Medical Help for Viet Nam

Civilians in South Viet Nam are not forgotten by doctors who are leaving their practices in the United States to help the people in need of medical aid

By Faye Marley

THE CRUELTY of war's impact on civilians is being softened to some extent in South Viet Nam by American doctors who are voluntarily leaving comfortable homes and lucrative practices eight weeks at a time to help where the need is overwhelming.

The American Medical Association is now administering the volunteer program, which is financed by the U.S. Agency for International Development (U.S. AID). The physicians receive only their transportation and an expense allowance of \$10 a day for 60-day tours of duty at one of 16 provincial civilian hospitals.

A second agreement giving the AMA responsibility for developing a program to strengthen medical education in South Viet Nam has been signed with AID at the request of President Lyndon B. Johnson.

Dr. Pham Bieu Tam, dean of the faculty of medicine of the University of Saigon, told the AMA House of Delegates at the June 1966 convention of the organization in Chicago: "As a citizen of a country at war, having only 1,000 physicians to serve the needs of both the army and civilian population, I cannot but receive with my open arms any physicians of any specialty who come to help my countrymen manage their health problems, and help to bolster our health institutions."

Begun in Emergency

Project Viet Nam began in August 1965 as an emergency measure to meet the desperate shortage of doctors in wartime. It was sponsored initially by the People-to-People Health Foundation under an AID contract, and is now developing into an important part of South Viet Nam's public health program.

From 24 to 32 physicians are needed every month to keep hospital staffs at full strength. The volunteers work with teams of military physicians and corpsmen assigned to AID for service in civilian hospitals to provide continuity in the volunteer program.

As of now the greatest demand is for general and orthopedic surgeons to treat war-wounded civilians, but general practitioners and internists are also needed.

Small numbers of specialists in chest diseases, ophthalmology, otolaryngology, radiology and psychiatry are needed from time to time, and although other specialists cannot be used now, inquiries are invited in anticipation of future demands.

At first, no age limit was specified and some physicians past 70 volunteered, but the present rules say the doctor may not be over 55 years old and must be in good health. No dependents may accompany him even if medically qualified.

Dependents fortunately were no problem for Dr. Martin Funk of Park Ridge, Ill., who is unmarried and plans to return to South Viet Nam or some other country in need of medical care. Dr. Funk was one of the first physicians to receive the American Medical Association Certificate of Humanitarian Service for his service in Project Viet Nam. He worked in Kontum, a remote province in the Central Highlands north of Saigon, and received a commendatory scroll from Dr. Nguyen Ba Kha, Minister of Health in South Viet Nam.

Five other doctors received awards from the AMA at the same time for their work in Viet Nam with MEDICO, a service of CARE.

Another physician working in a hos-



AII

IT HURTS—Project Viet Nam worker Dr. Martin Funk of Park Ridge, Ill., was in Southeast Asia under the program sponsored by the U.S. Agency for International Development. He is trying to find out where and why "it hurts" with the aid of a U.S. Army Medic at Kontum Province Hospital in the Central Highlands area north of Saigon.

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pital on the outskirts of Kontum is Dr. Pat Smith, who has appeared on television in the United States recently.

"I was able to do Dr. Smith's hospital work for her during two weeks so she could get away for a much-needed vacation," Dr. Funk said. "She has been doing a laudable job since

Since Dr. Funk left Kontum a team of eight Swiss doctors has taken over the work he began last October.

When Dr. Funk first went into Kontum provincial villages he said the people had never before seen any friendly visitors. He went into mined areas where Viet Cong were present, and he often treated Viet Cong prisoners. Many of the persons he treated were primitive mountain tribesmen called Montagnards, who are of a different ethnic culture from the South Vietnamese.

Someone Special

Because a trained doctor is so rare, he is treated as someone special, and as long as he is on purely medical missions he is probably in little danger, Dr. Funk explained. The Viet Nam name for a doctor is Bac Si, meaning an exalted professionally trained person.

The AMA plans to strengthen medical education in South Viet Nam with the support of AID are extremely important, the Illinois doctor believes. It can do little good for isolated American volunteers to go over to this country unless trained Vietnamese counterparts can take their place.

Training of nurses and technicians is also badly needed, and Vietnamese can learn quickly, he said.

"Although malaria exists 100%, it is tuberculosis that is the number one health problem," Dr. Funk explained. "We vaccinated some newborns with BCG (Bacillus Calmette-Guerin), but mainly we treated older persons with modern drugs.'

He could find 15 active TB cases in a single morning, more than he ever found in the United States.

Dr. Funk set up the first out-patient clinic for the 66-bed Kontum hospital. After seeing that the clinic was painted and equipped with electricity, he rounded up a staff of volunteer Vietnamese workers, many of whom were local students who wished to improve their English. He trained them at the same time that he was treating as many as 100 patients a day.

Doctors from all countries who go to South Viet Nam today report to Maj. Gen. James T. Humphreys, a 50year-old Air Force surgeon on leave, who is trying to bring a health service to South Viet Nam's 14 million people.

This summer of 1966, Dr. Humphreys expects his work force to increase to 1,000 with more countries participating. Already working with him are doctors from the United States, the Philippines, Switzerland, Japan, Italy, Nationalist China, Australia,

New Zealand and at least two from Cuba who were refugees in the United States. South Korea is planning to send five civilian medical teams, the Netherlands is sending one, Spain will send a military team and Great Britain will contribute a volunteer pediatric team to care for children in a Saigon hospital. West Germany is sending the hospital ship Helgoland.

The United States will contribute 15 more military teams and is sending 100 civilian volunteer nurses.

Dr. Funk told Science Service that his patients had included Buddhist monks and nuns as well as the predominantly Catholic population of Kontum Province. In the town of Kontum, 70% were Buddhist, he said, but among the 74,000 provincial inhabitants, 80% were Catholic.

"I saw no friction between these groups religiously," he said. "Both were amiable and cooperative. People in general showed some apprehension, but because they have become accustomed to war there was no panic.

Military doctors were cooperative, he said. The chief of police required him to wear a sidearm at all times because of the danger of Viet Cong attacks, but except for one sniper in the wooded areas when he was accompanied by military men he had no difficulty.

Also cooperating in medical help to South Viet Nam are at least 10 U.S. voluntary agencies, foundations and missions.

All of the physicians who go out to South Viet Nam to work with civilians have found the experience rewarding. For one thing, in addition to the humanitarian contribution they make, they learn about diseases they have only studied in textbooks. Medical knowledge has been a by-product of war experience in South Viet Nam as in other countries where doctors have tried to save lives in the midst of death.

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