhelming objectives in so short a time. By the same token, no seasoned organizer would have approached the problems with such naivete. The area coordinators, in establishing the project goals grasped the seriousness of the problems, but their inexperience and lack of thoroughness combined to produce unattainable ends and ill-defined means which for many people spelled built-in failure. This lack of careful planning led them into grandiose visions of potential accomplishments which no one could have achieved. The summer experience led David Snyder, student project director, to comment:

“During the summer, and now every once in a while, I stand back and look at the situation and think that no matter how incompetent I am or how little understanding I have, it is statistically almost impossible that we were always wrong, so something else is going on and I am still too bound up in it to really separate genuine mistakes I made and where it was impossible to do the right thing, either because there was no right thing or because nothing was acceptable. By the end of the summer, I felt you couldn't win even if the leadership were all black. If this revolution isn't consummated, everything else is just going to crumble. Our society has to solve this problem.”

PROBLEMS MOST FREQUENTLY MENTIONED BY STUDENTS

Personal Problems

1. Interpersonal relations.
2. Problems of suddenly finding oneself in a new community with no personal attachment.
3. The inability to connect the means to the goals.
4. The lack of knowledge about interviewing and survey techniques, how to interview, what questions to ask, who to ask.
5. Ambivalence between personal autonomy and organizational structure—viewed by participants as the difference between freedom and restraint.
6. Insufficient supervision by the preceptor, inconsistent contact between preceptor and student.
7. Insufficient knowledge or orientation of participants to sites or communities in which sites were located.
8. The multiple Student Health Project goals were never clearly spelled out beforehand to either preceptor or student, both of whom complained of the other's lack of understanding.
9. Little advance preparation for arrival of students in the community.
10. Inadequate knowledge about community resources and how to find them (on part of students).

Health Problems

1. Insufficient health professionals in rural areas and urban poverty areas.

2. Inaccessibility and inadequacy of health resources when they do exist.
3. In rural and urban areas, absence of transportation to and from health centers.
4. Ignorance of the existence of health resources by the poor. There is no program to educate them to the existing programs or resources.
5. Health manpower shortage.
6. Dearth of preventive medicine programs—immunization, health education, family planning.
7. Inadequate clinical facilities for narcotics users.
8. Inadequate medical care in health departments.
9. Disinterest of private physicians and dentists in health problems of the poor.

Community Problems

1. The co-optation of minority group people into the power structure with subsequent harassment and rejection of their own people best described by one student as the "Brown Anglos."
2. The wide variations in interpreting policies of community action agencies.
3. Repeated hiring and firing of personnel creates confusion and makes on-going relationships impossible.
4. No recourse to legal protection for farm workers who are not covered for welfare benefits.

RECOMMENDATIONS

As in an act of faith, the single theme beyond all others which thrums its way through the reports and personal interviews is that the Student Health Organization should and must continue. There are many variations in opinion as to how the organization could function best and what it might do to maximize its potential. Nowhere and by no one was it said that the organization has ceased to serve a purpose or that it could not serve its purposes better if it did thus and so. As is evident from Michael Albertson's letter, (see Appendix) there were students, disappointed from the summer experience, still eager to mend the disabled organization. To some degree this has occurred. At this writing there are three student health organizations operating in the local medical schools of UCLA, USC, and the California College of Medicine, recently transferred from Los Angeles to the University of California campus at Irvine, Calif.

The recommendations which follow are a distillation as well as a condensation of many views. They are divided into subjects for the ease of the reader and for those who might be in position to work with one or more aspects of the project at some future date. Because of the subject matter the divisions are arbitrary and in some instances overlap. No effort was made to make them discrete categories nor are they arranged according to any priority.

Students

1. Students should live in the community where they work.
2. Student exchanges with other areas of the country do not work because it does not build community trust or enduring projects in which the community can expect some follow-through.
3. Students should be selected by a committee consisting of faculty, students, and community people.
4. Students should be selected by personal interview.

5. Preference should not be given to students on the basis of their political sophistication or prior experience, but on the basis of their commitment.
6. Some self-education should be a requirement for student participants. A reading list should be sent prior to the summer.
7. Students assigned to projects in a Mexican-American or Puerto Rican community should know Spanish. Other students should be assigned to non-Spanish speaking projects.
8. Priority should be given to minority group students.
9. The present balance of medical, dental, nursing, with a few behavioral science students should be maintained.
10. Students assigned to rural areas should be prepared by a special orientation program.
11. Students neither have the time, nor are they in school long enough to develop locations for projects or to evaluate them over time. Therefore, though students should participate in finding suitable locations, they should not have sole jurisdiction.
12. Each student should receive a packet describing what SHP has accomplished in the past. This should be broken down by area, giving pertinent information and names of contacts made. This would develop some continuity in the projects. A central file should be maintained with this information.

The Health Science Schools—Recommendations

1. The study of community health and community law should be required subjects in all professional schools. Medical and Law schools should jointly sponsor courses for both disciplines so each has an opportunity to work on problems of mutual interest.
2. Community medicine departments should include courses in group work techniques and sensitivity training.
3. If the universities sponsor a project, they

- should maintain some on-going interest in it or not sponsor it. In turn, they should be held accountable for their role in the project.
4. The schools should be responsible for sensitizing students to the differences in various ethnic and social class groups.
 5. Schools should be responsible through a central office, for finding relevant placements for interested students. The office should be staffed by a person trained in the behavioral sciences as well as health professions.
 6. The schools, students and funding sources would benefit from a longitudinal study which would evaluate what occurs in the professional lives of students who have participated in student health projects.
 7. All health science schools should begin to develop a program which might eventually lead to changing attitudes, relationships and behavior between physicians, dentists and nurses. Nursing schools should initiate programs which will help nurses develop a greater sense of pride in their profession by increasing their own self-image.
 6. The emphasis should be on year-round projects. Even when students have to be rotated because of program changes or graduation, year-round projects have more validity.
 7. Students should be given preference in projects where they feel they have suitable skills and will be more comfortable. (Some students complained the skills they had were not used and they learned few new ones.)
 8. Projects should be part of on-going agencies regardless of the purpose of the agency. Students therefore would work in agencies which have the capability of continuing any work organized by student workers.
 9. A new group of projects dealing with middle class health problems should be developed by some of the voluntary agencies. Alcoholism, heart disease, drug abuse, home health care, and insurance plans are such examples.
 10. Opinion was divided on whether SHP should devote its energies to nonhealth related projects. There were many who felt that work in the community was a necessary part of every student's education and that in itself is enough. There were those who felt that the whole structure of the medical care system is in such bad shape that students should not dissipate their energies on projects not related to changing that system.

Projects—Recommendations

1. The content of projects should be scaled down to feasible goals. They should have a beginning and ending.
2. Working project teams should be organized long before the summer projects begin so the morale of the team can develop and people can experiment in methods of working together with preceptors and communities.
3. All projects should be carefully planned. If plans do not work, alternatives should be tested.
4. A definition of project goals should be provided to students if they are not available for participation in the planning process. Students should understand the projects and should be given an opportunity to discuss methods of achieving the objectives.
5. At least 85% of the students and preceptors requested that projects be more structured.

Administration—Recommendations

1. The organization should be staffed by a full-time year-round director in charge of student-community relations.
2. If students are primarily located in ghettos or areas where minority groups live, the year-round director should be a member of one of those minority groups.
3. The coordinators must be chosen with specific criteria. They must have a background in community organizing methods and understand how to work in communities. Choice should not be based on seniority, but expertise.

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4. Coordinators must be selective in their choice of sites.
5. Coordinators should be expected to orient student fellows and look after administrative problems affecting student performance, i.e. mileage, stipends, etc.
6. Educational programs should be carried on all year by staff.

Preceptors—Recommendations

1. Faculty people who are preceptors should have a good understanding of the community and the agencies in which the students work. Though faculty people are liked by the students, faculty preceptors cannot be effective if they do not make an effort to make relationships in the community.
2. Preceptors from community agencies should be helped to bridge the gap between student organizations, universities and their own communities by being fully oriented to the objectives of the universities and students. This would help them to assess whether their objectives coincide or complement or are in conflict with those of the universities and students.
3. A new model of "faculty-community-preceptor-team" could probably provide excellent support and stimulation to a team of students as well as cross-fertilize their own knowledge, benefiting all concerned.
4. Preceptors should be carefully chosen on the basis of their philosophy and the nature of the projects they have to offer. An objective and respected community organizer should be hired to evaluate community leaders and potential preceptors in each community. On the basis of these recommendations, preceptors should be chosen. Preceptors should be willing to plan the

projects in advance. Considering the time involved, it may be necessary to think of some financial reward to those agencies who undertake preceptorships.

5. Several faculty members were of the opinion that Departments of Community Medicine could best administer preceptorships in conjunction with outside agencies.
6. Federal and State agencies as well as professional societies are now offering expanded programs for field study. The Bureau of Health Manpower and the California Medical Association are but two agencies involved in sponsoring preceptorships. Recently enacted legislation enlarges the possibilities of financial aid to students, thereby freeing them for more time in community programs. We refer to such legislation as Public Law 88-497, the Graduate Public Health Training Amendments of 1964; Public Law 88-581, Nurse Training Act of 1964; Public Law 89-290, Health Professions Educational Assistance Amendments of 1965; and Public Law 89-329, Higher Education Act of 1965.

"Medicine and public health do not develop or function in a social void. They provide the social adaptive mechanisms that complement the biological adaptive responses to the conditions of life at a given time. They can fulfill their purpose, to improve the people's health, only if they are fitted to the needs and resources of the community as well as to the special conditions created by the total environment."

RENE DUBOIS,
Man Adapting.

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APPENDIXES

APPENDIX A

Preceptor Evaluation—South Monterey

PROGRAM: South Monterey County Medical Group Rural Health Project.

PRECEPTOR: Stuart Allan, administrator.

STUDENTS: Martha Jackson (we paid stipend); Jerry Ginzburg (SHO stipend).

A. The rural health project is one of about 50 Neighborhood Health Centers funded by OEO. In this case, the grantee is the Monterey County Medical Society; the south Monterey County Medical Group is the delegate agency. (This is a private group of about 10 doctors with clinics in King City, Greenfield, and Soledad.) The project's aim is to provide completely integrated medical care to low-income folks in south Monterey County. We pay all medical costs; except for the first dollar per prescription. Poor folks use the Community Hospital and the Medical Groups clinics, and the three local pharmacies.

The "student team" was one nursing student and, later, one medical student. Since our program is strictly one of providing medical care and, since the students couldn't do this, I assigned the nursing student to live with a number of families on the program and write a health analysis of the household. This is fundamentally aimed at educating the doctors of the medical group into the environmental (health, job, financial, social) facts of life of this new group of clients that they are seeing under the Rural Health Project. The Medical Student I asked to do much the same thing for a single-man labor camp or, if that proved impossible, for the field crews, by living and working with them. The students, therefore, were never really "part of" the program—they have served as a special project on their own.

B. I have not yet decided whether my plan for educating the doctors is reasonable or not. The one report the nursing student completed was pretty good, included all sorts of things on diet and attitude towards health care, etc., which will be valuable to the doctors if I can persuade them to read it. Her other report is now being finished. The medical student I have seen little of (he works with the field crews, then camps out in the mountains during the night).

I am reluctant to attempt an evaluation of the students, since they have worked very largely on their own, with little guidance. The local poor community is "undeveloped" as far as self-awareness or the "black-brown revolution" is concerned. There are stirrings in North County, still on the MAPA level, but nothing as yet here. For that reason, I did not want any fooling around on the "community organization" theme, and discouraged the students from doing that (i.e., because there was no group of poor folks well enough developed to use the students—our projects Consumer's Advisory Council will be able to use some next year, perhaps, but not yet). Therefore, I can only evaluate the finished product—the reports they write for the edification of the doctors—and only one is in yet. The community was not hurt, probably not helped. At least it wasn't— with, more than can be said for some projects.

C. As to student selection—the nursing student had some questions about that; she told me that last year she applied and mentioned being from a low-income background and was not accepted; this year she didn't mention this, and was accepted. I wondered whether this were coincidence, or whether SHO felt that poor folks who have made it into professional schools have already left the category of being worthy of help and attention, and therefore concentrates on bringing hereditarily middle-class kids into contact with the poor. That might be reasonable, but I sort of felt it should be spelled out.

On staff—is it a tacit agreement that if no one mentions beards and long hair, the poor will accept them? They don't. In our area, since it is, as I mentioned, "underdeveloped," witchcraft is still a going business. When Jerry Ginzburg did magic for some

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kids, their mother, already uneasy about his appearance, concluded he was a magician, which is to say, witch. (This is secondhand information, but I know the family and it figures.) Same goes for Lew Rosenbaum. Both very interesting and competent, etc., but in appearance, they might either alienate or charm the younger poor folks, but appall the older ones. That might be all right, the older ones have pretty fierce petit-bourgeois leanings of course. But SHO certainly ought to be aware of the choice.

On improving the thing—the ideal would be a poor folk-student board making placements with a local poor folk group. But, of course, anybody can work up his own list of poor folks. You could get a very good looking crew of junkies and yet not really represent that part of the poor who will work for change, for example (the reverse Uncle Tom phenomenon, or, how-to-achieve-wealth-and-fame-catering-to-the-college-boy-urge-to-play-Che). I think you want to watch that.

Another thing—stop sending all those memos. Or get someone else to write them. But, mainly, less paper in the mail. The Student Health Organization must bear a major share of responsibility in depleting the Nation's forests for pulp.

Where you have a well-developed group of poor folks who can use medical science students, or law students, fine. Where you don't, I think you are going to have to say that you are trying to expose students to poor folks in order that they will serve them better when they return as licensed professionals. That you want to do this as much as possible on the poor folks own terms—and here, I think, it is imperative that every student have some kind of poor folk preceptor, as the two students working for us did NOT have (my own fault for accepting them without having laid that groundwork). But I don't see what else you can realistically expect to do beyond that .

I hope these remarks are received as friendly criticism. I hope to make it to Goleta.

STUART ALLAN, *Administrator*
Rural Health Project,
210 Canal Street
King City, Calif.

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APPENDIX B

Preceptor Evaluation—Tulare County

PROGRAM: Tulare County Child Care Educational Program.

PRECEPTOR: Eleanor Foster, director.

Four SHO students with varying degrees of relationship to us worked in and around the Child Care program this summer.

This program is by birth CAP and only recently moved to county schools. It is still much closer to community identification than this letterhead suggests. A community group, primarily farm workers, initiates a child care center, hires for it and makes local decisions regarding its functioning. I believe child care is seen by the community as a just return for their efforts, a right long overdue. It is not a demeaning relationship, and perhaps there is, or should be, a consideration for SHO in the choice of sponsors.

This past summer, two student nurses, a medical student, and a student dental hygienist, through this and a related program, contributed directly to the communities in the area of their own science specialty. What they had to offer was needed in the communities: Some of their services, the screening of vision and hearing problems among the children, the initiation of a dental clinic, the detection of a change in the anemia pattern of the low-income children following a diet change, will make a long range difference to health and even lives in the communities here. The students met directly with the parents in an area of mutual concern. Some of the results of the summer will be a growth in the students themselves who will have changed because of a genuine meeting with other persons.

Is this a small thing? Is SHO wanting to yank this out of its program and pretend to be something it is not? We honor the farmworker for his skill in the field and we admire the integrity of his appearance and his speech and his spirit. Can't we give honor also to the student nurse for her skill, and admire her integrity of speech and her spirit and her appearance?

As poor strung out imitations of Cesar Chavez, these students would not have had validity. They could even seem contemptuous of a whole hard-working population who has earned the right to strike by showing it had a contribution to make. It took 34 years of a search for honesty to make Cesar; now he's speaking loud and clear to his own people. But that these students should come in expecting to speak out about something they have not experienced, to know the right way for others to go, to condemn the unsure? To speak for Cesar?

Certainly if the students have any sense of social history they can't help but be caught up in the excitement and pertinence of the social revolution going on here—but they cannot make this particular history.

In answer to your question: Yes, we would again welcome students here if they were working out their own authenticity—sharing their own vitality as they did this summer—making their own contribution in the health sciences in return for a genuine meeting with others and an education not to be duplicated in any classroom.

But they would not be welcomed as dogmatists, as organizers or as prophets. We need their help as health students—we do not wish it as the other. They would have too little to offer—it would be too dishonest a role.

ELEANOR FOSTER, *Director*,
Child Care Educational Program,
Tulare County Department of Education,
202 County Civic Center,
Visalia, Calif. 93277

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TULARE COUNTY COMMUNITY ACTION AGENCY, INC.

Visalia, Calif., July 13, 1968.

DAVID SNYDER, *Co-Director,*
California Student Health Project
General Lab Building, Room 1G-24
1200 North State Street
Los Angeles, Calif. 90033

DEAR MR. SNYDER: I am writing you in personal response to the current challenge before the California Student Health project to abandon its original concerns with the problems of the medically underprivileged in favor of a more inclusive involvement in the revolutionary aspects of community change. I am writing you also as a preceptor of the present project to take issue with your formal acceptance of certain of the demands made by a so-called "black and brown" caucus to SHO on the 23d of June.

As you are probably aware, the 1968 student health project can trace its historical antecedents back to 1964 when several students in the health professions, concerned over gross deficiencies in general medical education, formed what became the Student Medical Conference. In the summer of 1965, SMC fielded 13 medical, dental, and nursing students into the rural communities of California. Their purpose was two-fold: Expand and explore the potentialities of increasing medical and health services to migrant farm populations; involve and educate future health professionals in the enormous penalties paid by the poor for a segregated system of medical care. Significantly, these students saw themselves as uniquely qualified by virtue of their specialized training, to involve themselves in health problems as health professionals. This was their bag—complete, entire, and sufficient to a ten-week tenure. Not surprisingly, it was a successful summer. In Tulare County, the evaluatory study of local health conditions done for this Agency by the SMC intern was subsequently used in planning poverty programs directly related to the medical needs of low-income farm workers. The SMC himself is completing his medical training and intends to practice among the rural poor.

Of course, this was 1965.

By 1968, SMC had grown into a national confederation of Student Health Organizations, able now to secure funding from the public trust, obtain sponsorship from prestigious medical schools, and enlist the interest of many hundreds of students from across the country. It has remained, however, in its involvement and impact upon rural California communities, essentially a summer program.

By 1968, this agency had also grown into the largest and most respected rural poverty organization in the State, operating 19 community action groups, 13 year-round health care centers, 4 low-income credit unions, and a half-million dollar basic education and training program. This agency, of course, operates 12 months out of every year in Tulare County, each year since 1964. It has to—effective community organization is not a 10-week show.

Again this year, SHO invited us to sponsor several students to work in Tulare County. As we can well use the type of specialized skills available through SHO, we agreed to sponsor. We submitted a proposal, approved by SHO and our board of directors, and we officially became a preceptor. Our students, as intended, are now working on health problems, as health interns, and are proving to be sensitive and sympathetic to those whose resources traditionally isolate them from the mainstream of medical care, i.e. the poor. We hope that their experience this summer will generate commitment from concern, and that they will eventually use their medical skills in the service of the low-income community. That, at least in theory, I had always thought to be one of the major objectives of the summer project. Apparently, the objectives have been radically redefined.

To take the demands, already acceded to, made by the black and brown caucus:

"1. The target communities being black and brown, it is therefore necessary in order to maximize the project's relevance and effectiveness that the decision-making staff be composed of one-third black, one-third brown, and one-third white* **. Such a step would improve such areas as site determination and placement, applicant selection and recruitment, and orientation."

Comment: You've got the base for a good blend here, all right. That

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"one-third, one-third, one-third" bit is an excellent way to maximize your relevance. And certainly when it comes to an actual decision, a little color control really helps. However, I question the need for the one-third white. After all, the target communities are only black and brown. And you've already agreed that student vacancies "must be filled with black or brown", so why white? Having dealt with that "white one-third" myself on your staff, I'd say eliminate them. But then, I'd also shoot for something like "one-third intelligent, one-third articulate, and one-third aware" or maybe just "three-thirds competent" would suffice.

"2. The selection of applicants must be reflective of and responsive to radically oriented students, NOT missionaries and soul searchers; i.e. these students should be oriented to the black and brown revolution—not merely their technical "thing" of health or law or social work."

Comment: Now this strikes right at the root of the fern. Birth of a new breed—the "health radical". Recruitment poster reads: "WANTED—FOR SHO SUMMER STUDENT PROJECT—HEALTH RADICALS! IF YOU OWN A HIP-POCKET HUEY NEWTON READER, SEND SOUL NOTES TO THE NEGRO NEUROSURGEON ON PEYTON PLACE, AND GROOVE WITH ANGLO INTEGRATION OF THE LUNCH COUNTERS AT TACO TIAS, YOU MAY QUALIFY FOR A TEN-WEEK CONTRACT WITH THE REVOLUTION OF YOUR CHOICE—BLACK OR BROWN. REMEMBER OUR MOTTO—"IF YOU CAN'T BE A PART OF THE PROBLEM, YOU MIGHT AS WELL STAY HOME."

Of course it would be helpful to begin with a radical medical school to sponsor, a radical government agency to fund, and a raft of radical preceptors to find something for the radical students to do, but then you can bridge that gap when you fall in it. The AMA isn't in a rush.

"3. This summer's project should have present preceptors serving on the board where staff decisions are being made."

Comment: "I'm sorry but that number has been disconnected. Could you hang up and dial again, please?"

"4. Propriety commends tht John Bruce be transferred to Los Angeles immediately; he is married and it is ureasonably inconvenient to place him in Oxnard. Furthermore, it detracts from his effectiveness as a black medical student."

Comment: Now this is the kind of gut staff decision that could certainly cause a preceptor to think twice before disconnecting his number. I mean I wish I had been there, you know, for the actual, decision. Just, of course, in order to maximize its relevance. John's right about Oxnard, though, I've been there. You can go numb just from saying the name.

"5. Present vacancies in the student project—or new positions that open—must be filled with black and brown."

Comment: Amen, I say. After all, who wants the kind that melt in your hand?

To sum up: This agency feels that the current direction being taken by the student health project is a distortion of its founding ideology, and is most especially irrelevant to the medical needs of this county. Responding to those needs is, in my estimation, the sole and exclusive concern of any student health interns admitted into rural communities on summer projects. Students who insist on a 10-week "involvement" in the complexities of community organization, end by interfering with the process of social change, at best, and may even destroy good work that has gone before them. We don't hire 10-week organizers and we don't accept them as volunteers, not from VISTA, the Boy Scouts, or SHO.

Yours truly,

RICHARD UNWIN,
SHO Preceptor.

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APPENDIX C.—RECOMMENDATIONS BY STUDENTS ON PROJECT
PLACEMENTS FOR THE FUTURE

Name of site	Recommended			
	Site		Preceptor	
	Yes	No	Yes	No
Madera	--	x	--	x
East Los Angeles Health Clinic (Pat Wiley)	--	x	x	--
El Monte Teen Post	--	x	--	x
Venice (Lawless) Legal Aid Services	x	--	--	--
Oxnard area	x	--	--	x
Willowbrook Health Clinic	x	--	x	--
Earlimart Child Care Center	--	x	--	x
Venice Dental Clinic	x	--	--	--
Los Angeles County—general	x	--	--	x
Fresno General Hospital	--	x	--	x
Imperial Valley	x	--	--	--
King City Rural Health Project	x	--	x	--

APPENDIX D

SOME QUESTIONS FROM THE BLACK CAUCUS

1. How do white Student Health Organization people perceive the so-called civil disturbances in black communities? Riot or insurrection? Nihilistic or an episode in a continuing social struggle?
2. How do you look at "nonprofessional" health workers, e.g., aides, LPN's orderlies, etc.—those black people who form the underpinnings of the huge hospital bureaucratic and services structure and who are locked in at the bottom—
3. Do you favor unionization of hospital employees even if this threatens traditional authority relationships with health "professionals"?
4. Is there any useful thinking among you about creative methods to challenge and enlighten those black physicians who have been screwed in the past by the white medical guild structure and now stand a chance to be screwed by the white liberal establishment which condemns them for not being sufficiently community minded?
5. Are black project participants used as fronts or as escorts into black communities?

Members of the black caucus are concerned about SHO's lack of a theoretical perspective on the appropriate role of white health science students in black communities. Generally we ask these questions: Are you responsive to the principle of community and consumer control of services? Are you aware of the extent to which Black Power is a viable concept in black communities? Are you going to be doing political organizing in black areas—probably not—who wants to get killed, but is this a reason derived from principle? You must have an understanding of why black people no longer can tolerate your presence in the ghettos—even spiritually—It is not that you are racists (which you very well may be), but that we blacks are struggling for a sense of identity, mutual, trust and control of our destinies as a group. It is a question of survival, the very essence of which depends ultimately upon black initiative, black support, services, resources, skills, and action. Only in this way is there any hope for our salvation. So it really doesn't matter whether you identify with black militants, have a radical analysis, have good hearts, and are clean for Gene—your very presence in black communities is destructive and you cannot make yourselves relevant to us at all.

Obviously, if these dicta were adhered to literally many SHO summer projects would collapse. As a compromise solution we offer the following: The only roles still available for white students with respect to the struggle for liberation of the dispersed black colony are those of the patient-advocate in the context of white service institutions, catalysts and liaison for community groups seeking participation on boards and councils which control community services, and research analysts. Ultimately, those of you who are sincerely committed to social change must examine, confront, and expose those white institutions (hospitals, medical schools, welfare) which by their very structural nature insure and perpetuate oppression, racism, and deprivation. This is essentially the white radical position. It allows an opportunity for alliance and solidarity with the black struggle. If white students on summer projects do not have this kind of understanding, the project is again into yet another summer of white paternalism, another summer where mindless, selfless service finds its reward in covert palliation, another summer in the sun learning how the niggers live.

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APPENDIX E

THE BLACK STUDENTS AND THE STUDENT HEALTH PROJECT A POSITION PAPER

Final conference— August 30, 1968

In 1960, black infants were dying at a rate that exceeded the total population by 66 percent; the maternal death rate for black women was four times as high as that for whites; the life expectancy for nonwhites was 6 years less than for whites; approximately 30 percent more whites have health insurance than blacks; and only 2 percent of this country's physicians are black. In light of such dismal reality, we, as future black health professionals, cannot afford to continue playing polite parlor games with the student health project. For black students, SHP has served as a source of frustration and an exercise in futility. We joined the project with the hope that our collective efforts, black and white together, would be responsive primarily to the needs and desires of the communities we sought to serve. While possibly lacking understanding, we assumed that you at least had good will.

We have been mistaken.

The 1967 project's critical report has apparently gone unread by the staff. That report warned of the organizational pitfalls to be avoided—which they have not: "Resistance to sweeping innovation; dependence on revokable funds; perpetuation of in-group ideals to the exclusion of ideological renewal; over-reliance on public relations work to compensate for a deficit new activity; and, particularly, disregard for the needs and feelings of clients when these are in conflict with the inertia of the organization."

While thus plagued by the interworkings of the project, even the inertia pushes in the wrong direction. The SHP has fallen into the hands of a staff of ignorant, middle-class whites who have been exploiting the project to feed their own needs and egos. Supposedly moving away from establishment ties, the SHP staff has become as insensitive as the historical establishment that brought about the situation as it is today. Pockets are being generously filled on the pretext of helping to improve the health situation in the ghetto. The rhetoric claims that we are responding to the needs of the ghetto people as perceived by those people, but behind the closed doors where the decisions are made there hangs on those doors a whites only sign.

In reality, the project exists only as a stop-gap adventure for many white middle-class students, and a token number of blacks used for legitimating purposes. The project is nothing but a reflection of the tired liberal mentality—an effort to rage quietly with dignity, "to tell the poor what to do with their poverty" as Le Roi Jones would say. In terms of the communities, no basic changes are made, no new power is exercised. The summer ends and business as usual continues. Students return to school with new insights, cleansed consciences, and an easy \$800. The ghetto was just a research project; and, like other cancers, there has been no cure found.

This project has become an apolitical social movement. Prof. Richard Flacks of the University of Chicago has pointed out the danger here, which is that of irresponsibility; "of a search for personally satisfying modes of life while abandoning the possibility of helping others to change theirs; a situation in which one's personal needs and hang-ups are increasingly acted out in the large arena, and attempts at solution of these take precedence over more collective concerns." Thus the project can spend over \$10,000 for resort conferences and orientations, over \$400 for individual Spanish lessons, over \$1,000 for sensitivity sessions; but merely to obtain a \$4 phone, the students in Watts had to organize and bargain.

The question should be asked whether a project can be fostered by institutions substantially tied to a status quo interests and still be responsive to the needs of the ghetto. It should also be asked what role white liberals can play in this effort. White liberals characteristically embrace objectives, but shy away from militant means. It is a fact that when black voices grow militant most white liberals become reluctant. Paradoxically, some see this project forming a tighter alliance with community militants. Yet the community NYC's have been dropped, our preceptor, Lou Smith, has been deemphasized, the implementation of the black-brown demands is a farce, and many

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white students fear that the project is becoming merely an extension of the black and brown revolutions.

It must be clear to all of us that blacks and whites live in very different worlds. As Carmichael and Hamilton have stated, it cannot be overemphasized that "these two groups operate from different vantage points and different concepts of what constitutes legitimacy. We shall have to struggle for the right to create our own terms through which to define ourselves and our relationship to the society, and to have those terms recognized." And for those who need reiteration, Silberman echoes the point, "For the moment, at least, it is far more important that things be done by Negroes than they be done for them * * *."

Hence, what is needed is a project emanating from the ghetto, comprised of black students—to be integrated from black to white if need be—and receptive to the needs, frustrations, and cries of the ghetto. This will be an alternative to the SHP, not a paid vacation for anyone merely to familiarize himself with the problems of the ghetto, but rather an opportunity primarily for potential black health professionals to start helping their own people help themselves. As Loren Miller put it, "To liberals a fond farewell, with thanks for service rendered, until you are ready to reenlist as foot soldiers and subordinates in a black-led, black-officered army under the banner of Freedom Now."

UNIVERSITY OF SOUTHERN CALIFORNIA,
Los Angeles, Calif., June 25, 1968.

APPENDIX F

A LETTER FROM THE DEAN

To the Participants in the Student Health Project:

I was grateful for the opportunity to talk briefly to you on Sunday evening at Yucaipa, but the discussions that followed, even though it only involved a relatively small group, seem to require some further clarification on my part.

The aims to which this project has been devoted is probably three fold, and it would seem to me that if those aims are not kept paramount in your consideration this could well be the last year of your project. The purposes for which the government has been willing to finance these summer experiences are: (1) To help future doctors, nurses, dentists, social workers and others interested in the field of health to learn at first hand the present methods of the delivery of health care to the very poor; (2) to think about and discuss ways in which this could be improved; and (3) to show by their presence to these poor their interest in them and concern about their problems and through their efforts still as students to help correct them.

Since many of the poor are black and in California brown, it would certainly follow that one should search out as much cooperation as one could get from the blacks and in California the Spanish-American through committees in the areas in which you will be working and through the encouragement of black and brown professionals to join in your project. A demand of 1/3, 1/3, 1/3, while it was ambiguous would seem to me to discard so many of the other qualities that might go into such an undertaking. Regardless of my own feeling in this matter, I could not have defended active student participation in a grape strike, in organizing a protest against the war in Vietnam, and, by the same token, I doubt that I can help defend it if it becomes as militantly antiwhite as was expressed by a few people at that meeting.

I am sure that when you start working on your various assignments your interests will deepen as you learn of the patterns of health care and find what you can do to improve them. The discussions you have had at Yucaipa will certainly take on a fuller meeting. I trust that your hopes for the unity of man and your feeling of love for other men that is such an impelling force in this effort continues to grow.

I look forward to joining you in the fall and hearing of your experiences, what you have learned and what you recommend. I shall certainly be interested in your planned structure for the future, in your efforts to improve communication, but I would hope

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that whatever structure you create is given some semblance of authority to carry through the wishes of the group for the succeeding year.

I hope that your activities do not risk the continuing promise of this organization.

I wish you well.

Sincerely,

ROGER O. EGERBERG, M.D., *Dean.*

APPENDIX G

GOALS AND DIRECTIONS

Nineteen sixty eight marks the fourth year of the California summer student health project. As early as the orientation conference for this year's project consideration was given to the California Summer Student Health Project of 1969. The salient demand of the black-brown caucus dealt with the composition of a policy board to be organized by the end of this summer, presumably to plan and direct next year's project. Additional discussions regarding a 1969 project have taken place since orientation.

This demand and these discussions assume a fifth California summer student health project. A project should be based on a decision, not on an assumption. Before a decision can be made for or against a project, basic questions regarding goals must be answered. Without goals there is no basis for determining the true purpose of a project or, equally important, whether a project is a success or a failure.

Who Should Set Goals?

Are the primary goals to be those of the students, the community, or the funding agencies? This is the Student Health Organization. Students must define their own goals based on the fact that they have important and independent interests. If a project is useful in meeting student goals specific project proposals should be developed. These proposals must reflect these goals. The proposals should be presented to the community and funding agencies. If student goals are consistent with community goals the project is feasible. If student goals are consistent with agency goals the project is fundable. This suggests negotiations from a position of strength based on specific proposals which may result in acceptance of a project by the community and funding agencies. Since each group should know what is involved, such negotiations should bring students, the community and agencies together at the same time. A project cannot succeed if the students have one understanding with the community and another with the agency. Under these circumstances the community and the agency have no understanding of each other. If all three groups see a mutual advantage, the maximum realization of defined project goals is likely to result.

What are Some Possible Goals?

Is the major goal to be education of the student, the provision of services to the community or the performance of a task, such as the gathering of information, for the funding agency? Can these goals be compromised?

If the major goal is student education it must be recognized that ghetto or barrio communities and funding agencies are being used by the project. The community will expect services in return and funding agencies will expect the performance of a specific task. Students must recognize and accept these community and funding agency goals if a project is to succeed.

Services must fill community needs as perceived by the community and not by the students or the funding agencies. Although more difficult to achieve, the community must also recognize and accept both the student and funding agency goals if a project is to succeed.

Funding agencies do not write blank checks. Although considerable latitude has been given thus far for projects of the Student Health Organization, it is unlikely that this freedom can continue. A return on funds expended will be expected. However, funding agencies must recognize and accept student and community goals if a project is to succeed.

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Does the California Student Health Project have a Direction?

The initial funded project in 1966 consisted almost entirely of placements with the providers of services—institutions and health agencies. Preceptors were members of the establishment. Through these placements the student came into contact with the recipients of health care—the community. He frequently identified with the recipients and used the information obtained from his experiences in an attempt to influence the establishment. He provided some services in an attempt to fill needs as viewed by the establishment. In the course of his work he became aware of the inadequacies of the present health care system and hopefully resolved to remove them. His initial attempt at producing change was directed at his school when he returned in the fall. This effort enjoyed significant institutional support as reflected in curriculum modifications and the spread of Student Health Organization activities to many other schools.

In 1967 the project was a mix of placements in institutions, agencies and community organizations. An attempt was made to organize dual preceptorships for each placement, with one preceptor representing the established agencies and the other representing the community. The importance of filling community needs rather than establishment needs was recognized. Community involvement was emphasized by the inclusion in the project of Neighborhood Youth Corps enrollees. The role of the student in agency placements was similar to that of the previous year. Placements involving NYC enrollees frequently dealt with the problems of interpersonal relationships which lessened the ability to provide services. Again the major effect of the project appears to have been that students became aware of inadequacies in the system. This recognition was not limited to the health care system. Efforts at producing change after the termination of this project were again directed at schools and students continued to enjoy considerable institutional support.

In 1968 there has been further identification with community interests. A minority of placements are with providers of health services and the majority are with recipient groups. Identification of the project with the community has been enhanced by attempts at radicalization of the project by the black-brown caucus and the relatively independent action of law student project participants. An attempt has been made to involve preceptors (community representatives) in giving direction to the project as a whole, as well as to specific placements.

This incomplete historical review indicates a trend toward community interest and away from agency and institutional interests; toward identification with anti-establishment groups and away from the establishment. The culmination of this trend would seem to be complete alliance with militant community organizations. This implies working against rather than within the present system of health care. Indeed, it implies working against the system without necessarily direct reference to health at all.

This may be an appropriate direction. However, it must be recognized that along the way the Student Health Organization and its project will lose support from within medical institutions, funding agencies and the health science student community as a whole. More importantly, how much have the students themselves controlled this direction and is the present direction consistent with the interests and goals of the Student Health Organization? These questions cannot be answered until the interests are defined and definite goals determined.

S. DOUGLAS FRASIER, M.D., *Faculty Director,*
California Student Health Project.

APPENDIX H

IDENTITY (ABBY KROWITZ'S DIARY)

I feel that things are finally falling into place. I am beginning to understand what the situation is, what the possibilities are and the necessity for political power to be given to the people.

I am, for the first time, in touch with my own cultural heritage, of prejudice and persecution, and can grasp the significance of my childhood experiences and my father's

total development. I can see how the Jews, through a long tradition of being in a hostile society, developed the values and structures that they did. Education is a way out of the slums, a way of being listened to; credentials which are possible to obtain if you are geared to do it from birth. I can't remember ever thinking I would not go to college, not do well in school, not be interested in learning things. My father made it a point of taking me to museums, and getting me to groove on things like how are atoms composed, how do fishes survive, what are the stars made of. There was consistent and constant encouragement, and I responded. Also the kinship organization of which my family was a member, when I was a child. Those who had would give to those who hadn't, and there was warmth, and concern, and a strong group which functioned to get the clan out of poverty. Now that we are out, there are no more meetings.

So I am beginning to understand, to see, to learn. Every day is a memorable one, but my memories are of conversations, and feelings which are hard to relate. I also feel more that I want these people to know me, that I can trust them, not with my problems, but with my most personal thoughts about life, myself, other people, love, despair. And we can all dance and drink and you know they will be there tomorrow.

There is so much to read. I am impatient. So long have I evaded issues, because of the fear that the truth would alienate me from my family, my own passivity, and my own desire to have some security that the world is not a horrible place to be. I couldn't tolerate it any more and am now reading about Vietnam. It's hard for me because the story it tells makes me want to climb the walls and scream at everyone who says the war is good. It makes me want to shoot Johnson, or hide all the planes and guns in my backyard where I can watch them and be sure that no one gets so crazy that they want to kill someone with them. War is so sick, especially colonial wars. So I read about 50 pages a day and take long walks.

I often think how can I go back to my scholastic rut, now when I still have so much to learn. I want to be in on it. So, being my usual insane self, I decided to quit school and go somewhere new next year. It is difficult to explain how this is related to the summer. I do not feel turned on to VISTA work. More to life outside of school, more to people than to life, more to my own possibilities than people. I want to explore. Asia or Europe (actually the world but I can get to these continents free). How absurd it is—being alive.

APPENDIX I

MARTHA JACKSON'S LETTER

DEAR DR. FRASIER: This is in response to your letter requesting student evaluations of projects.

I am not sure if I can give you a cut and dry answer as to precisely what my project was for the summer, but I think I can tell you what I did and how I felt about it.

You probably know by now what rural health project in King City is all about. In a few words, this project provides medical services to indigent patients, mostly Mexicans, by a private medical group. Costs are paid from OEO funds. The area covered is southern Monterey County. None of the doctors in the group are Mexican, yet a large percentage of their patients are. This has posed some problems in rendering effective medical care. Aides from the target area are used as interpreters.

My job was to "educate the doctors" to the Mexican way of life. My preceptor, Stuart Allen, felt I could best do this by living in the homes of some Mexican families here, observing and participating in their daily life and writing about what I saw and heard. I was also to identify health problems and other problems that might be indirectly related to health, such as housing conditions, working conditions, and the like.

I lived with two Mexican families in labor camps during the summer and have written detailed accounts of these experiences. I also worked a few days in the fields which I also wrote about. The value of these papers remains to be seen. I do not know what the doctors they're supposed to educate think about them. My preceptor seemed to think they were worthwhile and good.

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for the on-going project come to contain a specific type of "revolution-oriented" content; and, that the process of conveying the material which involve the black and brown conscious people from the communities.

1. There will be compiled a reading list, tapes, films and prepared talks dealing with the more and more clearly formulated philosophy of the heretofore "colonized" peoples of this country.
2. Discussion groups will be held and the participants will include students and community people interested in adequately preparing themselves beforehand.
3. Some of the readings would be chosen from the following list:

(a) <i>Crisis in Black and White</i>	<i>Charles Silberman</i>
<i>Autobiography of Malcolm X</i>	
<i>Manchild in a Promised Land</i>	<i>Claude Brown</i>
<i>Invisible Man</i>	<i>Ralph Ellison</i>
<i>Black Bourgeoisie</i>	<i>Franklin Frazier</i>
<i>Sex and Racism in America</i>	<i>Calvin Hernton</i>
<i>The Negro Revolution in America</i>	<i>Brink</i>
<i>Soul on Ice</i>	<i>Eldridge Cleaver</i>
<i>Negroes With Guns</i>	
<i>Black Power</i>	<i>Stokeley Carmichael and Charles Hamilton</i>

Delano (and a long list of others emphasizing the "Brown Revolution")

II. Wind-up Conference

The proposal advanced by the group which met in Visalia is that this occasion be regarded as for the benefit of the community people who are to be invited in large numbers. The funds available are to be devoted as much as possible to attracting spokesmen for the black and Brown Revolutions, whose function will be to contribute to the politization of all participants.

III. Relationship Between Preceptor and Participant

The preceptor, if he or she is not a person connected with organizing efforts in the community, is to surround himself or herself with persons so associated. This relationship, it is suggested, will serve to ensure that student participants are involved in activities which directly contribute to the development of a power base in the particular poverty community. It is acknowledged that all communities differ as to degrees of organization among the poor and it is understood therefore that the student's technique of relating thereto must vary accordingly; but the emphasis on this orientation is clear. The persons attuned to the organizational needs of the community are to determine the method of applying the technical skills possessed by the student. The student is to maintain such a group of advisors in order to safeguard the wisdom of the direction of his or her activities.

IV. Relationship Between Preceptor and Community Based Persons Serving in Governing Capacity for the Student Health Project

Because the definition of preceptor has been vague in the past and because it appears to satisfy different functions in different contexts, the governing board is to be considered one composed of "community people". Where a person known now as a "preceptor" is also a community person, there is no problem. However, when the preceptor admittedly has little or no connection to persons engaged in some form of community organizing effort, this board of advisors, perhaps four or five will be invaluable in directing the activities of the student and the project.

V. Train Students in Community Development

An underlying assumption of all projects must be that preprofessional and professional skills alone are not valuable to the poor community, they must be offered in conjunction with those people in the community doing community organizing. Though students are not to be considered "community organizers," they are to understand

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the function and problems of a community organizer in order that the application of their respective skills be as a supplement to such work.

Students must be capable of examining what they are doing in order to be certain that their projects are contributing to the organizing effort in the community where they are working. The emphasis of the student's activities is towards basic institutional change, to contribute in a variety of ways to building a power base among the poor such that they become capable of participating in the decision-making process which affects their daily lives. The assumption is that the development of a large body of enlightened professionals does not go far enough, that without power among the poor, the professional-patient (legal or medical) relationship reaffirms the latter's sense of inadequacy to deal with the problems affecting his life, that it is inherently paternalistic and thereby perpetuates the cycle of poverty. It is an understanding that there are good and bad ways to extend services, and that the delivery system which most corresponds to the needs of the poor is one which can be managed by those heretofore "served".

Students are not to be organizers, but they are to perform organizing functions. The simple gesture of involving community people in the performance of the students "professional" tasks serves to promote continuity of that function, and thereby develops a power base within the poverty community, the objective of all "organizers". There are many other tasks essential to the organizing effort which the students may perform, and by working closely with the local organizing effort, they can discover how best to serve that effort.

ADDENDUM

1. *Unknown Youth* Pat Heller
2. *Health Needs of Mexican-Americans* Berkeley Press
3. *Psychology of the Mexican* Samuel Ramos
4. *Labrynth of Solitude* Octavio Paz
5. *El Ser Todavia No Siempre* Leopold de Cea
6. *Center for Study of Democratic Institutions* "Center" Magazine March, 1966
Article, Mexican-American History
"La Mula no es Asisea" Galarcia
7. *Factories in the Field* Carey McWilliams
8. *Merchants of Labor* Ernesto Galarza

APPENDIX K

MAJOR ACTIVITIES CONDUCTED BY STUDENTS

Health-Oriented

Identified health problems in rural areas. Discussions with doctors in local clinic on health problems from the patient viewpoint.

Assisted in urban health clinic, teaching routine tasks, such as taking of blood pressures and temperatures to aides and doing general maintenance work at times.

Drew up bilingual (Spanish-English) questionnaire for health clinic in urban area.

Taught dental care to children at Child Care Center (rural); administered first aid to children and taught assistant teacher to do same; took health histories of the children; made home visits to encourage parents to bring their children to immunization clinic; held meetings for same purpose.

Made referrals to dentists for children and provided transportation to dentist's office if needed.

Completed a lengthy report and made recommendations for improvements on the services provided by two rural hospitals, interviewing patients, administrators, nurses, doctors, etc.

Gathered dental health statistics from schools, held meetings with dentists, etc., in attempt to set up dental clinic in poor metropolitan suburb.

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Encouraged dialogue between medical school deans and faculty to hasten process of minority group students admissions.

Conducted classes in biology and medical science for teenagers; conducted field trips to medical centers.

Prepared proposal to Regional Medical Programs for health and dental clinic in poor suburb of Los Angeles; were instrumental in bringing together UCLA Dental and Medical Schools, Venice Service Center, Venice Library, and Public Health Department to work on clinic. Involvement of private and public organizations in support of health clinic.

Intensive study of health care delivery at large metropolitan hospital, including investigation of reasons for lengthy waits by patients, and recommendations for improvements in this and other areas.

Intensive study of health care delivery on selected families serviced by metropolitan health clinic.

Taught and administered first aid to organized groups of youths in metropolitan ghetto.

Use of films on health and health education in various programs.

Demonstration films of medical and dental equipment, sex education, birth control, etc., in various programs.

Instituted Young Mother's Club in small town, with discussions, films, etc., on health and health education.

Nonhealth Oriented

Set up meetings for Model Cities program.

Picketed in Sacramento with farm laborers on behalf of AB-182 (unemployment compensation extended to farm laborers).

Worked with La Raza committee to help write a proposal for higher education for Mexican-Americans.

Helped form Brown Berets' chapter in Oxnard.

Helped local bilingual people to understand Department of Motor Vehicle Code for driver's test.

Taught reading readiness to Head Start children; trained two NYC assignees to do same.

Group discussions with high-school children on various topics geared to motivate them educationally; use of slides, films, etc.; guest speakers on various topics—police relations, different cultures, etc.

Conducted field trips to museums, beach, UCLA campus.

Law Students

Assisted in organizing blacks in Merced around issue of police brutality.

Helped black community form a credit union.

Documentation of legal violations by growers and farm labor contractors who, by law, are required to provide toilet and washing facilities—Safety Code violations. Plan was to try to get a few people to file complaints, but as there was extreme reluctance to sign anything, the students sought and got jobs in fields and then made declarations themselves. Preparation of Affidavits to present to Industrial and Welfare Rights Commission on field violations. Taught local community workers to file complaints on their own behalf.

Aided in an attempt to incorporate a town now ruled by Anglo community service district.

Set up Youth Law Center in Visalia which became a focal point for community activities.

Organized Own Recognizance project—prisoners released on, or without having to put up bail. This project has continued by local youths after students left.

Drew up questionnaire designed to uncover types of legal violations in health care in two rural general hospitals.

Housing survey attempted in order to get migrant housing condemned.

Three students worked with United Farmworkers Organizing Committee, doing office research and field work, using their skills in relevant community organizations.

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Set up a Welfare Rights Organization countywide.
Office research on various legal problems and some field work with California Rural Legal Assistance Office.

APPENDIX L

INSTITUTIONS AND GROUPS CONTACTED BY STUDENTS

In contacting agencies and community groups, the students showed a preference for established institutions, in their attempt to forward or improve the program in which they were involved. Local health departments, hospitals, and medical societies were among the first to be contacted, usually for information on local health services and problems. Schools were used, mostly for data gathering purposes, and in the Los Angeles area, various departments of UCLA were used for specific information.

Voluntary agencies and private enterprises were contacted frequently, and several students worked quite closely with them. For example, La Raza, in Oxnard, several students worked with a La Raza committee to formulate a proposal for higher education for Mexican-Americans. Dental supply houses and drug companies were sought out for equipment.

Community action groups were contacted to a much lesser degree than either of the above categories and were not used as extensively when contacted, with the exception of the Venice State Service Center, which students, after consultation with the director, used as a base of operation in organizing the Venice Health Clinic.

LIST OF GROUPS CONTACTED BY STUDENTS HEALTH PROJECT— SUMMER 1968

Children and Youth Services

Adolescent Creative Enterprises, San Francisco
Black Men For Youth, San Francisco
Catholic Service Organization
Catholic Youth Organization
El Monte PTA
La Raza
Youth For Service

Community Action

American Citizens Club, Calexico
Community Improvement Union, Venice
El Monte Community Center
Kings County Community Action Organization
Los Angeles South Central Volunteer Bureau
Mexican-Americans For Political Action
Project Action, Venice
Project Adventure, East Los Angeles
Santa Rosa Community Center
Various citizens' groups, Venice
Venice Service Center
VISTA
Women's Club, Wasco

Educational

El Monte Schools
Local elementary schools
Los Angeles City Schools—Office of Urban Affairs
Public Libraries
UCLA Law School

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Employment

Willowbrook Job Corp

Family Welfare Services

Department of Public Social Service

Ventura Family Counseling

Health

Fresno General Hospital

Hanford Health Department

Harbor Hospital

Heart Association

Kern County Medical Society

Los Angeles County Health Department

Oxnard Health Department

Red Cross

San Gabriel Dental Society

Santa Monica Health Facility

Santa Monica Hospital

Santa Monica Medical Aid Office

Santa Paula Health Department

UCLA Department of Preventive Medicine

UCLA Inhalation Therapy

U.S. Public Health Service

University of Southern California Medical Center

Various dental supply companies

Various drug companies

Venice Health Council

Venice Family Planning Clinic

Housing

Kern County Housing Authority

Indian Affairs

Bureau of Indian Affairs

Private Enterprise

Standard Oil Company (in the Santa Rosa area)

Recreation

University Work Study Recreation Students

U.S. Department of Forestry

Religious

St. Peter's Catholic Church

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APPENDIX M

ORGANIZATIONS AND INSTITUTIONS CONTACTED BY STUDENTS

Community action	Education		Health	Public social agencies	Private institutions
	Elementary and secondary	Colleges and universities			
Community Improvement Union, Venice	El Monte elementary schools	UCLA: Law School	Santa Paula Health Department	Dept. Public Social Services	St. Peter's Catholic Church, Lemoore.
Venice Health Council.	L.A. city schools—Offices of urban affairs	Department of Preventive Medicine	Oxnard Health Department	Bureau of Indian Affairs	Various drug companies
Venice Citizens Group		Inhalation therapy	L.A. County Health Department	Kern County Housing Authority	Various dental supply houses
El Monte PTA		University work study students	U.S. Public Health Service	Public Libraries	Standard Oil Company (Santa Rosa)
La Raza		Recreation students	Fresno General Hospital	U.S. Department of Forestry	
Mexican-American Political Assn.			Santa Monica Health Facility	Red Cross	
American Citizens Club, Calexico			Santa Monica Medical Aid Offices	Heart Association	
Santa Rose Community Center			San Gabriel Dental Society		
Women's Club, Wasco			Kern County Medical Society		
Black Men for Youth, San Francisco			Harbor General Hospital		
Youth for Service, San Francisco			South Central Multi-Purpose Health Center		
Adolescent Creative Enterprises, San Francisco					
El Monte Community Center					
Black Panthers					
Black Congress					
Watts Festival Committee					
United Farm Worker's Organizing Committee					
Venice Service Center					
Project Action, Venice					
Catholic Youth Organization					
Catholic Service Organization					
Job Corps, Willowbrook					
Venice Family Planning Clinic					
Kings County Community Action Organization					
VISTA					
Project Adventure East Los Angeles					
L.A. South Central Volunteers Bureau					

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APPENDIX N

FINAL CONFERENCE PROGRAM AND WORKSHOPS. AUGUST 28-30, 1968

	Morning	Afternoon	Evening
Wednesday, 8/28.	9:30—Staff meeting. 10-12—Registration.	1:00—Keynote address: Michael McGravey, M.D. 2:00-5:30—Discussion groups: "The Student and the Community"; Question: "Assuming outsiders can't accomplish anything alone, can you structure a <i>worthwhile</i> summer program?" "If so, how do you choose the sites? the students? "If not, then . . . ?"	7:30—Panel: The Revolution. Eliezer Risco, Paul Jacobs, Eldredge Cleaver or Bobby Seale.
Thursday, 8/29.	Discussion group reports at breakfast. 9:30-11:30— Discussion groups: "The Professional and the Revolution" Question: "Whatever you think about the Black/Brown Revolutions, its a fact you have to deal with. As a student, and later on as a professional, how do you work for the liberation of Black and Brown people?"	2:30-5:30—Problem workshops: See attached workshop descriptions.	7:30—El Teatro Campesino.
Friday 8/30.	Panel: "Past and Future Goals of SHO" Response panel of community people. Followed by General conference: To vote on resolutions generated by workshops and discussion groups.	Close.	
	Breakfast: 8:00-9:00 a.m.	Lunch: 12:00-1:00 p.m.	Dinner: 6:00-7:00 p.m.

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FINAL CONFERENCE

PROBLEM WORKSHOPS—THURSDAY AFTERNOON

The problem workshops will discuss three broad topics:

1. SHP Site Development
2. Orientation and Education
3. Organization and Structure of SHP

Each workshop will meet as a whole briefly to have the task introduced. They will break up into small groups to discuss the designated problems or others which may come up in the course of discussion. The Workshop will then reconvene to formulate specific recommendations to be presented to the whole conference on Friday morning.

The outlines which follow specify problem areas which must be resolved in planning future Student Health Projects. Meeting places for Workshops will be announced or posted.

Workshop No. 1—Student Health Project Site Development:

- A. How are the sites best selected? Who should select sites?
- B. What makes a "good" site?
- C. How structured should projects be?
- D. What kinds of tasks should students undertake?
- E. How should students be selected and assigned to projects?
- F. What should we expect of preceptors?
- G. Should projects be designed to be completed in ten weeks with minimal "withdrawal" effects on the community, or should we emphasize *ongoing* roles in communities in which we have projects?

Workshop No. 2—Orientation and Education:

- A. Preceptors:
How can SHP support preceptors so that preceptors can make the best use of students, and, in turn, how can preceptors be used to maximize the goals of students in SHP?
- B. Staff:
What kinds of education, experience and expertise should the staff be required to have in order to:
 1. support students in the field;
 2. provide educational programs;
 3. carry on administrative tasks;
 4. understand community resources.
- C. Students:
 1. What kind of orientation, what kind of topics, both as to format and content would be most useful for preparing students to go into the community?
 2. What sorts of educational programs would be most useful during the summer whether in the form of:
 - a. A preplanned series of discussions, films, etc.
 - b. Written materials on a variety of subjects related to:
 1. health care facilities;
 2. health care legislation;
 3. health care planning;
 4. community development;
 5. the culture of poverty.

Workshop No. 3—Organization and Structure of the Student Health Project

- A. Relationship of Student Health Project to USC.
- B. Relationship of SHP to Federal funding agencies—i.e. Regional Medical Programs, Health Education and Welfare and Office of Economic Opportunity.
- C. Function, power and limitations of the Policy Advisory Board—What is their role in planning the project and on-going decisions?

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D. Staffing patterns—Central and Regional

1. Faculty Advisors
2. Student staff
3. Community workers.

E. Relation between San Joaquin Valley and Los Angeles projects—more unity or two projects? Advantages and disadvantages of both approaches.

F. Inter-site communications, cooperation, exchange of information and problems.

APPENDIX O

RENAISSANCE (MIKE ALBERTSON'S LETTER)

The California Student Medical Conference is in an organizational crisis. The summer projects have ended on a note of absolute confusion and disillusioned ideas. The "staff" is loosely organized and can no longer function as a unit in keeping things together.

We have been told that the goals that were set up at the beginning of the summer are no longer adequate.

There are some good concrete things that we can do as an organization. I hate to see them lost in a muddle of rhetoric and red tape. For that reason there is an organizational meeting to be held on September 25 at 7:00 in the lounge of Seaver Hall, at 1969 Zonal Avenue, on the USC medical campus.

The purpose of the meeting is to set up a director for the coming year along with an executive committee that is willing to assume responsibility of correlating and coordinating the fragmentation that has hindered the working of Student Medical Conference.

Also at that meeting there will be a discussion and possible decision on where we are going as an organization of student health professionals. It is time, finally, for functional limits as to what we can do as an organization of this type, apart from what we do as individuals. Hopefully, it will not be a battleground for the airing of personal philosophies for the sole purpose of hearing how good it sounds: but will be a definitive work up of a set policy that we can work with. Please come Wednesday evening. We are in desperate trouble.

Michael Albertson,
Editorial-Board-Encounter.

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