

A visitor's view Health Care in China

by ELIZABETH J. CROCKER

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Seventeen days does not sound like a very long time, but the 17 days last summer (summer 1975) that I spent in the Peoples' Republic of China added up to one of the most profound experiences of my lifetime. Not only did I have the opportunity to travel through some of the vast and beautiful countryside of China and the chance of visit schools, factories, communes, hospitals, homes and places of historical and cultural importance, I also had the opportunity of talking with Chinese people and learning from them about the significant changes that have taken place in China in the last 25 years.

But let me back-track for a minute and tell you how it came to pass... Last winter I noticed a newspaper clipping saying that an education professor at a nearby university was organizing a trip to China. One thing led to another and my husband and I applied for visas. The visa applications were accepted and we, along with 28 others, were on our way billed as the "Acadia University Educational Tour Group." The majority of the people in the group were school or university teachers; the group also included an artist, a nurse, a librarian, a housewife, a retired banker, and a lawyer. We knew we would see some schools and universities in China, but we were also told (a) that we would see many other

"Chinese children had become the most mentally, physically, and psychologically healthy children in the world."

general places of interest and (b) that we could make special requests regarding personal interests on an individual basis.

Overview

While in China, we visited Peking, the capital of the Peoples' Republic; Shanghai, the largest city in the world with a population of ten million people Hang-chow, a beautiful "resort" city just south-west of Shanghai; and Kwangchow, formerly called Canton and for years China's center for foreign trade. We traveled by plane, train, and bus and always had six interpreters with us. Our days usually began with a visit somewhere by 8:30 or 9:00 A.M. and often visits were scheduled into the nights. When we had free time, we were able to go wherever we wished; no restrictions were placed on our activities and we were only prevented from taking pictures from planes. In every sense of the word, we were treated royally by our Chinese hosts. We were impressed constantly by their patience, their honesty, and their dedicated efforts to try to meet all our requests and wishes.

Health Care - Past/Present

As a whole group, we visited a clinic on a commune where we met and talked with "barefoot doctors," a large general hospital in Shanghai where we saw two operations using acupuncture anesthesia as well as the hospital's orthopedic unit, an urban residential area's clinic, and a high school in Peking where we saw students working in a "health care workshop" learning both acupuncture and how to grow and prepare over 200 kinds of traditional medicines. By special request, I was also able to spend a full afternoon at the Peking Children's Hospital and another full afternoon having a private interview with a leading pediatrician in Kwangchow.

As a general introduction, one can only say that the Chinese have made huge strides in the quality and quantity of their medical treatment and delivery of their health care during the last 25 years. In the first half of this century the infant mortality rate in China was 200 per 1000 live births; it is now 15 to 25 depending on whether one is referring to an urban or rural area. The average life span used to be 28 years of age; it is now 70. Infectious diseases such as the plague, smallpox, diphtheria, cholera, typhoid, and polio took heavy tolls each year as did malnutrition and worm

infestation; now mass sanitation and immunization campaigns have either completely eliminated these diseases or brought them under control.

W.A. Scott, who lived in China from 1930 to 1950, paints a striking picture of China's past in his comments on his return visit in 1965: "I searched for scurvy-headed children. Lice-ridden children. Children with inflamed red eyes. Children with bleeding gums. Children with distended stomachs and spindling arms and legs. I searched the sidewalks day and night for children who had been purposely deformed by beggars...I looked for children covered with horrible sores upon which flies feasted. I looked for children having a bowel movement, which after a strain, would only eject tapeworms. I looked for children slaves in alleyway factories. Children who worked 12 hours a day, literally chained to small press punches. Children who, if they lost a finger, or worse, often were cast into the street to beg and



Yang Tsui-ping (left) visits a young mother at home with pointers on how to take care of herself and her newborn baby.

forage in garbage cans for future subsistence."

But Mr. Scott did not find the Chinese children he remembered from the past; instead he found that, in his own words, "Chinese children had become the most mentally, physically and psychologically healthy children in the world." I, too, would concur with Mr. Scott's findings - certainly Chinese children look alert, clean, healthy, and extremely physically fit. The quality of maternal and child health in China bears no resemblance to what it was over 25 years ago and what I saw and learned of health care in China gives some indication as to how these phenomenal changes have come to pass. □

A Community Clinic

The Nan Yuan People's Commune that we visited outside of Peking has a population of 40,000. Within this commune there are several clinics as well as a hospital. The clinics are staffed by "barefoot doctors"—people who have been identified and selected by their peers to receive several months of medical training—spaced over a few years. These "paramedics" are able, after initial months of training, to identify and treat minor problems. They also prescribe selected herbal and western medicines, give acupuncture treatments, provide birth control information and devices or pills, and carry out pre- and post-natal instruction. One of their roles is to teach hygiene and give inoculations; it was interesting to note a large poster advocating immunization against tuberculosis on the wall of the local grocery store. These "barefoot doctors" do work in the clinic as well as go from house to house; they also do their share of the work in the fields and so do not have a different status within the commune.

Communes have low-cost co-operative medical care systems enabling all people to financially afford health care; the average cost for this co-operative program is \$1.00 per year per person or family. Within the boundaries of this commune

there are 200 "barefoot doctors" which mean a ratio of one to every 200 members of the commune. Given that 80 percent of China's population lives in rural areas, there has been an effort to put the stress on the rural areas with the evolution of "barefoot doctors" and co-operative medical programs. This accessibility at a primary-care level has contributed to the increased health of Chinese people; before, people in rural areas had no access to health care and now there is access, both geographically and financially.

A High School Workshop

At the Peking No. 15 secondary school, we were surprised to see students learning acupuncture, tending herbal gardens and making traditional medicines. This practical work is part of what going to school in China means; all students must do some work in a workshop or factory and this one just happened to be a health care workshop.

that the average salary in China is \$28.00 a month and that rent is less than five percent of one's salary, the costs would be absorbable — another example of the financial accessibility of health care in China.

Peking Children's Hospital

My visit to the Peking Children's Hospital had been arranged in response to a special request I had made to one of our guides and it was overwhelming from several points of view. We (three of us plus our guide) were given a briefing about the hospital by a leading pediatrician and a head nurse and then taken on a tour. On every floor there was a blackboard inscribed with colourful Chinese characters saying "a warm welcome to our Canadian friends"; we were moved by this touch of hospitality.

The Peking Children's Hospital was founded in 1955, is for patients up to 14 years of age, and has 600 beds. Other general hospitals in Peking also have pediatric beds. The amazing thing is what a change this represents. Prior to 1949, there were only 25 pediatric beds in all of Peking and they

No longer must one be very rich and very sick to receive help.

were in a private, expensive hospital. Now, not only have the number of beds increased, but also a heavy emphasis has been placed on preventative and ambulatory care. For example, the Outpatient Clinic at the Peking Children's Hospital see between 2000 and 3000 children each day. Further, the hospital medical staff go out into the communities and provide direct preventative service in schools and homes. No longer must one be very rich and very sick to receive help.

The admitting complaints at the PCH are similar to what we experience in North America: diarrhea in the summer, pneumonia in the winter. Gone are the children described by Mr. Scott. We saw children with arthritis being treated in physiotherapy, children with various medical problems on the inpatient units and children being treated in the acupuncture clinic for things like enuresis, headaches and hyperkinesis. There is a playroom on most units where the nurses supervise play activities; children are encouraged to keep up with their schoolwork. The visiting hours (disappointing to me) were only three times a week because "of danger of infection". Although I found the physical environment dull in terms of visual stimuli, I was assured that children receive a great deal of attention and stimulation from the staff. Given the huge strides the Chinese have made just in terms of providing extensive and accessible health care, it would not be fair to fault them for lack of coloured paint and mobiles.

While on the neonatal unit of the Peking Children's Hospital, I stood and looked at a three-day-old baby girl for a few minutes and I was struck by how different things will be for her. She was spending her first days of life in a hospital, warm, fed and cared for. She would be able to grow and develop without the fear of famine and plagues. She would be assured, ultimately, of work; she would not be barred from any occupation because of her sex (85 percent of the staff of PCH are women). How different this is from the days when girl babies were sometimes killed because girls were not considered to be important; when masses of children died of starvation and disease; when women stayed home with bound feet and were viewed as unable to make a contribution to society.

Kwangchow—Dr. young

Again by special request, I was able to have a three-hour private interview with a leading pediatrician from the Chung Shan Medical College of Kwangchow. This was a very rich experience and to report it fully would take an article in itself. Our conversation was wide-ranging and covered the following topics:

1. The organization of hospitals, by specialty, in Kwangchow;
2. Visiting policies of the Children's Hospital;
3. Administrative structure of the medical schools and its affiliated hospitals, e.g., who makes decisions about what;
4. Psychosocial approaches used with children with chronic diseases;
5. Incidence of mental retardation;
6. Abortion;
7. Pre- and post-natal care;
8. Incidence of and approaches to psychiatric problems;
9. Training of health professionals.

I think one of the things that was particularly delightful about the interview was that it seemed to be a true "exchange" of ideas — not always my questions being answered, but questions and

discussions coming from both Dr. Young and myself.

One of the interesting things I learned from Dr. Young is that the visiting policies for parents, when children in Kwangchow are hospitalized, are

very flexible. Parents are encouraged to stay overnight and children without parents staying or regular visitors are assigned a "special nurse" who maintains consistent contact.

Dr. Young also talked about the general level of



Jen Nai-hsiu giving kindergarten children a regular checkup.

very different from those in Peking. The visiting hours in all hospitals affiliated with the Chung Shan Medical College are "Daily from 3-7; Sunday 10-12 and 3-7; two visitors at a time". He added, however, that siblings can visit. If a class of students visit, the rule "two at a time" becomes

pre- and post-natal care for mothers. He explained that because both the quality and quantity of care has improved so drastically, the incidence of congenital deformities and/or retardation has dropped drastically. Parents are visited in their homes after the birth of a child and are shown how

A personal account

Two sides of earthquakes

by Chal Chu Thompson

"A bad thing can be turned into a good thing", Mao Tse Tung once said.

The philosophy of dialectical materialism has become the common viewpoint of people in China today. It seems that the Chinese can always see two sides of everything.

An earthquake which registered 7.5 on the Richter scale in Tan-Shang and 5.3 in Peking was certainly a bad thing for those affected. Many died and many more were injured. Heavy damages were also suffered by buildings, and by whole industries. On the other hand, all kinds of heroic relief work was carried out immediately by the People of Tan-Sang, Tien-Tsin, Peking and all other parts of China. The Chinese Slogan for this is: "If one corner is in difficulty, then eight corners will support!" The spirit of self-sacrifice and brotherhood spread to all corners of China in an effort to rebuild the damaged areas.

As an overseas Chinese travelling in China and experiencing the earthquake in Peking, I was deeply moved and impressed by the Chinese people's selflessness and their orderly social organization.

Miracles occurred, such as in the case of the coal mine where 10,000 miners were trapped and rescued and the railway lines that were broken and damaged both of which started to function again only 10 days after the earthquake.

China was determined to repair all the damage by her own effort. She refused all international aid, but was grateful for the offer and the messages of sympathy and moral support which were sent from all over the world.

Medical workers rushed to Tan-Shang from all directions. Materials were brought to Tan-Shang from all parts of the country. The People's Liberation Army worked day and night, rescuing fellow citizens and repairing damage. Workers in Shanghai decided to produce more to make up the loss that Tan-Shang suffered.

I would like to tell you a little more of my personal experience during the time of the earthquake.

On the morning of July 28th, around 3:40 a.m., I awoke from a dream. I was dreaming of riding in a train, a train that stopped suddenly and then I woke up. I saw lightning across the sky

and knew that I was actually lying in bed in the Peking Overseas Chinese Hotel. I felt the hotel rocking and realized it was an earthquake, not a dream!

Then, I heard our travel guide tell us all to go downstairs. So we all got dressed and went down. There was a crack in the ceiling and a broken



RESIDENTS SPENDING NIGHT ON STREETS
A gigantic refugee camp.

water pipe on the 5th floor, where we were staying. However, when I returned to the room about an hour later to get some of my belongings, I found the dust had been swept away and the water pipe had already been fixed.

We stayed out all day and all night in a bus, for there were many aftershocks. That night, our travel guide and our bus driver stayed with us in the bus. Our travel guide brought her knitting. She knitted all night to keep herself awake in order to look after us!

to best care for their child and how to play and stimulate the infant.

Summary

We in the Western Hemisphere can learn a great deal from what China has done regarding health care and how it has happened. The Chinese believe sincerely in the slogans "Serve the People",

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"Put the emphasis on prevention", and "In health work, put the emphasis on the rural areas", and they work very hard at applying the spirit of these slogans in practical ways. I think that perhaps the Chinese have shown that by putting people and prevention first, progress in health care can be made without a great deal of medical specialization and sophisticated technology.

I have been home now for six months. While I realize there's also a great deal that perhaps the Chinese can learn from us, I sincerely hope that we in North America will begin to take the posture that we can and should be open enough to learn from the progress and successes of other countries. And I keep thinking about that baby girl in the new-born unit of the Peking Children's Hospital... have we done as much in the last 25 years?

Reference

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Suggested Reading

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Reprinted from The Journal of the Association for the Care of Children in Hospitals.

There was anxiety and confusion among the tourists. However, when we looked around, we were very surprised to find that the residents of Peking were unbelievably calm and organized. □ They all moved out to stay on the side-walks of Peking's streets. It started to rain: first they used umbrellas; later they made temporary water-proof shelters. First they brought out little stools; later they brought out chairs, single beds, double beds and dining tables and began to live outside. We were told that the neighborhood committees and their leaders organized their own little units and looked after them. We saw older ladies putting babies to bed, small children playing card games and chess. No noise, no complaints from any one just as though this was a normal part of their life!

We left Peking in the evening of July 29th. All the residents of Peking were still outside. In fact, they stayed out for the next two weeks.

In Changzhou, I was talking to a group of young Chinese-Japanese and telling them about the earthquake in Peking. They were sorry that they would not be able to see the capital on this trip. Their guide did all the translation for me (from Chinese to Japanese). Later he asked me if I knew how seriously Tien-Tsin was damaged. I replied that I did not know, but I thought it must have been quite serious, for it is very close to Tan-Shang. The guide then told me that his wife and children live in Tien-Tsin. I immediately felt sympathy and respect for him.

I looked at this calm face and asked "Did you try to phone and find out how your family are?" He replied "No," and added, "Just as you have said, at a time like this we can only rely on the people and mass organizations. Even if I did go home now, it would not make much difference anyway."

After this he continued to translate for us, and we knew he was right.

In Shanghai we saw many exhibitions around the theme of scientific knowledge of earthquakes and methods for their prediction. The theatres were showing movies on earthquakes. Modern China is indeed relying on her people to fight natural calamities as well as to prevent them.

Yes, the earthquake was a bad thing for the Chinese people in the short-term. However, the experience has been an educational event for the people of the world.