

Surgical volunteerism in Vietnam:

**Surgeons and educators
strengthen
the U.S.-Vietnam relationship**

**by Quyen D. Chu, MD, FACS;
Gazi Zibari, MD, FACS;
and Hung S. Ho, MD, FACS**

Vietnam is a developing country in Southeast Asia with a population of approximately 84 million people. It is a beautiful country with many breathtaking landscapes. Socio-economically, Vietnam is mostly agrarian, although it is moving from a centrally planned economy to a market economy.¹ In 2010, U.S. Secretary of State Hillary Clinton visited with Vietnam Deputy Prime Minister Pham Gia Khiem to celebrate the 15-year anniversary of the normalization of Vietnam-U.S. relations.² The importance of this relationship was further highlighted by President Barack Obama's April 2010 meeting with Prime Minister Nguyen Tan Dung at the Nuclear Security Summit in Washington, DC.³

As part of its improving relationship with Vietnam, the U.S. has provided a significant amount of medical assistance to the nation, and is the largest donor in the fight against pandemic and avian influenza. The U.S. also provided more than \$46 million in aid for Vietnamese citizens with disabilities.^{4,5} In addition to these efforts, under President George W. Bush, Vietnam received approximately \$420 million in assistance from the president's Emergency Plan for AIDS Relief.⁶

In addition to bolstering Vietnam's economy and enhancing its health care infrastructure, the U.S. has been assisting Vietnam in its efforts to strengthen its educational system. Currently, more than 13,000 Vietnamese nationals are studying in the U.S., a figure that far exceeds the 800 students accepted before the normalization of relations between the two countries.⁵

Genesis of the VEF

One organization that is playing a key role in this important educational endeavor is the Vietnam Education Foundation (VEF),⁶ an independent establishment under the purview of the executive branch of the U.S. federal government. The Vietnam Education Foundation Act of 2000 (U.S. Public Law 106-554) was established by Sen. John Kerry (D-MA), Sen. John McCain (R-AZ), Sen. Bob Kerrey (D-NE), Sen. Chuck Hagel (R-NE), Sen. Charles Robb (D-VA), Sen. Max Cleland (D-GA), and Reps. George Miller [R-CA] and Lane

Opposite, background: A contemplative Vietnamese farmer in the North Vietnamese town of Sapa (photo courtesy of Mr. Thanh Tien Nguyen). Inset: Drs. Zibari, Dean, and Chu perform a modified radical mastectomy at Vietnam National Obstetrics and Gynecology Hospital-Hanoi.

Evans [D-IL].^{7,8} The U.S. Congress passed the legislation on December 20, 2000.⁷

The genesis of the VEF can be traced back to the normalization process that was started by then-Secretary of the Treasury Robert Rubin, in 1997.⁸ Just before the Vietnam War ended, the Republic of Vietnam (South Vietnam) had borrowed hundreds of millions of dollars from the U.S. government for its war effort. As part of the agreement for normalization between the two countries, the current Socialist Republic of Vietnam agreed to assume the wartime debt of its former enemy, the defunct Republic of Vietnam, and thus repay the \$146 million debt to the U.S.⁸ In return, the U.S. afforded Hanoi financial incentives, such as international borrowing. The two nations subsequently signed the bilateral trade agreement, which further strengthened their bond. Soon thereafter, Hanoi became a member of the World Trade Organization, and the U.S. conferred to Vietnam the permanent normal trade relations status on December 29, 2006.¹

VEF's educational mission

Of the millions of dollars transferred annually from Vietnam to the U.S. Treasury, \$5 million are earmarked for the VEF.⁷ The mission of the VEF is to establish an international fellowship program under which Vietnamese nationals can undertake graduate and postgraduate level studies in the sciences (natural, physical, and environmental), mathematics, medicine, and technology in the U.S. Another component of the VEF allows U.S. citizens to teach in these fields in Vietnam's academic institutions. The VEF's purpose is to further promote the process of reconciliation between the U.S. and Vietnam, and the building of a bilateral relationship serving the interests of both countries.¹

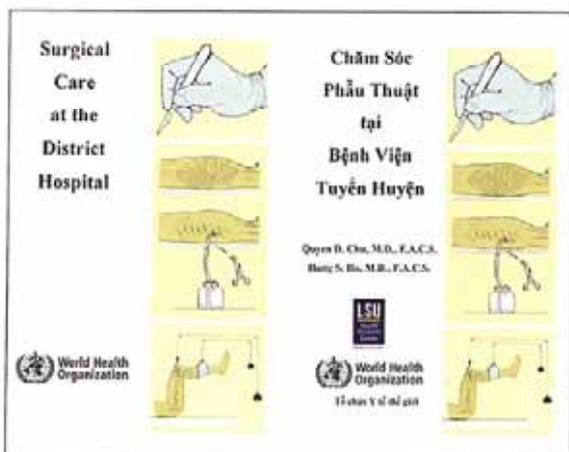
As part of its mission, the VEF has several programs, one of which is the U.S. Faculty Scholar program. The goal of this program is to select U.S. faculties to teach courses in English at Vietnamese universities either on-site in Vietnam or by interactive, real-time videoconferencing from the U.S. In order to select the scholars, the VEF engages the U.S. National Academies to identify and select qualified American faculty.¹

Role as a VEF U.S. faculty member

In 2009 and 2010, Hung Ho, MD, FACS (co-author of this article), and I (Quyen D. Chu, MD, FACS) were selected to be two of the three faculty



Vietnam Education Foundation U.S. faculty scholars teaching at Thai-Binh Medical University, Vietnam. Dr. Ho (front left) and Dr. Chu (front right).



A World Health Organization book translated into Vietnamese.

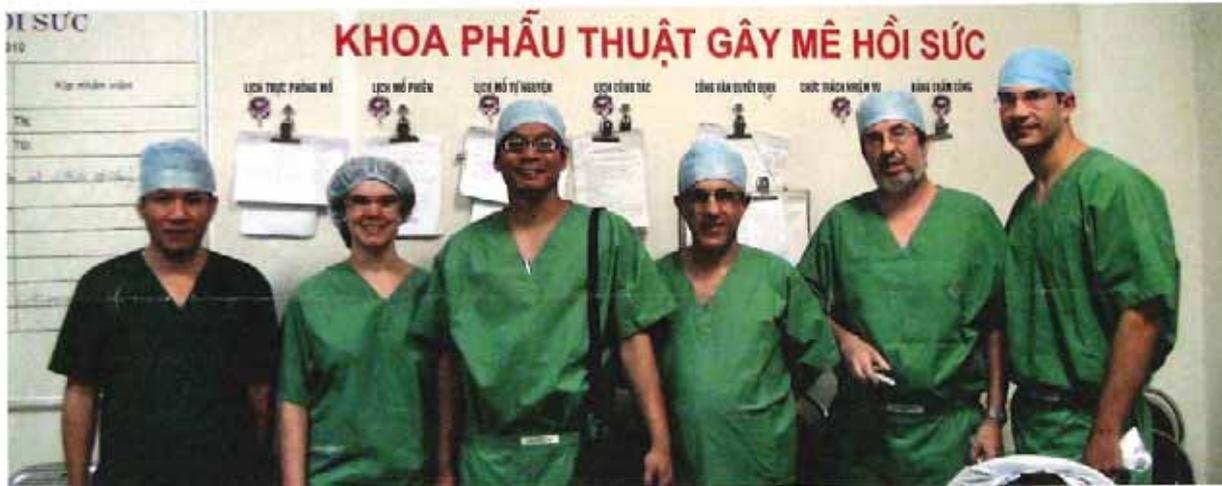


A patient from a rural region in Vietnam with a locally advanced breast cancer.

members (the third faculty member was civil engineer Findlay Edwards, PhD, from the University of Arkansas, Fayetteville) to receive the VEF U.S. Faculty Scholar award. As a joint effort between the Louisiana State University Health Sciences Center-Shreveport and the University of California-Davis School of Medicine, Sacramento, our course, *Fundamentals of Clinical Surgery*, was delivered to students at Thai-Binh Medical University (TBMU), Thai-Binh,

Vietnam, via real-time videoconferencing. The course allowed for the delivery of didactics on basic surgical principles while allowing us to interact with, and learn from, the students and faculty members at TBMU.

In addition, Dr. Ho and I felt obliged to assist Vietnam with building the capacity of its medical education. Consequently, we had the book, *Surgical Care at the District Hospital*, which was published by the World Health Organization, translated into Viet-



At Vietnam National Obstetrics and Gynecology Hospital-Hanoi. Left to right: Dr. Hao Pham, a Vietnamese surgical colleague, with U.S. surgeons Dr. Lacour, Dr. Chu, Dr. Zibari, Dr. Halldorsson, and Dr. Dean.

namese. A total of 100 hard copies of this 600-plus page book were printed and more than 100 compact disc versions of the book were created and donated to the Vietnamese government, to be distributed freely to the hospitals and medical schools throughout the country. We also granted permission for not-for-profit organizations, such as VEF and Global Help, which provides free health care information to developing countries, to obtain the PDF version of the translated book. This text was then made available on the organizations' websites.

Surgical volunteering mission

In October 2010, Gazi Zibari, MD, FACS (a co-author of this article) and I decided to go to Vietnam to present our first annual International Vietnam-American Surgical Symposium. What prompted this decision was the realization that the pace of novel surgical paradigms and techniques is quite rapid in the U.S., and health care professionals are able to stay informed of developments by attending societal meetings, workshops, and symposiums. Unfortunately, for individuals in the developing nations, such an endeavor can be cost prohibitive, especially if it requires the participants to cross oceans to attend. Therefore, we decided to bring the symposium to Vietnam. The theme

was Maternal Health and Capacity Building and the meeting took place at Vietnam National Obstetrics and Gynecology Hospital in Hanoi. Five U.S. surgeons participated in the half-day event: Dr. Zibari; Dr. Chu; Ari Halldorsson, MD, FACS; Robin Lacour, MD; Marc Dean, MD; and Carolina Escobar, MD. Each gave a 30-minute lecture. Approximately 100 participants were present at the symposium, including some from Cambodia and Laos. This program was made possible with the support of pivotal organizations, such as the VEF, the Vietnam National Obstetrics and Gynecology Hospital in Hanoi, the International College of Surgeons, and such pharmaceutical companies such as Ethicon and Covidien.

Following the symposium, we spent several days visiting different hospitals in Hanoi—Vietnam National Obstetrics and Gynecology Hospital-Hanoi, the Vietnam National Cancer Institute-Hanoi, and the Vietnam Ear, Nose, Throat Hospital. At the Vietnam Ear, Nose, Throat Hospital, we witnessed some amazing, eye-opening cases. There were two cases of minimally invasive thyroidectomies that were performed by a surgeon who has done more than a thousand of these cases. Two small incisions near the axilla were the only incisions required for the operation. Witnessing this procedure were sev-



A typical operating room at the Vietnam National Cancer Institute-Hanoi.

eral surgeons from various Southeast Asian nations who were there specifically to learn how to perform this procedure.

Vietnam's surgical infrastructure

We were amazed at what our Vietnamese counterparts could accomplish with limited resources. They had modern laparoscopic equipment, which had been donated by a variety of international governmental and non-governmental agencies, and we found the surgeons to be quite facile in their laparoscopic skills. Unlike what is typically found in U.S. hospitals, the operating trays had only a handful of instruments. The Vietnamese surgeons only used what was needed and recycled many of the instruments that we would normally discard after a single use. Many of the surgeons performed instrument ties rather than hand ties so they could maximize the use of a stitch.

After scrubbing our hands, we were told to dip them in a bowl of alcohol and dry them on cloth towels. We were not so sure about the use of the alcohol, but according to our hosts, this practice cuts down on the

infection rate. Prophylaxis antibiotics are rarely used, and we really don't know their postoperative infection rate. One thing we did note is the paucity of obesity in Vietnam, which certainly might contribute to the low infection rate.

The lighting in the operating room (OR) was another area of interest. Some hospitals had only one standard overhead OR light. Additional lighting was supplemented by what appeared to be reading lamps. Our scrub nurse had to constantly maneuver herself and the lamps to give us adequate lighting.

Ovecrowding seems to be a universal issue. We saw two bed frames pushed against each other to accommodate three or more people, many of whom had terminal cancer. There were no bed cushions, just straw mats on top of the frames.

Vietnam does not have the infrastructure to care for the terminally ill. Most are sent home to die and be cared for by their loved ones. A palliative care program is more of a wish list item than a reality.

The country is in dire need of medical assistance. Hue College of Medicine and Pharmacy, Hue, Vietnam, cares for a population of more than 20 million



Dr. Zibari conversing with patients lying on the street next to a hospital.

people and is considered to be one of Vietnam's major medical schools. It diagnoses about 70 new cancer cases per month, and yet, it does not have a linear accelerator.¹⁰

As the medical team wrapped up the trip, we realized how fortunate we are to be living and practicing in the U.S. Somehow, issues such as the health care debate or the concerns of medical reimbursement all seemed so far removed from our minds. All of us felt a sense of sympathy, and we pondered what more we could do to alleviate the sufferings of others. This feeling transcends race/ethnicity, socioeconomic class, and politics. It dawned on the medical team that surgical volunteerism is one of the things that defines our profession as a noble one.

Future efforts

We are motivated to continue our effort in assisting Vietnam with its medical education. I recently received another VEF grant to begin a course titled The Management of Breast Cancer. The goal of this course is to assist the local surgeons at TBMU to establish a multidisciplinary approach to managing

breast cancer. Part of this effort will be addressed in a small handbook introducing and discussing the basic principles of breast cancer. In addition, Dr. Zibari and I have created a 501(c)(3) not-for-profit organization to sustain the effort.

Regardless of the limitations and challenges outlined in this article, we had a wonderful time with our hosts, exchanging jokes and sharing our "war stories." The people in Vietnam are some of the most gracious and industrious individuals that we have ever encountered. Despite the differences in culture, we felt a sense of camaraderie among our surgical colleagues. We shared many things in common and, overall, we all felt a sense of accomplishment, even in conditions to which we were not normally accustomed.

Conclusion

After 15 years of normalization, Vietnam has become the U.S.' strategic Southeast Asian ally.¹¹ This important relationship is underscored by Secretary Clinton siding with Vietnam in the 2010 Vietnam/Chinese disputes over the Spratly Islands in the Southeast Asia Sea. Approximately 85 percent of the

ships carrying oil for China, Japan, and South Korea pass through this area.^{11,12} This area is also abundant with oil and natural gas; there are approximately 213 billion barrels of oil and 900 trillion cubic feet of natural gas.¹³ Naturally, hegemony of this abundant natural resource by any one nation in this region could potentially complicate the world's geopolitical landscapes.

Surgeons have a role that can further strengthen the relationship between the U.S. and Vietnam, and this is paramount to the posterity and prosperity of both nations. 

References

1. U.S. Department of State. Background note: Vietnam. Available at: <http://www.state.gov/r/pa/ei/bgn/4130.htm>. Accessed September 22, 2011.
2. U.S. Department of State. Remarks with Vietnamese foreign minister Pham Gia Khiem. Available at: <http://www.state.gov/secretary/rm/2010/10/150189.htm>. Accessed September 22, 2011.
3. Stone D. Nuclear security summit: The guest list. *Newsweek*. Available at: <http://www.newsweek.com/blogs/the-gaggle/2010/04/12/nuclear-security-summit-the-guest-list.html>. Accessed September 22, 2011.
4. U.S. Department of State. Agent Orange in Vietnam: Recent developments in remediation. Available at: <http://www.state.gov/p/eap/rls/rm/2010/07/144702.htm>. Accessed September 22, 2011.
5. U.S. Department of State. U.S.-Vietnam relations: Milestones and major events. Available at: <http://photos.state.gov/libraries/vietnam/8621/pdf-forms/15anniv-USVietnam-Relations.pdf>. Accessed September 22, 2011.
6. Vietnam Education Foundation. Available at: <http://www.vef.gov>. Accessed September 22, 2011.
7. Senate passes Sen. Kerry's Vietnam Education Foundation Act of 2000 [press release]. Available at: <http://kerry.senate.gov/press/release/?id=07947a59-a58b-4164-8683-6e6fb4d0f5e2>. Accessed September 22, 2011.
8. GovTrack. H.R. 5581: Vietnam Education Foundation Act of 2000. Available at: <http://www.govtrack.us/congress/bill.xpd?bill=h106-5581>. Accessed September 22, 2011.
9. Public Broadcasting Service. *News Hour* [transcript]. Available at: http://www.pbs.org/newshour/bb/white_house/jan-june97/rubin_4-10.html. Accessed September 22, 2011.
10. Hue College of Medicine and Pharmacy. Available at: <http://www.huemed-univ.edu.vn/?lang=en>. Accessed September 22, 2011.
11. BBC News. U.S. and Vietnam stage joint naval activities. Available at: <http://www.bbc.co.uk/news/world-asia-pacific-10925061>. Accessed September 22, 2011.
12. Lander M. Offering to aid talks, U.S. challenges China on disputed islands. *New York Times*. Available at: <http://www.nytimes.com/2010/07/24/world/asia/24diplo.html>. Accessed September 22, 2011.
13. GlobalSecurity.org. South China Sea oil and natural gas. Available at: <http://www.globalsecurity.org/military/world/war/spratly-oil.htm>. Accessed September 22, 2011.

Dr. Chu is associate professor of surgery and Albert Sklar Endowed Professor of Surgery, as well as chief, surgical oncology, and director, peritoneal surface malignancies program, Feist-Weiller Cancer Center, Louisiana State University Health Sciences Center, Shreveport, LA.



Dr. Zibari is professor and vice-chairman, department of surgery for academic affairs, Malcolm Feist Chair in Transplantation Surgery, and director, WKLSUHSC Regional Transplant Center, Louisiana State University Health Sciences Center, Shreveport, LA.



Dr. Ho is professor and chief, gastrointestinal and minimally invasive surgery, University of California-Davis Health System, Sacramento, CA.

