

Vietnam Feature Service

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Improving steadily . . .

PUBLIC HEALTH IN VIETNAM

Medical care in South Vietnam has improved so much in the past decade that the Ministry of Health this year has been able to give more attention to preventive medicine and other aspects of public health. Although the grave medical problems of Vietnam are far from solved, the upgrading of facilities and the increase in professional personnel have contributed greatly to improved medical care for the growing population.

With increased security throughout the nation in 1970 the medical care program was able to reach a greater number of patients than ever before. Admissions to all Ministry of Health (MOH) hospitals increased from 526, 000 in 1969 to more than 570, 000 in 1970. At the same time, civilian war-related casualty admissions dropped as a direct result of the increased security from an average of 4, 935 a month in 1969 to 4, 132 in 1970.

The most significant factor in easing the critical shortage of medical personnel available to treat Vietnam's civilian population is the "joint utilization program" begun in July 1969. Under this program, coordinated by the Ministry of Health and the Ministry of Defense, military and civilian health facilities are being used jointly. By the end of 1970 the program had been extended to 26 provincial hospitals and 192 district health services. The number of Vietnamese physicians staffing the 26 participating hospitals increased from 40 in 1969 to 137 in 1970. A total of 3, 700 medical personnel from the

Ministry of Defense were assigned to provincial hospitals and district health services, almost doubling the number of medical personnel available for civilian care.

In 1971 the benefits of joint utilization are being extended to the provinces not originally participating. Vietnamese military facilities in these areas now are treating civilian patients as required.

A spokesman for the Ministry of Health explained the advantages of the joint utilization program this way: "Of the estimated 1,600 physicians in Vietnam, more than 1,000 are in the military. We had the facilities; the military had most of the doctors. Under the joint utilization program, military patients are treated in MOH hospitals where military facilities are not available. But civilian patients are the greatest beneficiaries. By so greatly increasing the number of medical personnel available in the understaffed provincial hospitals, the care of civilian patients has improved immeasurably."

The program was carried out in two phases.

During the first phase, completed in December 1969, the staffs of 13 provincial hospitals that had adequate facilities were integrated with military medical personnel. During the second phase, completed in June 1970, ward construction added more than 1,000 beds to 13 more provincial hospitals and the joint utilization program was extended to them. In the future, even more personnel from the Ministry of Defense will be assigned to civilian medical facilities at province and district levels. Over the next four years, 200 additional military physicians will be transferred to the MOH.

An unanticipated side benefit of the joint utilization program was revealed in a report released in February 1971: the number of cases requiring medical evacuation from one province to another for adequate medical care was cut nearly 45 percent. In 1969, 970 patients were "medevac-ed" -- evacuated by helicopter for medical reasons. The total for 1970 fell to 550. There are two advantages resulting

from this reduction. As U.S. troops continue to withdraw from Vietnam, the number of helicopters available for medevac missions is decreasing. And by keeping the patients in their native provinces, the workload on the hospital staffs is reduced. In Vietnam a patient is traditionally cared for by a member of the family who stays with the patient in the hospital. In cases where the patients are in distant hospitals, the short-handed staffs must take over the family role.

U. S. Hospitals

Medical care for the civilian population has also improved with the development of a referral system for the admittance of civilian war-wounded patients to U.S. military hospitals in Vietnam. Because the U.S. hospitals are well-equipped and staffed, they have been able to provide sophisticated surgical care for the seriously wounded that might otherwise not have been available. At U.S. military hospitals throughout Vietnam, 1,100 beds are authorized for use of Vietnamese civilians, primarily those with war-related injuries.

The Saigon government has requested that some U.S. medical facilities be turned over to the MOH when they are no longer needed by the U.S. military. So far such excess facilities have been turned over to the ARVN (Army of the Republic of Vietnam) to meet military requirements. There are efforts being made to transfer some of the hospitals to the MOH in the future. The Agency for International Development (U.S. AID) is helping with the negotiations. But a U.S. AID official cautions, "Great care must be taken to insure that any property thus acquired by the MOH can indeed be utilized. For instance, U.S. military facilities are often located far from the larger urban centers where a majority of the population needing health services lives. In addition, the structures are not normally of a permanent type. Because of their construction and their location, they usually require air-conditioning and often their own electric power system, greatly increasing the cost of their operation."

By Western standards, most Vietnamese hospitals would be rated from poor to fair from a functional and physical standpoint. The MOH does not have the resources now to change this greatly, but long-range improvement programs have been started. With the aid of the United States and other free world countries, new hospitals have been built and existing facilities have been expanded.

Under the "impact hospital" project, eight hospitals have been constructed in outlying regions that previously had inadequate hospitals or none at all. The latest such hospital, completed in November 1970, is situated in Gia Nghia in the remote Central Highlands province of Quang Duc. Gia Nghia's old hospital was destroyed by Viet Cong guerrillas in January 1969. Since that time the staff had been operating from temporary quarters, first in tents, later in makeshift wooden buildings. Patients requiring major treatment had to be evacuated by air to Ban Me Thuot, 100 kilometers to the north. This is no longer necessary because complete facilities are now available at the new hospital.

The other new provincial hospitals already completed are located in the provinces of Lam Dong, Phu Bon, Binh Tuy, Chau Doc, Binh Dinh, Chuong Thien and Kien Phong. The eight hospitals range in capacity from 80 to 140 beds, with an average of 100 beds. All are single-story, cement-block buildings on concrete foundations with composition tile roofs, connected to subsidiary structures by covered breezeways. The simple design of the hospitals will facilitate later expansion if necessary. Only one of Vietnam's 44 provinces, Hau Nghia, now lacks a major hospital and Hau Nghia has several large dispensaries and easy access to Saigon's metropolitan hospitals 40 kilometers from the province capital.

Almost all of the districts and many of the villages in Vietnam now have medical dispensaries and maternity clinics. They provide a minimum of medical care; serious cases are sent to the provincial hospitals.

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With an allocation of 57,060,000 piasters^{1/} in 1970,

1/ The "accommodation exchange rate" established in October 1970 is 275 piasters per US\$1.

an additional 23 district maternity centers and 43 village maternity centers throughout the country have been completed or are under construction.

Training Physicians

In the overall program to improve medical care, upgrading facilities is only one phase. The most pressing problem faced in providing medical care to the civilian population is the shortage of adequate manpower. The joint utilization program helped to alleviate this, but it is a problem far from being solved. According to an MOH spokesman, Vietnam has one physician for every 10,000 people. The goal over the next 10 years is to provide one for every 5,000 people. (In comparison, the ratio in the United States is one to 800.) Vietnam is still ranked among the lowest of the developing countries in the number of trained medical personnel relative to the total population, but the future looks promising.

The University of Saigon Faculty of Medicine is by international standards a very large medical school, enrolling 1,400 students. Its graduating class (226 in 1970)

is one of the largest in the world. Hue University meanwhile has been graduating 25 to 30 new physicians annually for the past two years. The graduation of more than 250 physicians annually from these two medical schools is resulting in a 12.5 percent increase in Vietnam's ^{2/} physician strength each year. ^{2/} Graduates of Saigon University's Faculty of Dentistry are also increasing: from three in 1960 to 37 in 1970. In both dental and medical education, particular emphasis is being placed on upgrading the quality of teaching and patient care and the development of a modern curriculum. The in-country training programs have reduced the time and funds necessary for overseas study.

Since 1966 consultants from 14 leading American universities, under a program coordinated by the American Medical and American Dental Associations, have been providing technical advice to the Faculties of Medicine and Dentistry at Saigon University. During 1970,

2/ See the Vietnam Feature Service release (TCB-093) of April 1971, "Decade of expansion for HIGHER EDUCATION IN VIETNAM."

29 American professional and 12 technical personnel provided assistance in the basic and clinical sciences at the Faculty of Medicine. Five Vietnamese faculty members visited the American medical schools with which they have counterpart relationships to observe U. S. teaching methods. American military doctors and other medical personnel also help augment the staff of more than 200 by teaching classes at the Faculty of Medicine on a voluntary basis.

Other improvements are strengthening the quality of medical and dental education. The medical science library has been expanded considerably over the last two years. At the beginning of 1968 the library contained approximately 4,000 French volumes and 1,500 English volumes. By the end of 1970 the library had 7,302 English volumes, 4,547 French volumes and 32 Vietnamese volumes. A bookstore has been established that during the 1969-70 school year sold 6,350 books to medical students and 1,786 to dental students.

There has been a steady increase in the number of medical personnel in other fields. Eleven schools of nursing have been opened, nine of them with U. S. AID assistance, and in 1970 they graduated a total of 598 nurse technicians and assistant nurses. (The nurse technician course is three years; the nurse assistant course is one year.) A significant improvement in patient care at MOH hospitals began with the implementation of 24-hour wakeful nursing care instead of only guard-duty nursing at night. Nurses are also being released from other than patient care responsibilities such as laboratory technology and pharmacy duties. Assistant technicians, graduates of a one-year course, are taking over many of these assignments. Although nursing care is still below Western standards, the groundwork has been laid for continued improvement.

In 1970 there were 542 graduates of the University of Saigon Faculty of Pharmacy, an increase of 235 over the 1969 total. This would be more than an adequate number to staff all hospital pharmacy services. However,

many graduates were drafted, and others chose the more lucrative fields of retail sale, manufacturing and import of pharmaceuticals. Efforts are underway to upgrade the civil service status of pharmacists so positions with hospital pharmacy services will be more attractive.

Foreign Medicos

As a result of the increased capabilities of the Vietnamese in the field of medical care, it has been possible to reduce the number of foreign medical personnel. Those who remain in Vietnam still provide invaluable medical and humanitarian aid, but in many cases they are taking more of an advisory role except in specialties such as surgery, where the need cannot be filled from available manpower sources. Many countries have contributed not only personnel but materials and financial aid for hospital construction and improvement. This aid has come from Canada, Germany, China, Japan, Korea, Australia, France, England, New Zealand, the United States and other free world countries.

An American health adviser recently summed up the changes in the medical assistance program this way: "The early employment of AID personnel was in an advisory role. With the rapid buildup of U.S. forces and the intensification of hostile activity, it was realized that the emphasis must change from a purely advisory role to an operational one. Depleted GVN (government of Vietnam) medical capabilities required direct assistance in caring for the large number of civilian war casualties and refugees generated by increased hostilities. Consequently, wholly or in part under AID sponsorship, free world countries were invited to send in medical teams to care for civilians in provincial hospitals. Similarly, the U.S. Department of Defense assigned MILPHAP teams to U.S. AID to be located at provincial hospitals to treat civilians. With the successful implementation of the joint utilization program, however, and the gradual lessening of hostilities, the need for operational involvement is decreasing."

It was possible in the 18 months prior to December 1970 to reduce U. S. Military Provincial Health Assistance Program (MILPHAP) teams from 359 to 175, a 48-percent reduction. The remaining teams are tailored to meet the needs of the particular hospitals to which they are assigned. During the same 18-month period, the number of personnel in the Korean and Republic of China medical teams was reduced from 137 to 116.

One of the many U. S. medical assistance programs is the American Medical Association-coordinated Volunteer Physicians for Vietnam, which began in July 1966. Since that time, according to Dr. John Erben, the program's Saigon director, "the equivalent of 750 man-years have been put into the program, with approximately 800 volunteers working from one end of Vietnam to the other in the last six years." Each of these volunteer physicians, specialists from many fields, spends a minimum of two months in Vietnam, almost all of them working at provincial hospitals.

More than 50 of the physicians have returned for second or even third tours. Some have been so influenced by their experience that they have returned permanently with other agencies. But a few, working under less than desirable conditions, have indicated no desire to return even if they could afford to leave their private practices again. One of the more disillusioned doctors commented that he felt his work accomplished no more than "putting a finger in the dike." But Dr. Charles Bowers, who returned for three tours as a volunteer surgeon, has seen much improvement. After completing his last tour in Can Tho in July 1970, he said, "The staff surgeons there are assuming more of a teaching role now and are much more obviously aware of their responsibilities to the externes (fifth- and sixth-year medical students). Great improvement in their surgical techniques as well as in their pre- and post-operative care is evident over the past several years. In some areas, these improvements are striking."

Medical Teams

In addition to the Chinese and Korean medical teams under direct U.S. AID support, according to Dr. Nguyen Kien Ngoc, the chief of planning for foreign aid at the Ministry of Health, the following countries currently maintain medical teams at hospitals in Vietnam:

* Australia has sponsored a surgical team in Bien Hoa since January 1966. Teams in Long Xuyen and Vung Tau have now been phased out. The Australian government has agreed to rebuild the Bien Hoa provincial hospital at a cost of US\$1 million. Construction of the first phase, including a maternity building, is now getting underway;

* Germany has operated the 3,000-ton, 150-bed hospital ship Helgoland in Vietnamese waters since September 1966, first docked in Saigon and now in Da Nang. Construction will be finished soon on a 170-bed hospital in Da Nang to replace the ship before it returns to Germany;

* Iran, under the sponsorship of the Red Lion and Sun Society, has had a medical team in Vietnam since January 1966. The nine-man team is now working in Vung Tau;

* Japan has a team at the neurological surgical ward, which was built by the Japanese government, at Cho Ray Hospital in Saigon. There is also a team at Saigon Hospital;

* New Zealand sponsors medical teams in Binh Dinh and Qui Nhon. The team in Binh Dinh will leave this year;

* Philippine Military Assistance Teams, averaging 20 medical personnel each, are working in Tay Ninh, Hau Nghia, My Tho and Binh Duong;

* Spain has had a military assistance team in Go Cong for four years.

Other teams, such as the former Swiss team at the pediatric ward in the Da Nang provincial hospital and the former British team at Children's Hospital in Saigon, worked themselves out of a job by training their Vietnamese counterparts to assume the responsibilities.

In addition to aid from foreign government-sponsored teams, there are approximately 35 voluntary agencies ^{3/} that work in medicine, providing surgical, medical and dental treatment, hospital staff assistance, inoculations, professional counseling, on-the-job training or medical equipment and supplies.

In the field of physical rehabilitation, Vietnam's needs are great. Two centers -- the National Rehabilitation Institute (NRI) and the National Center for Plastic and Reconstructive Surgery -- have made considerable progress, but the backlog caused by many years of war is so great that it will be at least five years before all demands can be met.

The National Center for Plastic and Reconstructive Surgery, financed by grants to Children's Medical Relief International (CMRI) by U. S. AID, the government of Vietnam and private donations, is the world's first children's center for plastic surgery. It is the only center

3/ See the Vietnam Feature Service release (TCB-055) of October 1969, "Hands across the seas . . . VOLUNTARY AGENCIES IN VIETNAM."

in Southeast Asia to teach advanced plastic surgery techniques. The modern, well-equipped, 50-bed center, located on the grounds of Cho Ray Hospital in Saigon, opened in July 1968. Since that time 2,780 patients, most of them children, have been treated. Expert care is provided free of charge to any Vietnamese child suffering from crippling disease, war wounds, domestic accidents or birth defects. Plastic surgeons from around the world have volunteered to participate in the program.

Since the center opened an intensive program has been underway to train the Vietnamese professional staff to assume complete responsibility for the unit by June 1972. Four plastic surgeons, a pediatrician and an anesthesiologist are now in training. The nursing staff has already assumed a majority of the responsibility. According to Mrs. Elizabeth Ferrer, CMRI's administrator, there are now nine Western nurses and 26 Vietnamese nurses; one year ago there were 18 Western nurses and 13 Vietnamese. About 90 percent of the surgery is now being performed by Vietnamese surgeons.

The National Rehabilitation Institute, under the Ministry of Veterans Affairs, was designed primarily to serve military veterans, but now from 60 to 70 percent of those treated are civilians. According to available statistics, there are some 35,000 amputees and 31,000 blind persons in Vietnam, as well as those afflicted by various other physical disabilities. With the assistance of the World Rehabilitation Fund, the NRI has expanded the Saigon center through the establishment of vocational placement and medical rehabilitation facilities and opened regional rehabilitation centers in Da Nang, Can Tho and Qui Nhon. Every year the Saigon institute and its branch centers treat about 15,000 handicapped persons in a rehabilitation effort that begins with therapy, then counseling, extends through job training and frequently results in employment.

NRI's Saigon center has wards for physical therapy where amputees learn how to walk again, classrooms where the blind are "reoriented," vocational training classes that teach patients trades as varied as shoemaking and auto mechanics,

and workshops where artificial limbs are made. In 1970 more than 8,000 patients were fitted with prosthetic devices manufactured by NRI. Since its establishment in 1966, the institute has become the largest producer of artificial limbs in the world, with craftsmen completing about 400 legs, 60 arms and 150 braces each month.

American and Canadian therapists and a Chinese surgical team currently are working at NRI in rehabilitation programs and in a training program for Vietnamese. Under the training program, assisted by the World Rehabilitation Fund, 24 physical therapy aides have completed an eight-month course and are at work in rehabilitation centers, while 17 more Vietnamese are attending a one-year course that will enable them to become licensed physical therapists.

The NRI in Saigon and the CMRI often work together. In one example, last October a 13-year-old boy suffering severe burns and an above-the-knee amputation came to the NRI for the fitting of a prosthesis. Following the fitting and three weeks of training to use his new limb

in the physical therapy section, the boy was taken by a social worker to CMRI's surgery unit where he was admitted for plastic reconstructive surgery for his burns. Today the boy is able to lead a normal life.

Public Health

With the medical care and rehabilitation programs well established, the MOH is increasing the emphasis on public health programs. The new National Institute of Public Health in Saigon developed rapidly in its first year of operation, graduating 120 district health workers, 37 hospital medical records clerks and 20 midwifery supervisors during 1970. But the most significant accomplishment was the graduation of 36 public health assistants who will eventually be the primary agents working at the district level tying together the various programs for sanitation, communicable disease control, maternal child health and health education. In 1971, 190 students are scheduled to complete two-month courses and 220 students are enrolled in a one-year course. The institute will eventually train all public health workers in Vietnam.

Since 1966 considerable progress has been made in the control of communicable diseases in Vietnam. There are about 100 diseases in Vietnam that are considered infectious, many of them unknown outside of Southeast Asia. Diseases endemic to Vietnam, such as smallpox, cholera and plague, have been spread because of the war and its large-scale refugee relocations and troop movements, both enemy and friendly. With increased security in the countryside last year, immunization services were able to reach a greater number of rural people. In 1970, 7,200,000 doses of cholera vaccine were administered, plus 4,567,000 doses of plague vaccine and more than 4,000,000 doses of smallpox vaccine. Regular immunization service was made available in each district with the installation last year of refrigerators at district dispensaries, enabling them to keep a supply of vaccine on hand at all times. Although plague continues to be a problem, the national plague control program, started in June 1968 by the MOH, is reducing its incidence in endemic areas.

Tuberculosis is a major problem, and estimates of the percentage of the population afflicted vary widely. Health officials are concerned at the rising mortality rate. Tuberculosis control programs aimed at locating and treating persons afflicted with the disease are being expanded. Major tuberculosis centers are now in operation in Hue, Da Nang, Can Tho and Saigon, with centers planned eventually for each province.

Between 1963 and 1969, only 300,000 children under 12 received anti-TB inoculations. But on April 21, 1971, the lower house in Saigon approved a bill making parents responsible for insuring that their children are vaccinated against tuberculosis, diphtheria, tetanus and whooping cough before the age of 12. Penalty fines were authorized by the bill, which said that "recidivists will be sentenced to three days of prison." The MOH must supply vaccine, and schools as well as maternity services will be expected to share responsibility with parents.

A national control program is keeping the malaria rate at as low a level as possible. Potential major epidemics were averted in 1970 by the quick action of field teams when more than 190,000 refugees from Cambodia migrated to Vietnam in May and June. All new refugee housing was sprayed with insecticide and mass blood surveys were initiated to find and treat those infected with the disease.

Education Programs

With public health goes public education. For several years campaigns have been underway to encourage people to clean up their hamlets. A U.S. Army physician working with a MILPHAP team in Phan Rang, on the coast of central Vietnam, took part in one project. Later he reported: "Vietnamese and U.S. medics went to a village and initiated a program of improving public health facilities. This included educating the villagers in personal and public sanitation areas such as disposal of trash, human waste and garbage, in addition to starting a program of immunizations.

Once the hamlet was brought up to contemporary standards, the public health officers began to invite hamlet chiefs from neighboring villages in to visit. There are now several hamlets which have made drastic improvements and the ideas are spreading to other hamlets. Once something like this starts snowballing, effective public health becomes a reality."

Because programs such as this have been so successful, a national Sanitary Hamlet program was started this year. By the end of the year each province is scheduled to have three hamlets participating.

On April 28, 1971, the Minister of Health, Dr. Tran Ninh Tung, cut a ribbon dedicating Binh Long province's model sanitation hamlet. The 525 residents of Thanh Mau hamlet in Tan Lao Phu village had just completed a project in which they worked together to dig four community and 59 private water wells, construct 68 latrines, set up 12 garbage dumps and recondition 33 animal breeding sheds. All villagers were immunized against cholera and smallpox.

Because South Vietnam has an estimated 3.2 percent of population increase per year, a rate higher than most Southeast Asian countries, the MOH has established 16 family planning centers at government hospitals throughout the country. Rural health workers are introducing the concept of family planning in the hamlets and villages. Although birth control is still illegal under a 1933 law, contraceptive pills are sold in most drugstores. The government's family planning services are available to married women who have their husbands' consent and four living children each, or, in lieu of these, to women who have a medical referral. Legislation has been introduced to amend the 1933 law because many officials have become aware of the direct relationship between population control and national development.

It will be years before Vietnam's public health care is at the highest level possible, but health officials are confident that progress will continue.

As an American adviser who has worked closely with the MOH for several years points out: "That any nation engaged in an armed conflict on its own soil for as many years as South Vietnam can at the same time show improvement in services provided the civilian population is of itself a remarkable achievement."

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