

VIET-NAM BULLETIN

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PUBLIC HEALTH IN VIET-NAM

A year-long series of negotiations between the Ministry of Defense and the Ministry of Health, Social Welfare and Refugees has resulted in a 50 percent increase in the number of medical personnel working in Viet-Nam's provincial hospitals.

These negotiations have taken the Republic of Viet-Nam a long way toward solving a long-standing problem: how to assure adequate medical care for sixteen million civilians while the majority of the nation's doctors are serving on the battlefields.

The Prime Minister, in announcing details of the inter-ministerial agreement, said the program provides for coordinated staffing, training, construction and supply activities in Viet-Nam's military and civilian health fields in order to gain the best use of national manpower, material and financial resources. The Defense Ministry, rather than constructing and staffing new and separate medical facilities for its expanding army, will help the Health Ministry improve its existing facilities, which include fifty-three public hospitals in the provinces and smaller towns as well as nine in Saigon. While the Health Ministry's hospitals will care for military patients where military facilities are inadequate, by far the greatest benefits from the new agreement will go to civilian patients.

Some 6,700,000 civilians in sixteen of the remotest provinces, most of them in the Mekong Delta, will find better medical treatment available to them almost immediately. This is because civilian hospitals in those provinces are the ones most lacking in medical and nursing personnel (two of them up to 1968 had no full-time physicians at all) and it is these provinces that will receive an influx of military personnel and facilities on a priority basis.

Within a year the joint program will be extended to a total of twenty-six provinces.

In the initial implementation of the program, 130 military doctors and ninety-two pharmacists were detailed for full-time service in provincial hospitals to help treat civilian patients. Another nineteen military doctors were alerted for transfer soon to this type of duty in the countryside. In addition, sixty-eight military doctors and thirteen dentists were ordered to assume duties with civilian health centers concurrently with their duties at neighboring military institutions.

HOSPITAL TEAMS

When the plan is fully implemented, each of the twenty-six pilot provinces will have a 61-man military team, each team including at least five physicians, helping to staff its civilian hospital. Thus, 1,456 additional medical personnel, including dentists, nurses, pharmacists, therapists, X-ray and laboratory technicians, will swell the staffs of provincial hospitals, besides the 149 uniformed doctors. The impact of these new personnel on the civilian hospital network can be judged from the fact that the Health Ministry now employs only 232 staff physicians, 1,267 registered nurses with three years of training, and 1,559 assistant nurses with one year of training at all its facilities.

The Health-Defense agreement calls for the military to build new facilities to provide an additional 672 beds for existing hospitals. In one Delta province, Go Cong, where the present civilian hospital is inadequate, the Defense Ministry will construct a 200-bed civilian-military hospital. The ministry also will construct twenty-nine dispensaries around the country and contribute to the operation of 185 district-level and twenty-five province-level health units, supplying personnel, equipment and construction funds and materials. The overall program provides not only for joint operation of many facilities, but for coordinated personnel training and joint supply systems for both military and civilian health facilities.

Other agreements are in the making. One calls for joint Health-Defense construction and utilization of thirty provincial hospital extensions to existing Health Ministry facilities at a savings of US\$6,500,000 in government funds.

Government health services are particularly important in a country like Viet-Nam, where we do not have a large body of private practitioners to fall back upon. There are only about 1,400

licensed physicians in the South. Fewer than 170 of them are in private practice, and most of them are in Saigon and a few other large cities. In addition to the 232 doctors in Health Ministry positions, some 1,000 are in military uniforms. The need for a constantly expanding corps of medical workers is illustrated by raw statistics indicating the nation's birth rate averages 43.7 per 1,000 population compared with a death rate of 12 to 15 per 1,000. Despite wartime conditions, South Viet-Nam has an estimated 3.2 percent rate of population increase per year, a rate higher than most Southeast Asian countries.

HOSPITAL CONSTRUCTION

South Viet-Nam's Health Ministry, which merged with the Ministry of Social Welfare and Relief in the spring of 1968, now has nearly 17,000 personnel and an annual budget (1968 fiscal year) of 2.870 million piasters (US\$23,322,000). Its personnel have seen the treatment of civilian hospital patients rise from a monthly average of 30,000 in-patients in 1966 to 40,000 in-patients and 175,000 out-patients a month by the end of 1968. But the number of hospital beds has failed to keep up with the demand, so construction of new and expanded public health facilities is one of the ministry's most urgent projects. With completion of six new provincial hospitals in recent months, Health Ministry hospitals now have a capacity of 16,000 beds, and two new hospitals are nearing completion. This construction program since 1967 has cost US\$3,890,000 plus 142 million piasters. In addition, since 1963 a total of seventeen surgical suites have been constructed and major improvements made to surgical suites in eleven other provincial hospitals. Three centers for the care of amputees, the blind and other handicapped persons have been opened in recent months, along with a plastic surgery center catering principally to children. Twenty-two Saigon dispensaries have been renovated in the last year. Some 221 maternity clinics have been built at district and village level in the past two years, with another 105 due to be constructed and staffed this year. Eleven provincial hospitals have undergone major renovation in the past three years. All but one of Viet Nam's forty-four provinces (Hau Nghia) now have provincial hospitals, and Hau Nghia has a government dispensary. There are also fourteen public hospitals in the six autonomous cities, and 1,176 maternity-dispensaries in smaller communities.

The Republic of Viet-Nam has had international support in this construction program—material and financial as well as technical aid from such nations as Canada, Germany, China, Japan, Korea, Australia, Thailand, England, New Zealand, the United States and other free world countries. In the area of direct patient care, forty-one provinces now have medical teams from free world

countries in civilian hospitals. These teams are made up of about 400 free world civilian doctors, nurses, technicians and administrators, as well as some 350 military personnel — mostly U.S. and Korean—assigned to the civilian health program.

MEDICAL TRAINING

Equally as important as hospital construction and the recruitment of practitioners to care for the Vietnamese in the countryside is the training of medical personnel for the future. Twenty schools of medicine in America are providing faculty consultants to help in a program to increase the number of Vietnamese physicians graduated by the Saigon University Faculty of Medicine to nearly 200 annually by 1970. In 1968 there were 187 graduates, but twenty-six of them were seniors from the Huê Medical School transferred to Saigon along with Huê faculty members after the communists' Têt offensive of February 1968 badly damaged Huê University.

A similar training program is underway in Saigon in the field of dentistry.

Also in 1968, 108 nurses were graduated from three-year courses at the Cho Ray Hospital in Saigon and the Huê Nursing School. In the last four years, assistant nurse training schools have increased from two to nine, and last year they graduated 437 young women with one year's training.

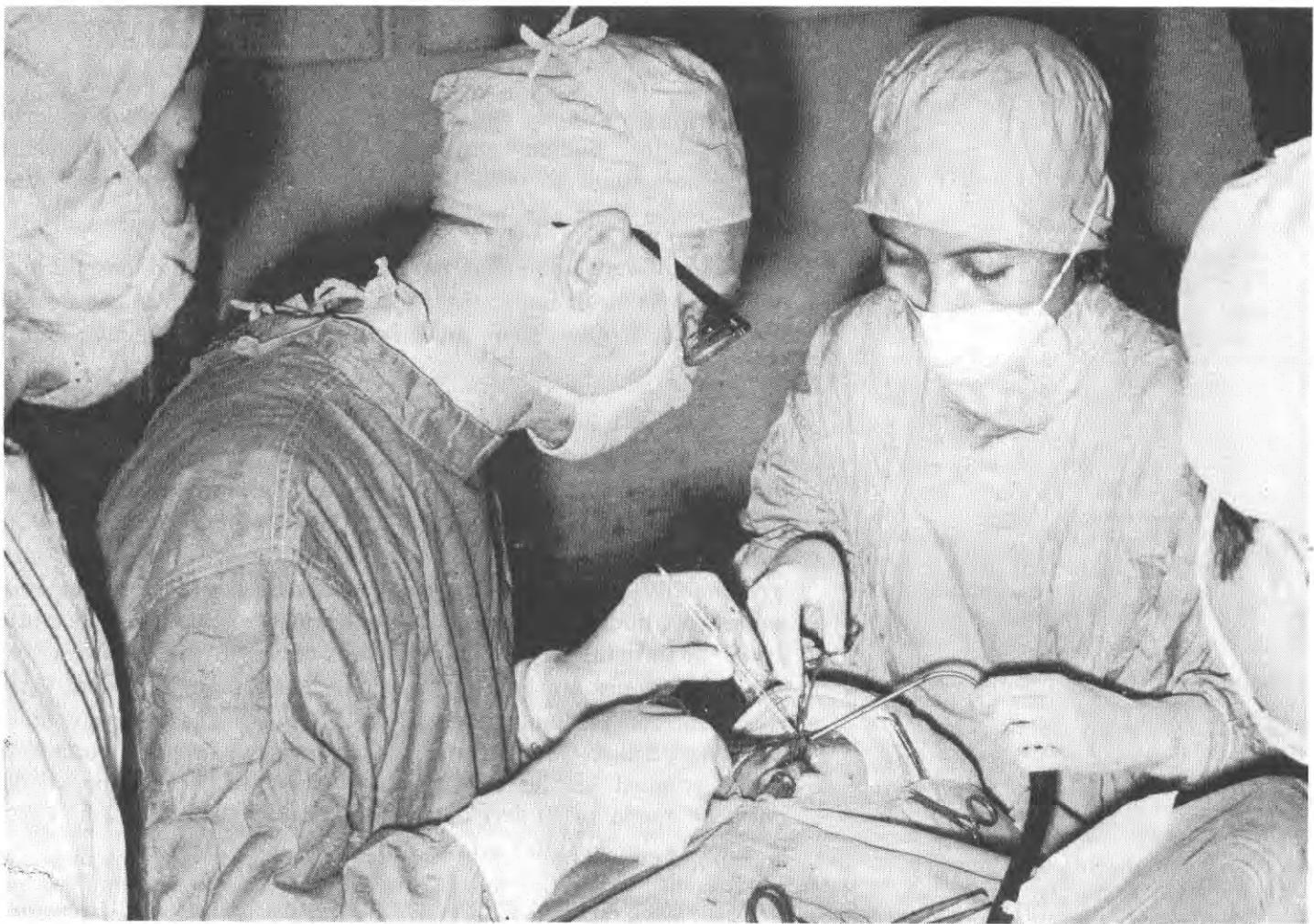
PREVENTIVE MEDICINE

With free world assistance, the Health Ministry is waging a continuing battle against such contagious and endemic diseases as smallpox, cholera and plague. In 1966, immunization against these diseases totaled 4,100,000 and the nationwide program has been stepped up every year since then. In the first four months of 1968 alone, the distribution of nearly nine million doses of vaccine was credited with the prevention of major smallpox, cholera and plague epidemics in the wake of the communists' February and May offensives, which touched off large-scale refugee movements and increased sanitation problems. In all of 1968 more than 16 million immunizations were given. And for the first time in the nation's history a national plague control program was initiated in twenty-nine provinces that year. Ninety-seven supervisors were trained in plague control and sent wherever plague was known to be endemic. Some 640,000 pounds of insecticide were shipped to the provinces, and dusting was carried out even in Viet Cong-infested villages for a few hours a day as security conditions permitted. At the same time the Health Ministry increased its

spraying, surveillance and research programs to combat malaria, once stabilized but now requiring extra control measures because of the movement of infected North Vietnamese Army and Viet Cong troops from the highlands to the lowlands.

Preventive medicine is an important part of nation-building, not only because it improves the health and strength of the people, but because it gives them an example of the government's efforts in their behalf.

The Health Ministry is branching out into new fields. Recently a group of senators toured the 255-bed Cholon maternity hospital to learn about a pilot project initiated by the ministry. It is designed to introduce the concept of patients contributing according to their ability to the cost of medical treatment. Previously—and traditionally—all medical care in Vietnamese government hospitals and clinics had been at government expense. Under the pilot program the patients pay, but the charges cover only a small fraction of the cost. Fees are graduated in five levels from a Special Class charge of 250 piasters (US\$2.10) to a Fourth Class charge of 40 piasters (US\$0.30) a day. But it is tradition more than poverty that is the greatest barrier to expansion of the project. « The people must be made to understand, » said the Health Minister, « that it is for better hospital service that they must pay. »



An international team corrects a Vietnamese child's hare lip. From left: Miss Sue Morrow, an American nurse; Dr. Harry Williams, a surgeon from India, and Dr. Tu Thai My, a Vietnamese trained doctor.

MORE DOCTORS FOR VIETNAM

The number of physicians in South Vietnam should more than double in the next 10 years, thanks to a dedicated and well-trained faculty at the University of Saigon and a unique program of university-to-university aid.

Last fall more than 4,600 students sought to enroll in the university's Faculty of Medicine. Less than 10 per cent were admitted to the pre-medical program. Upon completion of pre-medical training and six years of medical school, at least 35 per cent and possibly 45 per cent will graduate. Currently the Saigon school is graduating about 160 me-

dical doctors a year, but expects to increase that rate to 200 annually by 1972. Within the next decade, from 1,600 to 2,000 new physicians will pass through the school.

Today, to care for 1,050,000 uniformed combatants and 16,350,000 civilians, South Vietnam has fewer than 1,600 medical doctors in residence. Of them 410 are in civil service, including 92 on the medical school faculty and 232 on the staffs of Ministry of Health hospitals, dispensaries and other medical facilities. About 1,000 Vietnamese doctors are members of the armed forces (although 149 of these uni-

formed physicians currently are on the staffs of civilian medical facilities, 68 treat patients in both civilian and military facilities, and 24 are medical school instructors). Only about 175 physicians are exclusively in private practice, most of them in Saigon and a few of the larger towns. «Moonlighting» after hours by civil service physicians helps to meet the need for additional specialists in private practice.

In 1968 Saigon University's Faculty of Medicine dean, 50-year-old Professor Pham Tan Tuoc, saw 217 of his young men and women

One doctor per 26,500 citizens now

students complete their six years of medical education, and 164 of them had their theses accepted for the degree of Doctor of Medicine. In the 12 years from 1957 through 1968, the school educated 1,079 students, of whom 970 successfully completed their theses. Thus nearly 60 per cent of the nation's current corps of physicians are relatively young in years and modern in practice, having received their training in Saigon within the past dozen years.

500 more M.D.s

In addition, Hue University's new medical school graduated its first class of 25 doctors during 1968. But much of the final year's work had to be completed in Saigon, where many of the students and faculty moved after the communists' Tet offensive of February 1968 devastated the Hue medical school's campus. Other Hue University faculties have resumed their normal curricula in Hue, but the Faculty of Medicine remains in borrowed quarters 640 kilometers away. The medical school hopes to return to Hue this summer.

If the move is made on schedule, and if Hue University's plans to graduate 50 doctors a year materialize, another 450 to 500 physicians will be added to Vietnam's total by 1979. By then the Republic's population should reach 22,500,000, giving the nation about one physician for every 5,626 citizens. Today there is one for every 10,875 citizens, but this figure is deceptive if used in comparison with other countries' statistics. It does not indicate that the majority of South Vietnam's doctors (51 per cent) are treating a minority of the population (the six per cent in uniform). This is a natural enough situation for a nation at war. But a more significant set of statistics has been cited by the former Health Minister, Dr. Tran Lu Y. Excluding military doctors, he

says, the ratio of government-employed physicians to the general population was one per 55,000 citizens in 1964 and one to every 39,000 in 1968.

In 1968 there were 410 doctors on the civil service rolls. Dr. Lu Y singled out only government physicians in calculating his statistics because in a society where private doctors and clinics catering to the more affluent have such a minimal impact, it is the government doctors who are providing essential services for the great majority. His figure of 1:39,000 was calculated prior to the recent agreement between the Ministries of Health and Defense by which 24 uniformed doctors now are teaching medicine, 149 are treating civilians and 68 are treating both civilian and military patients. In effect, then, 617 physicians (including half of the 68 uniformed doctors treating both civilians and military) are responsible for the well-being of 16,350,000 civilians. This is a ratio of one doctor per 26,500 citizens.

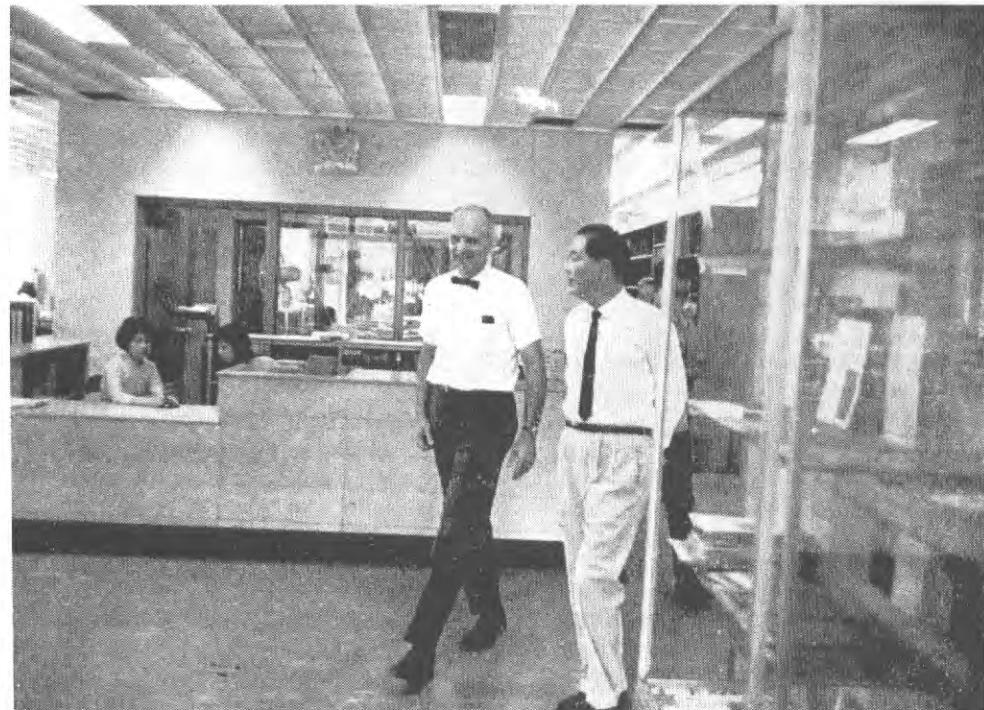
The situation is not as dire as it might seem on first glance, for these 617 physicians are not the only practitioners taking care of the man in the street. There are approximately 400 civilian and 350 military medical personnel from the United States and other free world nations working at provincial hospitals and dispensaries under the aid program. And there are about 10,000 *lang y* or practitioners of oriental medicine, only 800 licensed, most of them poorly educated, ill-trained or self-trained. Not even the poorer hamlet or lower-class urban citizens who patronize them dignify these practitioners with the respected title of *bac si*, or doctor, but their services nevertheless are in heavy demand. And there are the practical nurses, about 30,000 women and some men — too many of them inspired more by mercenary than humanitarian motives — who specialize in cure-all inoculations, with or without a doctor's prescription. But principally backstopping the 617 medical doctors treating civilians are the 1,267 fully



In next few years there should be enough doctors to take care of health of these children drinking their morning milk in Can Tho school



The medical center of Saigon University's Faculty of Medicine, located at 217 Hong Bang street in Cholon. Below: Prof. Pham Tan Tuoc (right), dean of Faculty of Medicine, chats with Dr. Norman W. Hoover.



qualified nurses and 1,559 assistant nurses at Ministry of Health facilities around the nation. They treat the great majority of ills and refer more serious cases to the nearest medical doctor.

Training for Vietnam

More important than the number of physicians joining the profession is the fact that those who survive the tough academic regimen at the Saigon medical school are trained at a level of competence equal to that of the more advanced nations, and with a thorough clinical grounding in the medical needs of Vietnamese patients. Vietnamese students now are trained by Vietnamese doctors to treat the diseases found in Vietnam. That may seem only the natural way to be expected, but for Vietnam it is still unusual. Until

recent years young men and women wishing to spend their lives in medicine studied basic sciences in Vietnam for a year or two, then went to France, other European countries, Australia or the United States for advanced clinical and specialty training. Those who returned to Vietnam — and many did not — were skilled in medical problems and techniques of the advanced industrial societies, but knew little of the medical realities of their own country. In the industrially advanced countries such diseases as tuberculosis, malaria, malnutrition, plague and cholera are rare while diseases affecting an older population are common: cancer, heart failures, kidney troubles and arterial sclerosis. Many young Vietnamese doctors found their foreign training almost useless when they came home.

The University of Hanoi began teaching medicine during World War I. The instruction was sound and the curriculum excellent, but the results were little different than if the students had gone to Paris, for the teachers were French doctors. The university flourished between the wars, and as it gained a reputation throughout Asia as a fine medical education center it acquired a number of Vietnamese faculty members — former Hanoi University students, in most cases. An offshoot branch of the university was established in Saigon in 1947, but it offered only one- and two-year basic sciences curricula for pre-medical students. Clinical work had to be done in France or Hanoi.

When the communists took over North Vietnam in 1954, most of Hanoi University's medical students and faculty fled to Saigon. They integrated themselves in the basic sciences & pre-medical school in the southern capital, installing what equipment, instruments and textbooks they had managed to carry from Hanoi. Scattered among 17 sub-campuses throughout the city, they founded what now is the Saigon University Faculty of Medicine. The initial enrollment was 607 students and more than half were refugees from the North. The first class was graduated in 1957. «Never be-

fore in history has an entire medical school moved under such trying conditions, yet never skipped a beat in its rhythm of instruction,» says Professor Tuoc. The dean himself is a 1948 alumnus of the Saigon pre-medical school who did his advanced study in Paris.

The School Grows

From these small beginnings the medical school grew rapidly. By 1968 it had an annual budget of 28 million piasters. This year it will spend 41 million piasters (US\$347,458) and has an enrollment of 1,179.

Officially the language of instruction is Vietnamese but in practice it is given in any language preferred by the individual teacher. Because Vietnamese is not considered precise enough for detailed discussion of scientific matters and has not yet developed a scientific vocabulary, instruction usually is in either French or English, both languages rich in published medical texts. Occasionally a teacher will use all three languages to get across a difficult point, but the trend is toward greater use of English. One of the extracurricular programs of the medical school is advanced English training for students to study abroad or do research in English-language libraries.

With no teaching hospital attached to the campus, the students must do clinical work in nine Ministry of Health hospitals scattered throughout Saigon and surrounding Gia Dinh province.

«We have a wealth of clinical resources,» says one doctor. «We see cases here every day that one would rarely see in France or England or the United States. The young students learn to face the medical problems of the people: cholera, malaria, tuberculosis, malnutrition, war wounds, plague and ailments peculiar to a tropical climate.»

Students observe patients and therapy at varied types of hospitals: internal medicine and neurosurgery at Cho Ray, obstetrics and

gynecology at Tu Du and Hung Vuong, leprosy and psychiatry at Cho Quan, emergency treatment at Saigon City Hospital, pediatric surgery at Nhi Dong, and general surgery and orthopedic work at Binh Dan. (This last hospital's entire professional staff is on the teaching roster of the medical school.)

Because the nine hospitals are overcrowded with patients and strained in facilities, none has sufficient space for adequate instruction of medical students. Early in the school's career in Saigon it became obvious that it needed both a centralized campus and a teaching hospital. The Saigon government concluded a contract through the U.S. International Cooperation Administration (ICA) in 1956 for evaluative studies of a medical education center in Saigon. The result was a plan, evolved with the help of Dr. Robert Jason of Howard University in Washington, for building a basic sciences complex and a teaching hospital.

Ground was broken in May 1963 for the basic sciences complex at 217 Hong Bang street in the Cholon section of Saigon. The U.S. aid program provided equipment and imported materials while the Vietnamese government supplied local materials and labor. The complex was completed in late 1966 and opened its doors in 1967. The total cost was a modest US\$ 4,500,000 for three modern, interconnected buildings with well lighted classrooms, laboratories with new equipment and instruments, three large auditoriums, a well-organized library and a student cafeteria.

Plans now are being made for the second part of the campus development plan, a 500-bed teaching hospital. Bids have been taken for architectural and engineering studies of the new hospital, to be built on the school's Cholon campus. Design work is expected to take about 18 months, with construction starting in early 1971. Expenses are being shared by the Ministry of Education and the U.S. aid mission.

«Only 15 per cent of the appro-



Students at work in the chemistry laboratory of a Saigon secondary school. Much encouragement is given them to take up medical studies upon their graduation and help solve the critical shortage of doctors in Vietnam.

ximately 400 fifth-and sixth-year medical students in Saigon now receive adequate clinical training," says an American consultant. "The new hospital will train a higher number, permit the introduction of new teaching methods, and relate medical training much more effectively to the health needs of the community."

Teaching Shortage

Ever since the nucleus of the Faculty of Medecine moved to Saigon a major problem has been shortage of qualified faculty members to meet the school's expanding requirements. Early in the program, selected students were earmarked as potential faculty members and special programs were designed for them, including specialist training at home and abroad. Eighteen such stu-

dents now are in resident positions in various Saigon hospitals, 12 are doing post-graduate work at the university, and 15 are receiving advanced training abroad, almost all in the United States.

The war's mobilization demands have added to the manpower problem. All students of the medical school are required to serve in the armed forces on graduation. It was only recently that the Ministry of Defense agreed to release 24 doctors for duty as instructors at the medical school, thus increasing faculty strength to 116. About half of these 24 teachers had previously been assistant instructors at the school before joining the army. The university now is discussing with the military a plan to make the assets of the army's excellent medical service and some of its hospitals available for utilization by medical school students.

The school's faculty includes 88 members with ranks equivalent to full professor, associate professor or assistant professor. Fifteen are *professeurs titulaires* and all 15 hold the advanced French degree of *agrégé*. Seven are *professeurs délégués* and 66 are *chargés de cours*. All are Vietnamese except Dr. L.M. Lichtenberger, a genetics specialist from Belgium.

Special training for outstanding students to groom them for teaching posts has helped maintain a well-qualified faculty, but additional measures had to be taken to insure continued faculty development and curriculum improvement. Dr. Lawrence A. Pratt of Detroit, Michigan, on contract to the Agency for International Development (U.S. AID, the successor to ICA) as a visiting professor of surgery, keenly felt the need for a new approach to the problem of developing a Vietnamese faculty of high caliber. When he returned to the United States in 1966 he discussed his ideas with scholars at 15 of the nation's major schools and medical organizations. The result was a university-to-university cooperative plan unique in the field of medical education.

The plan called for a single department of a noted U.S. medical school — the department rated as outstanding in that field — to work in cooperation with the corresponding department in Saigon University's Faculty of Medicine. Seventeen departments of 14 U.S. schools now are linked directly with 19 Saigon departments (in addition to a special library-development program which involves additional U.S. and Saigon departments). The program is coordinated by the American Medical Association (AMA) with support from U.S. AID. Helping Professor Tuoc administer the Vietnam end of the program is Dr. Norman W. Hoover, an orthopedic surgeon from the famous Mayo Clinic in Rochester, Minnesota, who heads the AMA program office at the Saigon school.

The University of Colorado's medical school has its dermatology department and its otolaryngology

department working with the two corresponding departments in Saigon. Georgetown University's physiology-pharmacology department is aiding Saigon's separate physiology department and pharmacology department and Georgetown's neurology department is linked with the same Saigon department. The University of Louisville has its histology-anatomy department working with Saigon's separate histology department and anatomy department. The University of Oklahoma's parasitology department is cooperating with the same department in Saigon, and Oklahoma's preventive medicine and public health department is aiding the corresponding department in Saigon. Other university departments participating in the program include the University of Nebraska (biochemistry), Washington (microbiology), Missouri (pathology), Emory (anesthesiology), Michigan (internal medicine), Yale (neurosurgery), Medical College of Georgia (obstetrics-gynecology), Texas (pediatrics), Pennsylvania (radiology), and Duke (urology).

«If you could ever gather these U.S. departments together in one school,» remarks a Saigon doctor, «you would have the finest medical educational institution in the world. Now all their talent, the superb teachers and research skills and experience, are available to develop our faculty here in Vietnam.»

Exchange of Teachers

There is no rigid, structured pattern governing the department-to-department aid program. The heads of a Saigon department and the corresponding American department plan together what is needed to improve the faculty and facilities of the Saigon department. In many cases this calls for visits by Vietnamese professors to the U.S. department, where they may work as resident physicians or take an observation tour or study new research findings and work techniques. Often a faculty member from the U.S. department will come to Saigon for

conferences and study of the staffing problems or to hold special classes in his specialty for teachers or potential teachers. Whatever each Saigon department needs for improvement usually can be worked out in joint efforts.

The benefits of this new approach are many. In other countries where foreign aid has been given medical schools, there has been a tendency toward domination of the administration and curriculum by foreign professors. In Vietnam there is no such domination. Saigon's professors are Vietnamese, carefully selected, and they are trained in Vietnam's medical needs. Instruction to the student body is given by the Vietnamese faculty. The AMA-coordinated aid program aims only at raising the caliber of the teaching staff and teaching facilities. Visiting faculty members from the U.S. departments work only as assistants and advisers to the Vietnamese faculty members who are responsible for teaching Saigon's medical students. The distinction is an essential part of the plan, for the objective is not to Americanize the school or the medical profession, but to keep medicine an indigenous institution tied to the needs, the climate and the environment of the country. Actually, preventing perpetuation of French methods unsuited to tropical Vietnam is more of a problem today than checking any creeping Americanization of teaching concepts. Of the 116 Saigon faculty members, for example, only one earned his medical degree in the United States.

In other countries where aid programs have arranged for faculty members to go abroad for advanced training, many remained in foreign lands. This «brain drain,» as it has been called, severely taxed the educational resources of the developing countries. Under the AMA-coordinated program, most Vietnamese doctors are trained in Vietnam. Selected faculty members or potential teachers who go abroad for additional training are so involved in a carefully programmed schedule tied to their teaching tasks that the «brain drain» has been practically nil.

Only one man out of the 60 sent abroad under the program to date has failed to return to Vietnam, and there were extenuating personal circumstances in his decision. Forty-one already have returned to resume teaching or take up new teaching positions. Three have returned with the decision to quit medicine. The rest still are in training abroad.

No 'Brain Drain'

«We have ended many of the evils of previous aid programs in other countries,» says Dr. Hoover. «We have eliminated the «brain drain» so that the medical school does not lose its faculty or potential young teachers and the nation does not lose its doctors. We have stopped what might be termed the pervasive Americanization of a foreign medical faculty. Here it is a Vietnamese faculty and a Vietnamese program. No one foreign school dominates the development of the Saigon school. Instead we have a variety of schools, each aiding a specific department. The result is strong, healthy growth of each department without stamping a foreign brand on the entire school. With careful selection, Saigon University is developing its finest young students to become the future faculty members. By having top-ranking departments of the best U.S. medical colleges assist in training these young teachers, Saigon University will soon possess one of the finest teaching staffs in Asia.»

Professor Tuoc is looking even farther into the future than Dr. Hoover. «When peace comes and most of those well-trained and highly experienced medical doctors are demobilized from the armed services,» he says, «Vietnam will be able to boast of one of the best ratios in Asia between resident physicians and population. Not until every one of our 2,130 villages has at least one medical doctor in residence will we begin to be satisfied with the size of our medical profession. As for its quality, we at Saigon University will continue to do our best to maintain high training standards.»

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