

A Transcultural Experience

From May 26th to June 11, 1989, I joined eight other nurses in exploring the People's Republic of China. The trip was a graduation present beyond belief, and the excitement of traveling across the world to this very old and very exotic land was an experience in continuing education that I will never forget!

After spending a night in Tokyo to adapt to time-changes, we arrived in Beijing, the capital of China. Beijing has a population of about 10 million people, is heavily trafficked by 6 million bicycles, and the city is wrapped in air heavy with industrial pollution. Many street cleaners and some residents wear face-masks to ward-off respiratory infections. Spittoons lined the street corners, and abundant signs cautioning the people not to "hawk" or "spit" have clearly helped to reduce the chance of T.B. ; In 1957, T.B. ranked 7.51% as a cause of death, and by 1983, was lowered to 1.95%.¹

The culture shock was greater than we expected. There is a great difference between T.V. and real-life poverty, and with so many people struggling for just existence, privilege is a rare happening. Daily labor is very strenuous, and bicycle loads of wood, rags, and bricks passed us constantly, peddled by citizens of every age. Human sewage is deposited in street-containers for early morning collection, and then processed for fertilizer in giant vats. We found no public lavatories in our travels except for restaurants offering open stalls with simple urinals or holes installed in the floors... toilet paper was non-existent. Children wear overalls with open crotches, and they are often potty-trained right on the street. Food (mainly vegetables) appeared plentiful, but it lays in massive, unprotected heaps along the streets. Left out around the clock, we wondered about the chance of salmonella and other diseases, considering the 95 degree heat? The food in restaurants was

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Health, Chinese Ministry of. National Statistics of Health. 1983.

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strange to all of us, and unlike the Chinese food that we are used to here at home. Some food sold by street vendors looked very appetizing, but warned beforehand about hepatitis and other diseases, we decided not to try it. Water is not potable in much of China, and we learned to carry bottled water with us wherever we went. When you find Coca-Cola or coffee in China, it costs about \$4.00 a drink.

The lame and deformed beg on the streets. We saw many young boys with some type of crippling bone deformities, and a few lepers who were mainly older adults. Asking our Communist guide why there was no provision to care for these people, he replied, "Yes, you are right. We should take care of them. I will put some money in their cups." Socialized medicine obviously does not concern itself with disposition and follow-up. Part of the problem may be that even housing for regular citizens is at a premium in China, and sometimes people have to wait years for a very small apartment subsidized by the government. Also, high officials and the few very wealthy Chinese often buy these apartments for children and grandchildren before they are even born. Like much of China generally, everything appeared to be undergoing intense building and re-construction... very little seemed near to completion. We did find it striking to stay in an elaborate foreign hotel amid indescribable poverty; it was more than just a little embarrassing. The Chinese people seemed to accept this as a fact of life, however, and they were very friendly to all of us.

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We found ourselves in the middle of a historic demonstration for freedom. The world now knows the events that happened in Tiananmen Square. We were there until three days before the massacre, and we walked through the square, saw and talked with some students, and we shared in their vision when they unveiled the "Goddess of Freedom." The students were convinced that their government would listen to them, and they were also convinced that because their demonstration was peaceful, the "People's Army" would never harm them. They were asking for younger government representatives, for freedom of speech and the press, and for participation in the governing of their own lives. Many of them had studied Ghandi, the American Revolution, and Martin Luther King. There were few soldiers evident when we were in Beijing, but we were all aware that troops were housed in the Forbidden City... we had witnessed them during a run to their quarters, and the Forbidden City was closed to all visitors.

Doctors and nurses had health-stations set-up in tents surrounding the square, trying to address the inevitable health problems created by such masses of people. Some students lay emaciated in tents, fasting to make their point. Health care workers took turns caring for the students, following their regular tours of duty in hospitals and clinics. Because they are government workers, their sacrifice was a risk from the beginning. Trash and garbage collected faster than it could be removed, and the stench was unmistakable. Has there ever been a fragrant quest for freedom? Education was provided about basic health-care techniques, however, and some students were forced to receive I.V. fluids. The Red Cross donated vans to protect from the heat during the demonstration, including some basic supplies. We heard that at least 2,000 students initially collapsed from the fasting, but when we were there, the numbers had dwindled. Those who remained were weakened to immobility and protected by peers.

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While in Beijing we visited the Peking Union Medical College, which boasts the first school of nursing in China. We were cordially greeted by Dr. Sui-Ji Guo, the Director of Foreign Affairs. Although our trip had been planned months in advance, however, no nurses had been invited to meet with us. Nursing doctorates are so rare in China that the listing of our group had evidently proven confusing... it was assumed we were a group of physicians! Dr. Sui did arrange for the Chief nurse to accompany us on our orientation, but unfortunately, she did not speak English. This turned-out to be the case in every hospital that we were to visit. With Dr. Sui interpreting, we learned that the Union was a training facility for both doctors and nurses. High school graduates selected by the government would receive five years of training here, to prepare them for positions in nursing administration. They are then awarded Baccalaureate degrees (Staff nursing calls for three years of training). Continuing education is mandatory in China, and all nurses are also required to attend a two-hour weekly update. Examinations are offered throughout the year and are the sole qualifying criteria for promotion. Nurses work eight hours a day, six days a week, with a one-week vacation per year. Assignments made by the government are for life. Nurses and doctors are supposedly professional equals in China, but salaries for nurses are lower. My question, "Do the doctors really listen to the nurses?" was met with surprise, joviality, and embarrassment. Dr. Sui answered that it depends on both the experience and the assertiveness of the nurse.

We learned about primary, secondary, and tertiary health-care in China, from the clinics in factories, the street hospitals, the Brigades in communes, to the district and general hospitals. We were told that some form of health-care is available to everyone in China, but according to the "Beijing Review,"

-There has been an increasing burden placed on the provision of

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medical care. By the end of 1988, there were only 23 hospital beds and 34 doctors and nurses per 10,000 people. Only 12 provinces and municipalities out of 30 reached the planned number of immunity inoculations. About 17 percent of children, aged five and under, had not been inoculated against measles and 38.79 percent had not had BCG vaccine inoculations. Today, many rural areas still lack doctors and medicines.²

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Bureau, State Statistics. "The Population Boom and Family Planning." Beijing Review 33.7 (Feb. 12-18, 1990): 23.

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In Shanghai, travelers from throughout the world meet to engage in business. The "open market" was an experience in itself; baskets of eels and horseshoe crabs for sale, chickens and ducks picked and bled on the streets for dinners, and many varieties of strange-looking foods being cooked in oil-drum type containers. The open market is the people's market, where prices are set by the vendors instead of the government. Here, as in Beijing, student demonstrators were evident, giving us "victory signs," and beseeching us to carry their message to America. When I stopped to change the battery in my automatic camera, I was surrounded by a small mob of teenagers. They were curious, friendly, and polite; they reminded me of our own, outgoing American teens.

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Because itineraries are decided daily by the Chinese government, we were not scheduled to visit any psychiatric facilities. I was ecstatic when we were taken to the Shanghai Collaborative and Research Training Center for Mental Health. A model institution often shown to visitors, it was unclear to us until our return home that few doctors are actually available for research. We were graciously escorted by Drs. Hu Kou-Bao and Yan He-Qin, plus several nurses, who again, did not speak English. The part of the hospital that we observed had 800 beds; it employed about 800 workers. It is also a training facility for the "barefoot doctors." The buildings were very old and in need of work, but they were clean and the patients appeared well-cared for. Patients were engaged in various activities like physical, art, and occupational therapies, and their handicrafts were on display for sale. Patient rights are non-existent in China, however, and this was shown by the freedom with which we were allowed to take pictures. The hospital is a model of our own older institutions, with beautiful grounds where chosen patients are allowed to walk about. The dayroom inside contained a color T.V.

Intensive care was structured with a doorway built with wooden bars from ceiling to floor. The patients came to the door and sang to us. They claimed that they were not "sick," and that they didn't belong there. The doctors found this humorous, and they informed us that in China, the mentally ill have no say in their treatment... they are too ill to know what they need. Treatment for mental illness is now mainly chemical, and the drugs are about the same as those used here in the United States. Thorazine and Mellaril are common. Clozapine, however, has long been used by the Chinese with great success, in contrast to its recent application to Schizophrenia here. Although not visible, we were informed that ECT is used for severe cases of depression, and that restraints are applied when necessary. Lobotomies are still performed on the most difficult cases, but only in special

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experimental hospitals, and only if specially approved by the government.

Psychotherapy has been practiced for about 2-3 years now, but the doctors did not consider it very effective.

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We were told that little mental illness really exists in China; the social system provides too much stability and little "stress." All people have jobs, places to live, and free health care. Mental illness is considered the result of "wrong thinking." Statistics are highly unreliable, however, and surveys are limited. There are no details on how many "abnormalities" are accepted and absorbed into the community. There is no information on dissident behaviors that might be considered mental illness. Schizophrenia is considered the #1 psychiatric illness in China, followed by mental retardation and "old age." Nurses receive no formal training in psychiatry in China; they learn from experience and are supervised by physicians. Only graduate nurses are chosen to specialize in psychiatry. Nurses write on their own charts, separate from those of the doctors, and all medications are "controlled." There is no alcohol or drug abuse problem in China, despite production; China supplies many therapeutic medicines for around the world.

Red China today uses more than 179 counties and 60 state-owned farms to produce opium. It also uses 72 chemical plants that are engaged in the production of drugs from opium. These are operated by thousands of convicts serving life sentences who work 12 hours a day the year round. The drugs produced by Red China include 13 varieties of opium, 10 of morphine and seven grades of heroin.³

Only one case of AIDS has been reported, and that was diagnosed in a "foreign" visitor.

After Shanghai, we boarded a train to Hangzhou. Traveling through miles of bright green farmland, rice-paddies, wheat fields, and fish hatcheries, we noticed that no land was wasted. Old trucks and disabled farm equipment lays scattered

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Thompson, Mel. "Panama Positive: China Negative." N.H. Sunday News 3B.

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about the countryside, where nearly everything is still done manually. The one-child policy in China is not working in the countryside, where peasants still resist government policy. Farmers are willing to bear hunger, ensured poverty, and government penalties to increase their families. Children are still their most valuable resource.

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In Hangzhou, we visited the Hospital of Traditional Chinese Medicine. In the Acupuncture clinic, rows of people lay on tables with needles and wires projecting from various body parts. A few patients were undergoing moxibustion... a process where herb-filled cones are attached to electrified acupuncture needles and set to burn slowly. Hundreds of herbs were stocked in the pharmacy. Treatment is about equally divided between Western and Traditional medicine, and treatment decisions are between patients and physicians. The usual hospital stay is about one month.

In Xian, news of the massacre had reached the people. Tension, anger, and shock permeated the public. Thousands of demonstrators surrounded our bus, bearing banners and wreaths. They wore black arm-bands and T-shirts painted with blood-stains. A soldier saluted the students. Ignorance was imposed on the people, and much confusion and misinformation existed. There was a total news black-out, and we were gripped with the realization of what "helplessness" really feels like. The students surrounding us chanted, "All China is bleeding," and "Down with the fascist leaders." We remembered the sign on a tent in Tiananmen Square, "Victory will be ours," and we prayed that it eventually, would be. Here, the city was surrounded by soldiers, and our hotel was in the middle of the city. We could not get there by bus and were forced to walk. Our Communist guide refused to interpret the posters glued to the buildings along the streets. Martial law was in effect, and Beijing Airport was closed; the students blockaded the city and spent the night chanting and singing. We could hear broadcasts from the Voice of America. During the early morning hours we tried to depart. Our bus driver ran away. After loading our baggage on a bicycle rickshaw and preparing to walk the five miles to the airport, we managed to bribe a hotel employee to drive us in the hotel van. We hoped that the pilots decided to delay their strike.

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Our group managed to recoup in Guilin, where giant limestone mountains emerge into the mist of the breathtaking River Li. We were now some of the last foreigners staying in China, and the only ones in this area. We were unable to arrange an early flight to Hong Kong, so we continued our scheduled itinerary. Our one moment of anxiety was created when a Chinese film-crew entered the lobby of our hotel with some very official-looking soldiers, and began taking our pictures. By now familiar with T.V. propaganda, however, we decided that this was just a short to present that all was still well within the country, and we semi-relaxed.

Our happiness at reaching the British territory of Hong Kong was disrupted when we learned that a typhoon was expected within hours. We were two levels away from evacuation, but luckily we only got high winds and heavy rain. It was over within hours. Major demonstrations continued here also, and a sign outside the American Embassy read, "Help stop the manslaughter in China." Mock funeral processions were held around the city.

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Returning home, our emotions had not had time to be sorted, and there was very little talk as we all said good-bye. Our continuing education had been more than we bargained for, and it had become a life-experience that we would never forget. We would never take our freedom to travel, or our pursuit of an education, or our profession for granted again. We learned that many doctors and nurses who had helped the students had been punished, and that many of them were dead. Those trying to replenish blood-supplies for the students had been executed on the spot, and mass graves now hold the bodies of those who had benefited from the advancements made in Chinese health care over the last 35 years. Education and intellectual advancement has now been severely limited, and China has regressed to an even more basic state. The country will need nursing to help heal its wounds. We must remain an available resource for nursing in China, and we must become more aware of the need for transcultural nursing. The influx of oppressed peoples from throughout the world (especially Asian and Southeast Asian) into our country demands this. We must remain politically active here in our own country, to maintain our own enormous gains. Finally, we must renew both our professional purpose and our personal humanity and consciously share them with others... the fundamental essence of nursing.

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