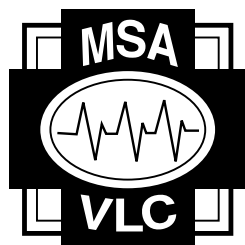


VIETNAM LAOS CAMBODIA



NATIONAL LOTTERY
CHARITIES BOARD
United Kingdom

MEDICAL & SCIENTIFIC AID NEWS BULLETIN

No. 13 - May 2004

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INDOCHINA SEPTEMBER 2003 (Concluded)



Scene from one of the winning plays

After leaving the Ha Tinh Provincial Hospital's Ophthalmology Department, we drove to Thanh Hoa, having had a message the day before asking that we get there by lunch time so as to attend the finals of the quiz competition which had been arranged as a sort of *grande finale* to the anti-trachoma programme. Immediately after lunch, we went to the Eye Centre and to a large assembly hall from which music was booming out and in which there was a large audience and an abundance of TV cameras. We were greeted by Dr. Ngo Hong, presented with magnificent bouquets and introduced to the audience. Initially, 360 teams of adults and children from the 18 districts involved in the anti-trachoma project had competed against each other and, over the months, these had been whittled down to 9 finalists. It had been intended originally that the finals should take place in April, when Margaret and I had expected to be in

Vietnam but, with the SARS outbreak, our visit had been postponed, and so had the finals. The purely quiz part of the finals had taken place in the morning and six teams had been considered worthy of prizes: one first, two second and three third prizes. In the afternoon, we were to watch short plays performed by the children of the winning teams (with occasional adult participation). They were all excellent and illustrated some of the problems encountered. For example in one, a child was chided by his mother for not doing his homework: he said his eyes hurt and his mother said so did hers. Then father came home, only interested (after a hard day's work) in smoking his pipe. Mother complained to him about her hard life and the ungrateful child and he replied that he also had sore eyes. Then one of the nurses from the local clinic called and persuaded them to let her examine their eyes. So all were examined, diagnosed and went for treatment. Another team,

which came from a highland district, had a family with sore eyes refusing to go to the clinic or having a doctor to call, preferring to have the local medicine man take the necessary steps to ward off the spirits which were even attacking the baby. There was a good deal of back-chat between father and medicine man (who were by this time enjoying a pipe together) on the one hand and mother, a neighbour and a doctor and nurse from the local clinic on the other. Father was finally won over when he was assured that he would not have to pay anything! The winning team managed to publicise MSAVLC as well as giving the message about the magic drops which cured sore eyes and prevented blindness. Songs about the programme were used a great deal and it would have been good to get a translation of some of them.

At the end of the proceedings, we were invited to the platform to say a few words (with Mr. Bao translating) about the



Waiting for the winners to be announced

performances and then to take part in the presentation of prizes. Afterwards, we mingled with the children and chatted with them. They were a delightful and talented lot and we suggested to Dr. Ngo Hong that these young actors and actresses would make excellent ambassadors for the project in districts not yet involved.

The following morning, we went to Thanh Hoa Provincial People's Committee, where we were greeted by the Deputy Chief of the Committee, Mr. Nguyen Dinh Xung; Dr. Hoang Thi Kim Thanh, chief of the Health Profession Bureau; Dr. Lam, Director of the Health Department and his deputy, Dr. Quyen. After this, we visited the Provincial Hospital and met Dr. Hoang Binh, who has succeeded Dr. Le Ba Hung as Director. The hospital is as busy as ever and had 25,000 admissions last year. It has acquired a CAT scanner and over 2000 patients have been scanned. (We later visited the department and looked at some of the more outstanding pictures). We had been anxious to find out detailed costing of hare lip/cleft palate operations and asked if it were indeed the case that antibiotics were used **routinely**, since this is not the practice in the UK and some of our medical supporters would be sure to query any higher cost of operations. The answer was that standards of hygiene were not as good as they should be and that antibiotics were therefore necessary. We were sorry to hear this, for I recall how, in 1989, we were able to call the attention of some visiting Americans who were deploring the absence of "white booties in operating theatres" to the fact that Vietnamese hospitals did not seem to suffer from cross-infections and I had often felt that their hospitals were

reminiscent of civilian hospitals in Britain during WWII, when hygiene practice (in those pre-Penicillin days) was very strict. We were promised the information we had requested but so far have not received it.

Dr. Hoang Binh would welcome British medical students for their electives.

In the afternoon, we went to the Eye Centre where Dr. Ngo Hong reviewed the progress of the anti-trachoma project over the past twelve months, with particular emphasis on public health education. The Community Fund had asked us repeatedly what impact our project has had on the general public's attitude to the infection, which was an important reason for arranging the quiz competition. Asked what would be the reply of the average man-or woman-in-the-street, if questioned about trachoma – would they know what it was and how it could be overcome? – everyone in the room said that there could not be many people who did not have at least one child, grandchild, nephew or niece at a primary school and, if they had, they could hardly avoid knowing all about the infection because the children were full of information and keen to pass it on. There had been widespread propaganda – TV and radio programmes, meetings, posters, pamphlets and leaflets, letters to families, home visits by the Red Cross and Women's Union – and 30,000 face towels had been distributed each year. In the past year, examinations had been carried out in 356 villages and, in 615 primary schools, 357,362 children had been examined and 20,960 cases of acute infection identified. 2223 cases of entropion had been surgically corrected: 495 paid for by the patients and 1728 funded by MSAVLC – 1400 in the 15 lottery-funded district and 493 in the three districts of the pilot

project. 1374 cases of entropion remain to be corrected. In the pilot project districts, incidence of acute infection is now 3.27% – and only 2% in the best school. In addition to the work with trachoma, the Centre has carried out 931 cataract operations.

Dr. Ngo Hong then put to us a fresh proposal: that the Project be continued for three more years in the eighteen districts already involved, with the addition of the districts of Ba Truc and Thuong Xuan. The cost would be £20,900 in the first year, £18,600 in the second and £18,800 in the third – a total of £58,300. The aim would be to bring down the incidence of the acute infection to 2% through-out the entire province.

The following day, we were taken to Sam Son Bay, a popular holiday spot in summer, which we had visited before. This time, the fishing fleet was in and many of the fishermen and women were pulling in their nets: very picturesque. We returned to our hotel for a final lunch with our hosts and were delighted to find that Dr. Dinh Van Hai, former Deputy Director of Provincial Health Services, who visited the UK (including Coventry) in 1994 and was the person originally responsible for our involvement in Thanh Hoa, had been invited to the party. I was very pleased to have the opportunity to record now he had helped to lift my spirits, when we had had to discontinue the Jaipur Limb project, by his transparently honest response to our query as to whether we should appoint a Project Coordinator for the anti-trachoma project and, if so, what salary should he/she be paid? His reply was that he would be the Project Coordinator but that there would be no need for a salary, since he was already paid by the Provincial Health Authority.

On the Sunday after our return to Hanoi, we were delighted to be taken by Professor Trinh Ngoc Trinh to Lang Son Province to meet Dr. Ly Kieu Van, Director of Provincial Health Services and three of her colleagues, Drs. Nguyen Minh Phuong, Nong Thi Hong and Nguyen Thi But, whom we had first met in 2000. Supporters will perhaps recall that we had been particularly impressed by the Health Services of the province when we were there in connexion with the training programme for traditional midwives in Loc Binh District and MSAVLC had agreed to fund the training this year of traditional midwives in the poorest district of the province, Cao Loc. The population here is very scattered and 60% of confinements take place at home. There are 211 villages, grouped into 23

communes, each of which has a clinic staffed by a nurse and a midwife. The majority of the people are of ethnic minorities – Nung, Tay and Ghia. Dr. Van herself is Tay. She qualified as a doctor in the USSR and returned to her parents' home in 1978, to spend a few weeks with them before taking up her first hospital post. She was there when the Chinese invaded and destroyed all buildings more than one storey high. They also burned all her textbooks because they were in Russian. We understand that this pattern of behaviour was repeated in all six northern provinces.

After a discussion at the Health Department, we lunched in a nearby restaurant – delicious food with local specialities – before going to Cao Loc District Hospital, where we met the doctor in charge, Dr. Pham Duc Co. We visited several wards and met a number of patients, including a toddler with pneumonia, who was accompanied by his anxious young parents. Pneumonia in children seem very prevalent in Vietnam. This child was responding to treatment and, when we left, parents *plus* child came outside to wave us goodbye. The hospital has 50 beds, of which 15 are for obstetrics and gynaecology. The following day (Monday 22nd), we went to the Red Cross and met Dr. Le Ke Son, Director of the Agent Orange Victims Fund (AGORAVIF), with whom we had a useful discussion. Asked how best we could help child victims of Agent Orange, he advised us that this was probably by provision of wheel chairs. These could be of Chinese or Vietnamese manufacture. Those made in Vietnam lasted longer but cost slightly more – (£50 as against £42.) *(MSAVLC has sent £2000 for purchase of Vietnamese chairs, with the proviso that at least one be sent to Ky Anh, where one teenage amputee is in urgent need of a new chair, his old one being now beyond repair.)*

AGORAVIF helps 200,000 victims of Agent Orange. Over the past 5 years, 1350 operations have been carried out; 2471 wheel chairs have been provided; 1375 houses have been provided; 535 younger and still mobile survivors (whether in wheel chairs or not) are given financial assistance for education; 4258 of the worst-affected and immobile receive regular financial assistance – 50,000 dong per month; and 91,736 have been given medical care of some sort.

We then went to meet Dr. Do Thuy Lan, Director of the Morning Star Centre for Disabled Children. There had been further delay in getting the new Centre built and the site which we saw at a

distance in 2002 has probably been grabbed by some commercial concern. However, it is probably certain that the new building will open in early summer this year, which is just as well because the Morning Star Centre is busier than ever. We saw another piece of diagnostic equipment (for audiology) which our funding has provided. Dr. Lan was flying to Geneva that afternoon, to attend a conference on the care of psychiatric patients and it seems that her pioneering methods (in care in the community) are being noticed with approval.

That afternoon, we went to the Gioi Publishing House (formerly known as the Foreign Languages Publishing House, where Liz Hodgkin, Mary Cowan and Peggie Preston all worked at some time) to meet Professor Huu Ngoc. At approaching ninety, he is still as enthusiastic and effervescent as ever, a mine of information on innumerable cultural topics and an authority on the literature not only of Vietnam but of France, Britain, Germany and Italy. He is responsible for a regular column in the Sunday edition of the English language

vastly superior prostheses at a fraction of the cost (\$100 per limb) of those he is currently wearing.

Dr. Nguyen Thi Thanh Phuong, Director of the Village, told us that the State makes a grant of 200 million dong (about US\$ 12,500) per annum for the 92 children resident in the Village. This money has to cover everything – food, medicines, water (supplied by an organisation of veterans at 3500 dong per cubic metre – the cheapest available although, if they could get it from a state supplier, it would only cost only 1200 dong per cubic metre, but for some reason this is unavailable). The Village is flooded whenever there is heavy rain – which is frequently – and rubbish floats into the yard. One good by-product of the preparations for hosting the South-East Asian Games is the construction of a new road, with good drainage, which will prevent flooding in future.

The following day, we visited the Institute for the Protection of Mothers and the New-born, where we had expected to see our friend Professor Duong Thi Cuong, whom we had met on so many



Scene from one of the winning plays

newspaper Hanoi News – a column in which he muses about things he has seen on a walk, or how an odd word reminds him of some bit of ancient history: fascinating and educating stuff.

After leaving Professor Ngoc, we went to the Thanh Xuan Peace Village, where Le Van Chien lives, the young lad who was fitted with Jaipur Limbs some years ago. As he has grown, he has needed to be fitted with other artificial limbs and the wooden limbs that he is now wearing do not allow the ankle to bend or the foot to invert or evert. We felt extremely sad that there is no longer a Jaipur Limb project, which would have provided him with

occasions, but we learned to our great sorrow that she had died a few days before, having suffered a major stroke. Dr. Nguyen Duc Hinh, the Vice-Director, welcomed us and gave some of the latest news of hospital activities. There are 60 beds for the newly-born. 5% of neonates were still small-for-dates and 10% were born prematurely. It had been observed that there was a great improvement in birth weights if mothers took multivitamin tablets during pregnancy. *(MSAVLC has recently sent £1000 for purchase of these.)* Dr. Hinh was most interested to hear about the Glostavent.

Next day, we went to the Resource

Centre, which publishes a directory of foreign ngo's in Vietnam (something started by the wife of a former director of OXFAM UK in Hanoi). We met the new co-Director, David Payne, and had a useful discussion with him. We asked about ERM (Explosive Remnants of War) – unexploded cluster bomblets and land mines – because there has not been much mention of them lately. He said that there were still many incidents and kindly dropped in at our hotel a batch of reports about these.

In the afternoon, we went to the Institute of Traditional Medicine and learned that Professor Tran Thuy had retired. Dr. Hien, who was at the Churchill in Oxford some years ago and whom we have met on several occasions. was on leave. Professor Tran Thuy has been succeeded by Professor Chu Quoc Truong. The institute now has 400 beds and there has been a great expansion of research. It is also concentrating much more on poor people and on spreading education and information about traditional medicine. This is especially advantageous for the poor, for traditional remedies cost a fraction of those produced by transnational pharmaceutical companies. Treatment of drug addicts for which we have given modest support in the past continues and further support would be welcome. **We asked about the healing of leprosy ulcers and found that this was Professor Truong's particular interest. He produced photographs of the cases about which we heard on our last visit. He would appreciate contact with Lepra, who had expressed interest in this work.**

The following morning, we paid a visit to the British Embassy where we had a useful discussion with Mr. Paul Gaskell, a Second Secretary, while awaiting the arrival of the ambassador, H.E. Robert Gordon.

That afternoon, we went to PACCOM for a debriefing meeting with Messrs Thai and Khoa and, in the evening, we were PACCOM's guests at the same restaurant where, in 2002, we had had the remarkable fish stew, with various fish and shellfish, preceded by cooked oysters. Once again, we had several varieties of fish, again cooked at the table, and all quite delicious. This would be our last meeting with Mr. Thai, for he was shortly to be Vietnam's Ambassador to North Korea. (Incidentally, the previous British Ambassador to Vietnam, H.E. Warwick Morris, is to be our Ambassador to South Korea)

The following afternoon we went, with



With Dr. Ly Kieu Van and colleagues at Lang Son

Mr. Bao, to the National Hospital of Paediatrics where the Director, Professor Nguyen Thanh Liem, had agreed to spare thirty minutes of a very busy day to see us. This turned out to be one of the highlights of our visit and we should certainly include this hospital in any future itinerary. The hospital has 500 beds and 800 staff and every speciality is covered. Last year, there were 25,000 admissions, even more out-patient consultations and between 4000 and 5000 surgical operations were performed. The place runs on the proverbial shoestring but the atmosphere is very positive – although sad and resentful that so few children with leukaemia can be treated because of the high cost of the necessary medicines. We explained that, although we should like to support the hospital generously, we were a small charity with many other commitments. Professor Liem's response was that he fully understood but that, if we could only keep one patient from dying, that would be worth while. Then he took

us to the Special Care Baby Unit – two rooms containing about thirty incubators, only one of which had only a single occupant: all the others had two or even three. A Glostavent here would be a godsend. In the end, we found we had stayed for well over an hour. We asked whether Duchenne Muscular Dystrophy was included in the conditions associated with Agent Orange (something Professor Glen Morris of NEWI had asked us to find out). Professor Liem thought not.

On our last full day, we completed shopping and packing, had lunch at a restaurant overlooking the Lake of the Recovered Sword, and sat by the side of the Lake. In the evening, we had invited as many friends as could come to have dinner with us in a secluded restaurant where young men and women with learning difficulties are employed and a "palm court" trio plays pleasantly. Messrs Bao and Khoa had very kindly made the arrangements for us.



Dr. Hoang Binh and colleagues, Thanh Hoa Provincial Hospital

AUDIOLOGY IN LAO AND CAMBODIA

We had hoped to have Glyn Vaughan with us at the Annual General Meeting on 31st March and to hear him speak about progress in both countries. Unfortunately, he had had to return to Phnom Penh the previous week but he sent a statement which was read to the Meeting by the Chairman. (Copies of the written report, to which Mr. Vaughan refers, can be obtained from the Hon. Secretary.)

The last twelve months have seen significant developments in the work in both Cambodia and Lao, and the programmes are evolving at pace. Indeed, work in Phnom Penh has been rather hectic over the last few weeks, not least as a result of the launch of the training course for the Khmer student audiologists, which commenced in the first week of February. The students are two very intelligent and enthusiastic young ladies who happen to be sisters, called Makara and Seyha, respectively in Khmer January and August, the months in which they were born.

At the time of writing, they are seconded to the primary ear care team under the wing of Sr. Marie-Adelphie Tran, coordinator of the six-weekly ear surgery camps in Battambang, in the western reaches of Cambodia. They are assisting with the primary ear health clinics and the rehabilitation unit set up as a support service by the local NGO All Ears Cambodia. The students will also get the opportunity to observe some of the theatre-based procedures including middle ear reconstructive surgery, and mastoidectomy to remove life-threatening cholesteatoma. So, as you see, this work not only conserves hearing, it also saves lives.

In Lao, the Champasak project, which has been running successfully and steadily evolving over the past five years, also receives support from MSAVLC. Funds are used not only to maintain existing operations but also to develop and expand the service, from what started as an initial

pilot project in one district (Pakse) towards covering all ten districts within the province of Champasak.

Indeed, a second tier of the screening programme has also been put in place to strengthen the existing service. That is, to train and equip local health service personnel at a **district** level in basic otology, otoscopy and screening audiometry. Accordingly, those children who have failed the school screening procedures at a community level (**primary tier**) are referred to relevant health personnel at a district level (**secondary tier**) for basic examination and simple audiometry. Those failing the secondary tier of evaluation are then referred to the Department of Rehabilitation in Pakse, which has become the **tertiary level** of the screening programme. Those false positive cases that have been referred on from a community level may not need to travel to Pakse; rather, they can be assessed at district level. Obviously, those who are confirmed as having impaired hearing are then referred to the Pakse unit for more thorough assessment, with the possibility of hearing aids being fitted.

The team at Pakse has now extended the service beyond Champasak province and is operating in the neighbouring province of Saravane. This in itself is a remarkable achievement, given the human and material resources at hand. In time, it is hoped that the programme will include the other southern provinces of Attapeu and Xekong. I shall be back in Lao within the coming months to assess matters.

Finally, do you remember the little

three-year-old Khmer girl, the one found by the woodcutter, close to death and swarming with ants after being abandoned in the forest? Well, she is back on her feet again and, although she is partially blind (she only has peripheral vision) and profoundly deaf, she has a remarkable sense of fun and a fantastic curiosity for everything around her. We recently fitted her with high-powered hearing aids and she appears to be doing rather well. It is indeed a wonderful thing to see the human spirit fighting against all odds and she is, perhaps, a lesson to us all. Happily, she is in good hands now, the local orphanage near Takmau, in Kandal province, is taking care of her and she has a very supportive surrogate mother to watch over her. The girl's name is Srey Pich and she is the one on the front cover of the report I have sent. It is just one story amongst hundreds.

So, on behalf of Srey Pich and every other Khmer and Lao child that has benefited from these programmes, I would like to say thank you to all of you of the MSAVLC, for your unfailing support and commitment. It has been instrumental in the development of this work and, without it, things simply would not have happened.

(The up-grading of the audiology departments of the three remaining district hospitals in Champasak province, which we had been expecting to fund, has now been undertaken by All Ears Cambodia and MSAVLC has increased its support for the work of the project by £1000 per annum).

ANNUAL GENERAL MEETING

The Annual General Meeting was held at the House of Commons on 31st March 2004 with Chris Mullin M.P. in the Chair except when he was called to the division lobby. At such times, the Chair was taken by Dr. Anne McLaren, DBE.

The Annual Report for 2003 was presented by the Hon. Secretary and was approved.

The Financial Report for 2003 was presented by the Finance Officer and was approved.

Mr. Alan Sapper, who had been Hon. Treasurer for many years, had been seriously ill and tendered his resignation. The Hon. Secretary was asked to write on

behalf of the Management Committee, expressing appreciation for his long-standing support.

Mrs. Susmita Ghosh, who has been Finance Officer since 2000 was elected Hon. Treasurer in his place.

Mr. Alexander Fitch, who has been abroad for some time and is uncertain when he will return to the UK, resigned from the Executive Committee.

All other officers and members of the Executive Committee were re-elected unopposed.

A vote of thanks to Mr. Arthur Prior for his valuable work as Hon. Auditor was moved.

At the conclusion of formal business,

H.E Ambassador Trinh Duc Dzu gave a brief account of recent progress in Vietnam.

The Chairman read out a report from Mr. Glyn Vaughan on progress in the audiology projects in Lao and Cambodia during the previous twelve months.

OBITUARY

We were sorry to learn of the deaths of Mrs. K. Barratt of Newcastle-on-Tyne and Mrs. P. M. Aylward of Tunbridge Wells. We send our sympathy to their families and friends.

A MESSAGE FROM THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

Since I last wrote to you, we have had the pleasant task of confirming with friends in Indochina that we would be able to agree to many of their requests. Apart from items listed on the back page of Bulletin 138, we informed the Cambodian Health Committee that our annual grant for the treatment of tuberculosis in the community would be increased from £5000 to £6000 per annum; similarly, as announced at the end of Glyn Vaughan's report, we told the audiology project in Pakse that our grant to them would be increased by £1000 this year; we sent £850 to the Cooperative for the Environment at Ky Anh, to pay for one year's medical insurance for its thirty employees; £2000 went to the Vietnamese Red Cross Agent Orange Victims Fund to provide 40 wheel chairs of Vietnamese construction; £1000 had been sent to the Institute of Traditional Medicine and

£1000 to the Thanh Xuan Peace Village; and we shall be continuing to support the provision of medicines for the control of epilepsy and other severe neurological conditions in the children at the "Morning Star" Centre for Handicapped Children.

Arrangements for the training of traditional midwives, requested by HEDO, are in hand. Once again, this year it will be in the northern province of Lang Son (where we assisted a programme in 2002) but this time in Cao Loc, the poorest district of the province.

The grant of £93,500 which we received from the National Lottery for the anti-trachoma project, has now come to an end but, as we indicated in Bulletin 138, the programme is to be continued for a further three years, without lottery support. (*We have been asked why we have not applied to the Community Fund again: the reason is that further funding of a*

project is not allowed under Fund rules.)

"Glostavent" anaesthetic machines for the Institute for the Protection of Mothers and the New-born and for the Special Care Unit of the Paediatric Institute have been ordered.

In my last Message, I stated that the third and final instalment of the report on our visit to Indochina last September would appear in our August Bulletin. This should, of course, have read "May".

To all supporters, may I echo the heartfelt plea of our Hon. Secretary in her Annual Report to the Management Committee for a transfusion of fresh (and younger) blood to the Management Committee, from which the Executive Committee is drawn. MC duties are not onerous: two meetings a year, of which one is the Annual General Meeting.

MSAVLC PUBLICATIONS

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(E. J. Shellard)

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Part 2 (1990 - 2000)

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(1965 - 1985)

(Joan McMichael-Askins)

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(1985 - 1990)

(Madeleine Sharp)

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Please make cheques payable to

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Children of Vietnam

(pub. 1968 by MACV)

Reprinted 2003

£5 00 (£2.50 concession)

This is an excellent publication which, although it was published 35 years ago, is highly relevant today. As well as describing the suffering of the people during the war, it gives a brief history of Vietnam, explains the Geneva Conference of 1954 and the Accords which were the outcome but whose flouting led inexorably to conflict.

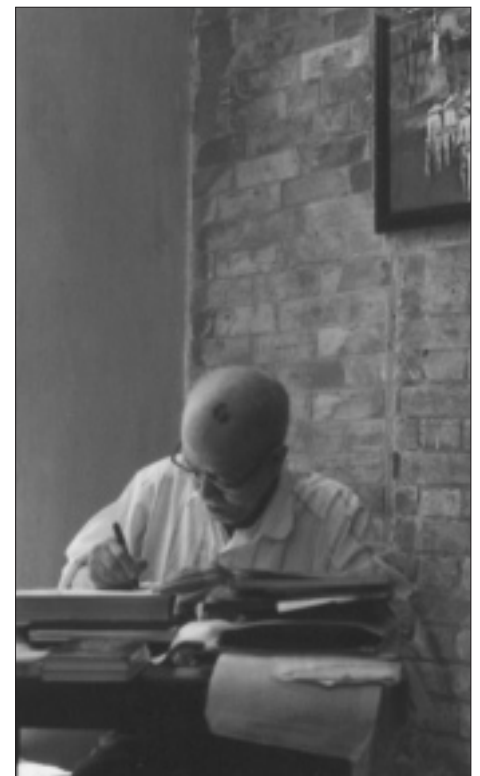
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Professor Huu Ngoc

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