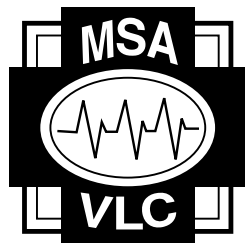


VIETNAM LAOS CAMBODIA



MEDICAL & SCIENTIFIC AID NEWS BULLETIN

No. 152 - August 2007

50p

AN HONOUR FOR MSAVLC



From front page of Nhan Dan on 6th June 2007

Having only returned from Vietnam in early April, we were surprised to receive an email in mid-May inviting Margaret Methley and me to attend a “solemn event” at Ba Dinh Square on 5th June. We were informed that the Government of Vietnam and the Ministry of Education and Training wished to express formally and publicly their appreciation of MSAVLC’s activities in the Northern Highlands during the past twelve years. We had been nominated for this honour by Professor Trinh Ngoc Trinh of HEDO (the Highland Education Development Organisation) with whom we have cooperated, first in a nutrition programme, then in equipping a primary health clinic which the local people had built near the Chinese border, then in the training of teachers in basic health and hygiene and currently in the training of “traditional” midwives in modern methods (featured in Bulletin 151).

So, on 5th June (at 0700 hours!), we were in the second row of the hall in Vietnam’s parliament building, along with Len Aldis of the Britain-Vietnam Friendship Society, who has been prominent in publicising and promoting the cause of victims of Agent Orange, and Dr. Marie Charles, of the International

Committee for Equal Healthcare Access, an American doctor who has done sterling work for a number of “third world” countries. Seats in the front row were subsequently occupied by many current and former dignitaries associated with education, including the deputy Minister of Education, Dr. Dang Huynh Mai, and former Education Minister, Prof. Pham Minh Hac. Behind us were the many Vietnamese men and women who were also to be honoured.

Proceedings began with the arrival of the President of Vietnam, Mr. Nguyen Minh Triet and the playing of the national anthem. We were entertained by boys and girls belonging to the Vietnam’s youth organisation, the Young Pioneers, to drumming, marching, singing and dancing of a high standard and, of course, the concert ended with the song whose chorus runs “Vietnam, Ho Chi Minh” – very appropriate, since the Pioneers are known as “Uncle Ho’s nephews and nieces” and were performing under the benevolent eye of Ho Chi Minh’s statue. After this, there were a great many speeches. Then we were invited on to the stage and to step individually on to a dais where the President hung garlands of artificial flowers round our necks and the Minister

for Education and Training, Mr. Nguyen Thien Nhan, presented us each with a red box containing a glass ornament – from the base of which arose a sort of vase, at the top of which was a sphere enclosing Hanoi’s logo, originally the symbol of the Temple of Literature, Vietnam’s oldest university which dates from a few years after our Norman conquest. Inscribed on the base of the ornament is: *Ministry of Education and Training respectfully notice the contribution of business enterprises, international organisations and individuals to the education cause* and, on the body of the “vase” is *For the sake of our children’s future*. We appreciated this variant on the more customary award of medals and shall treasure this ornament – and display it whenever we can.

It was a memorable and moving ceremony and, while it is always pleasant to be appreciated, we were particularly pleased in view of the fact that our activities in the Northern Highlands have been useful rather than spectacular.

That evening, we appeared on TV and the following day, our photographs were on the front page of national newspapers.

Madeleine Sharp

TRAVELLER'S TALES (CONCLUDED)

On the afternoon of 26th March we set off south for Thanh Hoa Province. We travelled by minibus through amazing countryside: rice fields stretching to the horizon. It was very flat but bordered on the west by the mountains dividing Vietnam from Laos. This area was very heavily bombed during the war and large craters can still be seen along the roadside. There is still a vast quantity of unexploded ordnance in the fields, making farming difficult and tragically limiting the play area for the children in this beautiful countryside. There were buffalo working in the fields alongside people in their pyjama-like clothes and conical hats. Cows and buffalo roamed in and out of traffic, as well as chickens, ducks, dogs, bicycles and people. Motor-bikes drove alongside us, carrying every item imaginable, including furniture, poles, baskets, live animals, cement, or four or five people to a bike!

Over the next few days, we attended many meetings and were looked after very well by Provincial People's Committees and hospital authorities wherever we went. Over the years, MSAVLC has supported many projects in this region, including cataract and hare-lip operations. We are at present financing an anti-trachoma project, the progress of which we were able to discuss at length with doctors from the Eye Hospital. It has been a great success. So far, twenty out of twenty-seven districts have been covered. Two are involved in a field trial of an antibiotic made by Pfizer and are not included in our project, so only five remain to be involved. They will be more difficult since they are in remote mountainous areas.



On 29th March (Thursday) we travelled on to Ha Tinh, where we met with members of the Foreign Affairs Department of the Provincial People's

Committee. We discussed the province's achievements and problems. We met with Ha Tinh Health Department on Friday and were told of a new disease affecting the deltoid muscle, which needs surgical intervention. It manifested itself first in 2005 and affects mostly children between ten and twelve years old. There are 5,370 cases in the province, and ten provinces in Vietnam now have the disease. We then went on to visit the Provincial Hospital. This was an incredibly moving experience for us all. The hospital was very poor and we were dismayed at the conditions under which the staff had to work. They had 500 beds but 700 patients. Some patients were in the corridors on saggy camp beds, some doubled up in very small rooms and others were outside the building. The hospital covers cases from the whole of the province and deals with all general work including a cardiac department, eye department, maternity, casualty, ICU, etc. Wards were 4-bedded and very tiny and cramped. There was hardly any room between beds and no mattresses or covers. The patients and their families had friendly smiles for the visitors. We saw two tiny newly-born babies, less than three pounds each, and expectant mothers awaiting delivery. We entered the ICU baby unit where there is only one incubator. It was occupied by a tiny little child, with tubes, monitors and a central line in situ. The cardiac ward had huge black oxygen cylinders by the beds and breathless, skinny patients who were helped by their relatives. The ICU had six beds and limited equipment, but the nurses were loving and attentive. Anxious relatives waited in the corridors outside. Toilet conditions were bad; corridors had cracked tiled floors and holes in the ceiling. Patients everywhere: it was very distressing! They could do with so much, but the care and love given was exemplary. We left full of admiration for the doctors and nurses working there, wishing that we could help. I would love to raise money for another incubator.

The Director and former Director of the British Friendship Hospital, Drs. Mau and Lan, had come to Ha Tinh to meet us and accompany us to Ky Anh, where we met the District People's Committee. They told us that there are 750 victims of Agent Orange in the district, of whom 120 are severely disabled, and there are 5,858 blind. It is an extremely poor area,

due to poor farmland, bad weather conditions and the legacy of the American war. We went on to visit a commune clinic about 20 kilometres away, driving through beautiful countryside with mountains in the distance, but bomb craters still visible along the way. We discussed the problems that were encountered in the commune, including diarrhoea, deltoid disease, summer 'flu and chest problems.



On the Saturday afternoon, we visited the British Friendship Hospital and had a long meeting with the Director and hospital staff, afterwards going on to visit another commune clinic and then to Ky Anh Deep Water Port. This is a Government initiative to create a port and industrial area trading with Laos and Eastern Thailand. It has been in construction for two years but it will be two more before it is finished. It is hoped that it will bring some wealth into the area. A new road from Laos means that that country is no longer land-locked.

On Sunday, our last day in Ky Anh, we awoke to a beautiful hot day. We set off to tour the British Friendship Hospital, which we equipped when it was built twenty-five years ago and have



supported throughout the years. New equipment is desperately needed, however, and we discussed this with the staff. We toured the hospital and saw the memorial plaque to Dr. Joan McMichael-Askins along with photos showing MSAVLC's involvement in the hospital. In spite of its difficulties, the atmosphere was good and it was obviously a well-run institution. We then visited the Blind Association, which we also support, and were told by the Director that, due to our help, things have improved. We were handed a poem



written by a blind woman, telling us of their appreciation for the sticks which we had supplied and thanking us "strangers from a foreign land". It was very moving. We met two blind teenagers who had been awarded prizes for their handicrafts. We also saw the two enormous Braille bibles which they had obtained for their Christian members.

We did have some lighter moments on the trip and the people were lovely. The area was completely without tourists, so we were stared at and followed wherever we went. Children shouted "Hello" as they bicycled past; sometimes they completely surrounded us, wanting to be

photographed. They were lovely and full of fun. After one evening meal, we were asked to chat with some students to practise their English, and had a fascinating time chatting to them and swapping cultures. One of them sang us some traditional country songs, telling us how every child, who has to leave his home, dreams of returning one day to his river.

On our way back to Hanoi, we had been invited by Cuong, our PACCOM guide, to his home to meet his parents. His father is a retired fisherman and ex-naval officer. The village was lovely, very near the sea and very peaceful. We were greeted most warmly and given a delicious meal of newly-caught sea food; some of us sat cross-legged on a boarded bed which half-filled the living room and the rest of us on tiny plastic chairs. All Cuong's aunts and little cousins and his two younger sisters had come to see us. Before we left, we met his grandmother, a charming old lady of seventy-four, who just wanted to hold our hands and stroke our arms.

Mary Lidgard



WARMEST THANKS AND CONGRATULATIONS
to Daniel Meekings who recently did a FIVE-DAY sponsored silence which resulted in a magnificent £200 for All Ears Cambodia.



OBITUARIES

It is with much sorrow that we have to announce the deaths of three very long-standing loyal friends and supporters of the people of Vietnam:

Dave Atkinson of Newcastle-on-Tyne, Mr. M. Epstein of Crouch End and Mr. Stewart Valdar of London.

When the BVA was in existence, Stewart had produced their excellent quarterly newsletter – a publication packed with reliable information. Our deepest sympathy goes to their families and friends and we give thanks for having known them.

DR. ANNE MCLAREN, DBE, FRS

It was with very great sorrow that we heard the news of the death in a road accident of our Vice-Chairman Dr. Anne McLaren, DBE, FRS. She had been elected to this post in 1997 in succession to Professor Shellard.

She was Director of the Medical Research Council's Mammalian Development Unit in London for 18 years until 1992 and for the previous 15 years she worked for the Agricultural Research Council in C. H. Waddington's Institute of Animal Genetics in Edinburgh.

Her research has ranged widely over developmental biology, reproductive biology and genetics and in recognition of her research achievements, she was awarded the Royal Society's medal.

She was a member of the Warnock Committee on Human Fertilisation and Embryology, served on the Voluntary (later Interim) Licensing Authority for *in vitro* fertilisation and embryology and was a member of the UK Fertilisation and Embryology Authority. She has chaired the Scientific and Technical Advisory Group of the WHO's Human Reproduction Programme and was a member of the Nuffield Foundation's Bioethics Council.

From 1991 to 1996, she served as Foreign Secretary and Vice-President of the Royal Society (the first woman officer in 332 years!).

She had been working at the Wellcome/CRC Institute of Cancer and Developmental Biology in Cambridge until her death.

MSAVLC was privileged to have had a scientist of such distinction and achievement with us and it is perhaps an indication of the importance which Dr. McLaren considered the work of MSAVLC to be that she agreed to her nomination. There were lengthy obituaries listing her scientific achievements in all the national daily papers but the most personal account of her life was the *Morning Star's*, which stressed her humanity and the driving principle in her life, which was that everything she did should be directed to the betterment of humankind. This was how we knew her when she was able to join us, for example, at Annual General Meetings Ironically, not long before her death, we had been discussing the possibility of her coming to Vietnam next time a group was going.

Madeleine Sharp

ANTI-TRACHOMA PROJECT – FINAL STAGE

In Bulletin 148 (August 2006), we reported:

We now come to the final phase of the project: inclusion of the remaining five district – Tinh Gia, Muong Lat, Quan son, Quan Hoa and Nhu Xua - the four last-named being in remote areas of the province. As the crow flies, they are no farther than many other districts but because of winding roads with bad surface, it takes the better part of a day to get there. In addition, the population is sparse and scattered, standard of living is very low, malnutrition is common and the people have to be completely self-reliant for their food supply. Consequently, many families keep their children at home to help with the chores, so primary schools are not in the same useful position to spread knowledge and advice as in other districts. Moreover, because many of the people belong to ethnic minority tribes, pamphlets and leaflets will have to be in two languages and there is also a great deal of superstition to be overcome. All this means that the cost of the project will be about 25% higher than in other districts.

Yet, just because of all these difficulties, implementation of the project here is probably of particular importance since it will have wider benefits than eye care. The estimated cost for the first year of the project is £39,302, of which £14,710 is needed in the first quarter. But this would benefit a population of

166,000, of whom over 35,000 are children of nursery and primary school age.

However, in common with many other smaller charities, we have suffered a serious fall in donations over the past eighteen months as various disasters have taken first call on public generosity. It would be little short of tragic if we had to abandon this project before it was complete, particularly since the population of districts not yet included, as a reservoir of infection could actually undo much of the previous achievement.

During our June visit Vietnam, we were able to have a long and useful discussion with Dr. Ngo Hong, the director of Thanh Hoa Eye Hospital (as the Eye Centre has been re-named) regarding some difficulties not yet detailed. These relate to the customs, beliefs and superstitions of the population. There is a widely held belief that the eye infection is the result of misdemeanours of ancestors for which the present generation is being punished by angry gods and therefore cannot be treated. Also, a significant proportion of the population is illiterate and pamphlets and leaflets are thus of no use. Another very useful item in the health education programme has been the excellent posters which we have previously seen on widespread display. But a decision to approach these has to be taken by anyone interested and, if you believe that nothing

can be done, there is no point in making the effort.

Dr. Ngo Hong and his colleagues feel that the solution to this is to put enormous posters (about 5 metres x 2.5 metres) on display on hoardings.

These could not be ignored and could go a long way towards counteracting deep-seated pessimism, apathy and hopelessness in the population. (I am reminded of what happened when teams of surgeons and nurses from Thanh Hoa Provincial Hospital went to distant parts of the province to repair hare-lips and the waiting list of 800 suddenly increased by 50% as families with affected children saw that indeed “something could be done”).

But these huge posters are expensive, costing about £25 each, and 120 are needed, making a total cost of £3,000. (We have been reliably informed that this is a bargain: in the UK they would cost three or four times as much!) But their provision is so obviously the solution to the entrenched problem that we have made strenuous efforts to find the necessary money and we are delighted to be able to announce that the Kitchen Table Charities Trust (which had already sent a very useful grant to All Ears Cambodia) has just awarded us a grant for this amount. Needless to say, we are immensely grateful and we have passed on the glad tidings to Dr. Ngo Hong.

Madeleine Sharp

A MESSAGE FROM THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

Once more, it is time to think of ways of saving money to help in our support for projects in Vietnam, Laos and Cambodia. The money we have to spend on our projects varies month by month and it is often very difficult to decide which must have priority.

They all should be first choice but obviously this cannot be and in many cases the Executive Committee has to

make difficult decisions.

Our Vietnamese friends have been very understanding and have accepted our assurances that “when we’ve got it, they’ll have it.”

How do we decide which is the most deserving? Is it sufficient to know that we can help one area while another goes without? How do we know our priorities are correct? I find personally it is very

difficult to decide whether, for example, we should give more help to Ky Anh Hospital knowing this might mean less help for Thanh Hoa?

Fortunately, and largely thanks to your response to my earlier appeals, our financial situation is better than it was but we have still got to be exceedingly careful.

Margaret Methley

Published by:
Medical & Scientific Aid for Vietnam, Laos and Cambodia,
49 Baginton Road, Coventry CV3 6JX
Telephone 024 7641 4512
Registered Charity No. 252906

Printed by Sharpe Media Ltd. 83-87 Cambridge Street, Coventry CV1 5HU

VIETNAM, LAOS & CAMBODIA MEDICAL & SCIENTIFIC AID NEWS BULLETIN
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