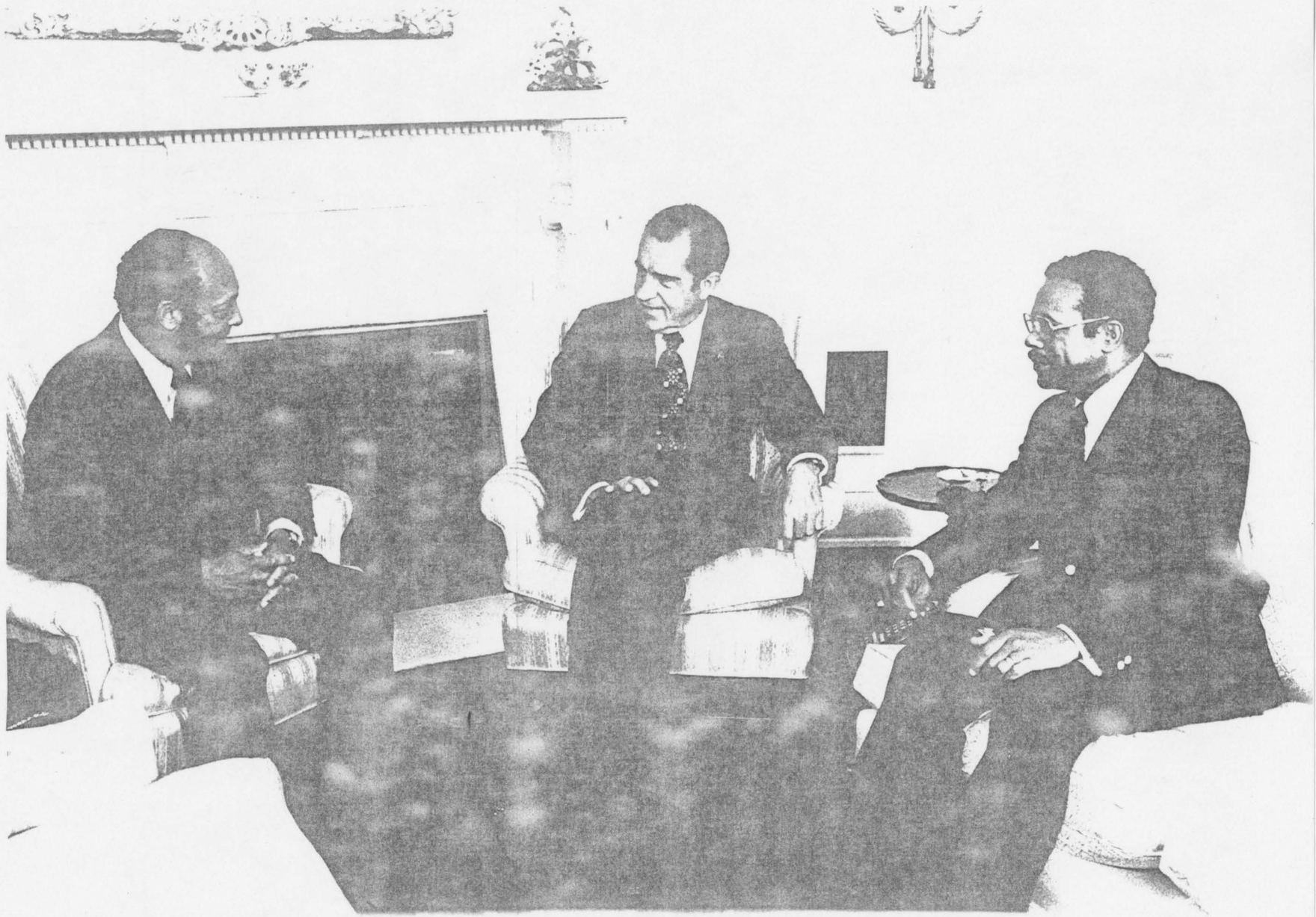
The original documents are located in Box 15, folder "National Medical Association - Delegation to China, 1972" of the Stanley Scott Papers at the Gerald R. Ford Presidential Library.

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
Presidential Libraries Transfer/Disposal Sheet

ITEM ID 00637

DESCRIPTION OF ITEM MOVED . .	Black and white print of an unidentified White House photograph of President Nixon and Stan Scott meeting with another man. Probably he is a representative of the delegation from the National Medical Association which visited China in October 1972. They visited the White House on May 17, 1973, which could be when the photograph was taken.
COLLECTION/SERIES/FOLDER ID .	031500128
COLLECTION TITLE	STANLEY S. SCOTT PAPERS (WH Public Liaison Office - Minority Affairs)
BOX NUMBER	15
FOLDER TITLE	National Medical Association - Delegation to China, 1972
ACCESSION NUMBER	1998-NLF-022
MOVEMENT DATE	06/08/2001
TYPE OF MATERIAL	Photographs
NEW LOCATION	Audiovisual Collection
ARCHIVIST	William H. McNitt



National Medical Association, Inc.
ORGANIZED 1895
INCORPORATED 1924
437 Melish Avenue, Cincinnati, Ohio 45229
2109 E. St., WASH

OFFICE OF THE PRESIDENT

May 17, 1973

6:00 BLK

513-
861-2544

C. EDMUND CASEY

The Honorable Richard M. Nixon
President of the United States
The White House
Washington, D.C.

Mr. President:

The National Medical Association and I consider it a singular honor to be able to discuss with you today several important matters which the Delegation to the People's Republic of China observed in Health Care Delivery.

First, however, I wish to express our deep gratitude to you for taking the initiative to open the doors of the People's Republic of China so that ordinary citizens, such as I and the professional delegation of members of the National Medical Association, could observe the Health Care Delivery systems of the People's Republic of China. Your outstanding contribution in a humanitarian way of trying to understand the culture and the present day concepts of health in the People's Republic of China, should be and will be remembered always by the National Medical Association.

The success of your mission on your visit to Peking in February, 1972, is now history. The meeting between the heads of the two great powers of the world did, indeed, ease tension and promote mutual understanding. There was prompt evidence on several fronts that the People's Republic of China would, under appropriate circumstances, receive visitors from elsewhere.

Therefore, a ten member delegation from the National Medical Association returned to the United States on October 30, 1972, from a 15 day visit to the People's Republic of China, which covered more than 3,000 miles and the major population centers of Kwangchow (Canton), Shanghai, Peking and Chengchow.

The group observed health care delivery systems in hospitals, clinics of various types and rural and urban communes. It witnessed the acupuncture treatment of deaf mutes and gastric ulcers and acupuncture anesthesia for major surgery for three different conditions, i.e., thyroidectomies, gastrectomies and menisectomies (removal of the cartilege of the knee).The group saw patients who had had severed fingers, and limbs that were successfully re-implanted. It toured one medical school and had the unusual privilege of visiting a mental hospital, of which there are very few in China.

In each place visited by the delegation, the group had discussion with responsible revolutionary committees and staff members concerned, climaxed by a conference in Peking with the leading member of the Ministry of Health, Dr. Shieh Hwa (Minister of Health). Everywhere, the Chinese officials, both professional and governmental, repeatedly invited criticisms of what they were doing and suggestions for improvement. The uniform mood of the Chinese was for people to people communications.

In response to their hosts' expressed interest in the health care problems of Black Americans, the National Medical Association delegation presented a picture at an especially arranged seminar.

Medical education in the People's Republic of China has undergone considerable change in the past five years. The Choung Shan Medical College was visited by the delegation, and because the curriculum at the present time is three years, responsible members at this school and health ministry in Peking view the old four, five and six year programs of the past, excessively long, full of redundancy and having no practical clinical learning opportunities. In the three year curriculum the student spends about 70% of the time in the categorically basic and clinical courses, 20% of the time in politics, 5% in military and physical training and 5% in work assignments.

It is interesting to assess, even at this time, that the Western trained Chinese physician is anxiously awaiting the results of the change in his curriculum.

It would appear, even at this early date, that medical education in the People's Republic of China is a continuous one, and that finishing three years of medical training is a mere formality to additional training which each graduate must go through for continuation.

In the medical field the Chinese have eliminated syphillis as a major cause of mental illness, and as a disease. They have stopped drug trafficing and rehabilitated those drug addicts who were capable of being rehabilitated. The pushers were all eliminated, since the fundamental philosophy is that without drug pushers, the addicts would be more readily rehabilitated. The census in the psychiatric unit of the mental hospital was about 100. Of these, 80% were schizophrenic paranoia. Insulin shock therapy was still being used but also most of the modern drugs that we have in this country, particularly the anti-depressants, are also used in that country. The use of acupuncture in psychiatric patients is still an experimental procedure and is not used routinely. The incidents of acute myocardial infarction is extremely low in the major cities of China. For instance, the Chan Yang Hospital of Peking had only a total of fifty acute myocardial infarctions admitted in a nine month period. This is a 500 bed general hospital and serves a large segment of the seven million inhabitants of the central area of Peking. There are approximately 3,000 out-patient visits per day to this hospital.

Acupuncture anesthesia was observed by the delegation in three different operations and it is interesting that those that I mentioned above were done under our direct supervision with visitation to the patient the night before, as well as to the patient prior to surgery. At all times a member of the delegation was with the patient. The use of acupuncture anesthesia was not only remarkable, but indeed a very exciting concept of the possible use in our own country.

Since 1965, there has been a blending of the traditional Chinese doctor and the Western trained doctor, and, in so doing, there have been combinations of drugs between modern medicine and herbal medicine which have come forth. Surprisingly, we were told that certain forms of leukemia which today are being successfully treated, and aplastic anemia, which is almost untreatable in our country

is being successfully treated in the People's Republic of China.

As a result of our visit to Peking, it is felt that there is much that we could learn about health care in the People's Republic of China. But perhaps the most fascinating exposure came out during the interview with Dr. Shieh Hwa when it was learned that a National Health Insurance Plan is in effect in China today. We had been told from the time we crossed the border that health care in the People's Republic of China was free. We were told this in almost every major city until we arrived in Peking and had a three and one half hour interview with Dr. Shieh Hwa. It was at that interview that it became apparent that the People's Republic of China has a prepaid national health insurance program. The factory worker or the textile worker pays approximately one yuan +30C (or 65 to 70 cents) per month per dependent into this prepaid program. The commune worker pays approximately 30 cents in Chinese money (15 cents in U.S. money) into the same system. We were told that this was because of the difference in utilization. But the most important fact is that even though almost everyone pays into the system, (the elderly do not pay) no one is denied health services and these services are provided in clinics, both at health centers, as well as street clinics, or by the production team at an aid station or at a screening clinic in the commune, or as provided by the production brigade at the Health Center, the commune hospital or the district hospital in the city, or in the rural or city or county hospital, such as it may be in the rural or the urban setting. But it became readily apparent to us as we traveled throughout the country, that medical care is accessible to everyone in the People's Republic of China.

The first medical contact is not a physician, but what is affectionately known as the 'barefoot doctor', who is a paramedic, as we would call him in this country. However, he is trained primarily in clinical matters and is very astute in the diagnosis of upper respiratory infections, pneumonia, congestive heart failure and other common illnesses that occur to these people.

It was observed that the status of women and children in the People's Republic of China is a very prominent one and that 50% of the physicians are women, and that children were particularly cared for by their elders. At no time did we see

any starving or hungry children. It was observed however that dental caries or poliomyelitis were prevalent, both of which we advised the Chinese could be readily cured by the addition of fluoride and Sabin vaccine on an oral basis, effectively. The Chinese readily accepted not only this suggestion, but also many other suggestions offered during our trip.

And so, this is a very brief summary of our trip, and it seems appropriate at this time that we make recommendations to you, as President of the United States:

1. To continue the friendly relationship and the friendly interchange that you so graciously began in February, 1972.

2. That full diplomatic relationship between the People's Republic of China and the United States of America be established as soon as feasible.

3. That there be included in the delegations to the People's Republic of China in the diplomatic service, representative groups of minorities, both Black and White, as well as native Americans and American Chinese.

4. That we establish a cultural relationship between the National Academy of Science of the United States and the National Academy of Science of the People's Republic of China, in order to further the educational exchange between the peoples of the two Republics concerned.

5. That we have a continuing exchange of medical information and ideas between the Chinese Medical Association and the National Medical Association, and that this interchange be sanctioned by the President of the United States.

6. That, in this country, we establish on-going research programs to the effect that acupuncture anesthesia and acupuncture as a therapeutic modality

   In this connection, one member of our delegation developed a tooth abcess and was seen by a Chinese dentist who promptly administered acupuncture pressure and who had the abcess incised and drained, placed the patient on penicillin and returned him to our delegation. At no time did he receive novocaine or xylocaine anesthesia. This was so remarkable

that, while in China, I learned this technique and brought it back to our country and have instructed approximately 20 dentists in the utilization of acupuncture pressure anesthesia without the use of needles and we are reporting on 20 successful consecutive cases. At the present time one dentist has done over 140 cases, either of extractions or amalgam fillings without the use of procaine or xylocaine as an anesthetic. It is anticipated that the use of acupuncture anesthesis would help broaden our armamentarium of medicine.

7. That the use of traditional medicine in the treatment of various diseases in the People's Republic of China which have proven to be successful and which we have been exposed to, be studied in this country, as well as in China, on an exchange program.

Mr. President, I thank you for your diligence and for your time. The National Medical Association remembers full well the time, in 1970, when you, singly, made available $1,000,000.00 to Black and other minority students so that they could attend medical school. It is anticipated that because of the great shortage of Blacks and other minority physicians in this country, you will again exert your great influence in order to promote increased graduation of Black and other minority students from medical schools.

1). O.E.O. Funding. - Drug problem. Jackson Miss

b). Mt. Bayou [O.E.O. ? Transfer] ① Jackson Hts C. H. C.

c). Project 75. O.E.O. not Transferred.

d). Marks project ① (HUMP). only trailer (80,000 planning Regional Not approved).

Clarke? (2). Niosh in Cincinnati. ① E. Fayette, Miss.

3). Lincoln - Douglas Republican Club of Cincinnati.

4). 1 Million for Student Loans.

5). Invitation to Speak to N.M.A. on Tuesday August 14th preferably but any day actually.

6). ? Sickle Cell Anemia proposal.

7). Diplomatic Service for Black Physician.

8). Hypertension ~~Co~~ National Advisory Council - more money