

PD-ALG-751  
84333

USAID WAR VICTIMS  
ASSESSMENT VISIT TO  
VIETNAM

REPORT ON MEDICAL AND SURGICAL  
ASPECTS OF ASSESSMENT

A Report Prepared by PRITECH Consultant:  
WILLIAM D. OLDHAM, MD. M.P.H.

During The Period:  
APRIL 1992

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT  
Supported By The:

U.S. Agency for International Development  
CONTRACT NO: AID/DPE-5969-Z-00-7064-00  
PROJECT NO: 936-5969

AUTHORIZATION:  
AID/S&T/HEA: 08/23/93  
ASSGN NO: HSS 140-VE

11

**WAR VICTIMS ASSESSMENT VISIT TO VIETNAM - MAY 1992**  
**Report on Medical and Surgical Aspects of Assessment**  
by  
**William D. Oldham, M.D., M.P.H.**

**PURPOSE:** The activities established in 1991 in Vietnam with the FY 1991 War Victims funds dealt almost exclusively with improving and increasing the production and fitting of prosthetic devices through financial assistance to two U.S. non-governmental organizations (NGOs), namely, the Prosthetic Research Foundation of Seattle and World Vision International. These organizations channelled their assistance through the rehabilitation and prosthetic production centers of the Ministry of Labor, Invalids and Social Affairs (LISA).

In April 1992 a three member team was selected by USAID to assess the progress of the program and to explore new areas of need which might qualify for approximately one million dollars of additional assistance under FY 1992 War Victims funds. The team visited northern Vietnam (Hanoi to Danang) May 15 through 21. Two members of the team - Mr. Lloyd Feinberg, Team Leader and a senior staff member of the Office of Health, Bureau for Research and Development, USAID and Mr. Frederick Downs, Jr., Director of Prosthetic Devices and Sensory Services of the U.S. Department of Veterans Affairs - had visited Vietnam in July, 1991 to make the original assessment and recommendations from which the current program was developed. I was added to the team chiefly because I had served as a member of USAID's health program in Vietnam for eight years between 1966 and 1975.

Since I am surgically trained and have had experience in the development of health systems in the Third World, I was asked by Lloyd Feinberg to be particularly alert during the assessment to opportunities requiring medical or surgical interventions or training. Fred Downs would follow-up on the progress of the prosthetics program and make recommendations for improvement of this activity. Lloyd, as Team Leader and the individual responsible for USAID's management of the project, would be responsible for policy and management issues and overall conduct of the assessment, particularly where it involved negotiations with Vietnamese officials over the components and details of the design of the program.

**SITE VISITS & MEETINGS:** The team gathered in Bangkok and spent several days meeting with the USAID staff involved with the Indochina program and had an afternoon meeting with World Vision International at their Southeast Asia offices (on the sixth floor of a building without an elevator). WVI covered their rehabilitation support activities in Vietnam in depth. The discussion was lead primarily by Daniel Watkins, Director of Prosthetic Rehabilitation Projects in Vietnam, who later accompanied us on our visits to WVI supported projects in the North.

We spent six full days in northern Vietnam, arriving the afternoon of May 15. This was much shorter than the two weeks originally planned but as long a time as the Viets found convenient, considering the larger number of specialized U.S. military personnel who had recently come to Vietnam to work on the MIA problem as a condition in the normalization process. The Ministry of Foreign Affairs explained that their personnel resources were stretched too thin with this load and had asked Washington to delay our trip by a week and to cut short the length of our visit because of the MIA activities. We were met at the airport by a staff member of the Ministry of Foreign Affairs, Mrs. Doan Ngoc Lan, an attractive young woman with fluent English, newly appointed to the MFA.

On the first evening, we had a meeting with the Director of the Americas Department of the MFA, Mr. Le Bang, and his staff. A discussion was held on the details of the visit and Lloyd made a request for a MFA escort in order to loosen the grip LISA would have otherwise on our schedule. We wanted to see Ministry of Health facilities which support rehabilitation activities as well as LISA rehabilitation centers. Mr. Le Bang agreed and assigned Mrs. Lan as our escort. We were also accompanied on all our visits by an orthopedic surgeon, Dr. Huynh, who was an employee of the Ministry of Labor, Invalids, and Social Affairs (LISA).

On the second day, May 16, we met first with Dr. Ngo Van Hop, the Director of the Ministry of Health's Department of International Cooperation. He was a very nice man who remembered Lloyd and Fred from last year and engaged us in an open and friendly discussion about their needs in rehabilitation. He urged us to visit the Bach Mai Hospital's rehabilitation center. We agreed and he promised to arrange the visit.

We then visited the Phuong Mai Prosthetic Research Center in Hanoi, an experimental, computerized prosthetic production center supported by USAID through the Prosthetic Research Foundation. It was an impressive undertaking but appeared far too complex a system for a developing country with widely fluctuating line voltage, etc. The Director, Engineer Loc, was a committed and capable man who is doing a fine job against considerable odds, apparently bureaucratic as well as technical. No surgery or physiotherapy is done at this center. Details of prosthetic device production of this and other centers are given in detail under Fred Downs' and Lloyd Feinstein's sections.

We drove to the Ministry of Labor, Invalids and Social Affairs and met with Dr. Tue and the committee in charge of the rehabilitation program. Overall, it was not a pleasant meeting. Dr. Tue was aggressive in his statements about the slowness in the delivery of the resources promised under the program. The explanation that these had been provided but that it had taken time for the grantees to set up their in-country management and advisory systems. Lloyd assured them that the supplies were now being delivered in country and would

be in the hands of the rehabilitation centers soon, if not already delivered. After a more general discussion, the meeting ended amiably and we moved on to Bach Mai Hospital.

Bach Mai Hospital is the principal teaching hospital of the University of Hanoi School of Medicine. There we met with Dr. Tran Quoc Do, the Deputy Director of the hospital. Dr. Do was a little grouchy since he had been informed only an hour previously of our visit but soon brightened up when he heard that we were there to visit the hospital's recently reconstructed rehabilitation center. He had the Deputy Chief of the Rehabilitation Center, Dr. Tran Van Chuong, join us (the Director was in Danang at a study seminar on community based rehabilitation programs). Dr. Chuong was an ebullient physician in his thirties who showed great enthusiasm about rehabilitation in general and about the work his center was doing in particular.

After the obligatory cup of tea, we visited the rehabilitation center in the rear of the hospital; a well constructed, well equipped three story building. No patients were present since clinic hours are held only in the morning and no inpatients had been admitted to the Center yet, although there were plans to do so in the near future. The building was extensively renovated through assistance from the Dutch Government and equipped with a wide range of sophisticated physiotherapy equipment contributed by the European Community (EC). The equipment appeared essentially unused. No technical assistance had been provided with the equipment and Dr. Chuong indicated that technical assistance in all aspects of rehabilitation medicine would be extremely welcome.

He also said that an operating room was needed for the center so that rehabilitative surgery, e.g. stump revisions, etc. could be performed within the center itself. Currently, all the necessary orthopedic surgery is performed by the general surgery department of the hospital. I would certainly question the wisdom of establishing a separate surgical capability in the center, away from the central surgical department. There is a clear cut need for technical assistance and training in rehabilitation medicine, however.

On May 17, we traveled south by Toyota van to Tam Niep and visited the rehabilitation center there. The party was made up of Lloyd, Fred and myself. We were accompanied by Ms. Lan and Dr. Huynh and were also joined by Daniel Watkins, the prosthetic technician whom we had met in Bangkok and who heads the prosthetics support program World Vision supports in LISA centers in Vietnam. The driver was an English speaking mechanical engineer who is employed by WVI as a driver for \$200 per month, paid in US currency. Half of this is taken by the government. The remaining \$100 is considered a very satisfactory income.

Tam Niep Rehabilitation Center (LISA) is a pleasant facility, made up of buildings spread over green, tree lined grounds. The buildings are old but in good condition. The prosthetic workshops were functional and apparently passed muster with Fred. There are inpatients and a surgical theater with the biggest anesthesia machine I have ever seen. The surgeon claimed that it was an American machine he had gotten in the south after our withdrawal. It may have been but I had never seen a machine like it in twenty years of surgery.

The operating room (OR) was austere furnished. The surgeon said that they used intravenous anesthesia, apparently ketamine, and probably not the monster machine of which he was so proud. He said that they performed about two operations per week, which I question since they only had one postoperative case on the ward, an adolescent male with a stump revision, healed but not a very satisfactory result. I'm afraid that Tam Niep confirmed my impression that the required orthopedic surgery should be done by the regular surgical service of the provincial or other level hospital, not in isolated, rarely used ORs in the rehabilitation centers. It is a tremendous waste of skilled personnel and the quality of surgery fades rapidly due to infrequent opportunity for the surgeons to practice their speciality.

Tam Niep had an austere equipped physiotherapy room with parallel bars but little else. My impression of the whole center was that they are making do with minimal resources but doing a fair job. The only donor assistance was a small amount of equipment from the U.S. Quakers and little else. The center would greatly benefit from technical assistance and training in rehabilitation medicine. New equipment is less important but would be useful.

The Center's Director gave us a nice lunch at a local restaurant and invited us to spend the customary siesta at his offices. We dismayed them all (including Mrs. Lan and Dr. Huynh) by insisting that we get on the road to Thanh Hoa, our next scheduled visit further south.

The Thanh Hoa Rehabilitation Center was smaller than the ones we had visited previously but its buildings were in mint condition. The workshops were well equipped and obviously productive. There were no inpatients and any necessary rehabilitative surgery was performed at the provincial hospital, apparently to the complete satisfaction of the director of the center. After a briefing and tour of the center, we were asked to spend the night at the provincial guest house on the beach. We excused ourselves with thanks, telling them that we had to reach Vinh if we were to keep our schedule.

At Vinh, we were met by the director of the Nghe An Province Rehabilitation Center (LISA) and guided to our hotel. We visited the Center the next morning and toured the facility. The administrative building and workshops were completed and are functional. The

inpatient wards and other buildings are yet to be constructed. The administrative building housed the physiotherapy room temporarily. Another room was pointed out as the future operating room. Any surgery currently required is performed at the provincial hospital. Dan Watkins of World Vision has been actively involved in setting up the center and was warmly received by the director.

We visited Vinh's hospital, the Nghe An Polish-Vietnamese Provincial Hospital. We arrived unannounced (the provincial departments don't talk to each other very much in Vietnam, either) and Dr. Huynh had a difficult time getting us in so early in the morning. The hospital turned out to be about the best managed hospital I have visited in any developing country.

The director, Dr. Dien, met with us in his office and told us that the hospital had received construction and renovation assistance from the Polish government but no other help from donors. He also headed the Trauma and Orthopedic Service of the 510 bed hospital. He stated that there were 200,000 people in the surrounding provinces with bone complications such as non-union of fractures, hip injuries, osteomyelitis, and other orthopedic pathology which requires reconstructive surgery. Most were old war injuries, since Vinh and its environs were one of the most heavily bombed areas during the war.

The hospital was a light, airy facility made up of five or six two story buildings connected by covered walkways and bridges. The wards were spotless clean and ward discipline was excellent (no families living by the bedsides as in most Vietnamese hospitals). Nursing care seemed superior and all dressings were recently changed and clean. The operating rooms were clean, well lit and tiled to the ceiling. We did not visit the x-ray department but Dr. Dien said that it was well equipped with five machines, all working.

The Vinh hospital has obviously received special attention by the Government in allocation of resources, possibly due to its aggressive, energetic director. We asked if he would care for technical assistance and he responded that he would very much like to have high level technical assistance in orthopedic surgery. The hospital would make an excellent training center to upgrade the skills of surgeons performing the orthopedics for the rehab centers.

We made a ten hour drive to Hue over even rougher roads than before and visited the Provincial LISA Office and Vocational Training Center the next morning. Although a rehabilitation center is planned, construction has not begun. The training center is active, training girls in embroidery and sewing and men in repair of electronic equipment. No handicapped were seen in training.

We made the beautiful drive to Danang and visited the Danang Rehabilitation Center (LISA) which is supported by World Vision. The

center was constructed by USAID in the 1960s for the World Rehabilitation Fund and is still in good shape. Only fabricating and fitting of prostheses and some physiotherapy is done at the center. Surgery is performed at the provincial hospital.

We visited the Danang General Hospital and I was shocked by the condition of the facility, particularly when compared to the hospital at Vinh. The corridors and wards were dirty. The stench from the toilets was nauseating. The operating rooms (built by USAID in 1964) were poorly equipped but clean. Our escort, the chief of Orthopedics, Dr. Cuong, said that he was still using the instruments, nails, pins, and bone screws left by the Americans seventeen years ago. We were shown some of the bone plates, etc., all well worn since they had been recovered from patients on a number of occasions.

Dr. Cuong is a relatively young man who appears demoralized by the conditions in which he has to work. It is difficult to say whether the condition of the hospital, which used to be an outstanding facility, is the result of poor management or because it ranks low in Hanoi's list of priorities. When asked would he favor technical assistance for the hospital, he lit up and said he wished he could have help from Orthopedics Overseas, which was working in one of the hospitals in Ho Chi Minh City. He also again stressed the importance of Danang hospital obtaining badly needed equipment.

This ended our short visit to rehabilitation centers and hospitals in northern Vietnam. We found that we had no reservations on the airline back to Hanoi and Fred and Lloyd had to be in Bangkok on May 21 if they were to brief USAID and catch their flights back to the US. We decided we had to make our way back to Hanoi by road, which we did on May 20, straight through for twenty-two hours over the roughest roads I've ever experienced. We were able to make our USAID briefing and Fred and Lloyd were able to keep their flights on time.

#### RECOMENDATIONS:

1. While I will recommend several interventions on the medical and surgical side below, production of good, well fitted prosthetic devices is still the most important contribution that the War Victims Fund can make to the war injured considering the rather small amount of funds available under the grant. This should be kept as the first priority of the program.
2. Establishment of surgical services in the individual rehabilitation centers should not be supported under the grant. Technical assistance and training in proper surgical care of stumps and other rehabilitative surgical procedures for amputees and physically disabled war victims should be provided the provincial hospitals and other surgical centers supporting the LISA and MOH rehabilitation centers.

AID should explore the possibility of contracting with Orthopedics Overseas or some other non-profit humanitarian assistance organization providing orthopedic technical assistance in the developing world. Rotating, high level technical assistance by university teaching level professionals could be arranged at a very moderate cost that would satisfy the basic requirements for better surgical care of the amputees, etc. Orthopedics Overseas is currently providing these services in Ho Chi Ming City and was enthusiastically acknowledged as highly desirable by the surgical staff of Danang Hospital.

Another possibility would be contracting with World Vision or some other credible NGO to recruit and field qualified technical staff to selected hospitals to train provincial surgical staff in good surgical care of amputees and other war victims requiring rehabilitative surgery.

3. Another, more difficult input would be provision of good technical assistance in rehabilitation medicine. This would necessitate the provision of physicians trained and experienced in the whole gamut of services provided to disabled patients, amputees or surgical procedures. How this would be structured has to be explored for the particular case of Vietnam, either through technical assistance to a training center for rehabilitation personnel, such as Bach Mai Hospital or visits to individual rehabilitation centers. I would favor the first option for practicality's sake.