Old medicine in a new world
Two months in one of Southeast Asia’s busiest hospitals

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The author graduated from Columbia University College of Physicians and Surgeons in 2005. This essay won second prize in the 2005 Alpha Omega Alpha Helen H. Glaser Student Essay Competition. All photographs as noted are courtesy of the author. All others are courtesy of Son Do.

As my plane descended into Tan Son Nhat International Airport in Ho Chi Minh City (or what we southern Vietnamese still affectionately call Saigon) on a clear, sunny day in November, myriad emotions coursed through me—excitement, nervousness, delight, and fear. I was returning to my homeland, one that our family deserted long ago. Somehow, however, we still knew it well and identified with it easily. While growing up, I often tried to reject my Vietnamese heritage and believed that being Vietnamese and being American were mutually exclusive. Then my father told me patiently but firmly: “No matter how far away you live or how long you have been gone, Vietnam will always remain your native country. You should remember and value your roots.” His words never seemed clearer to me than they did when the green fields, winding rivers, and rusted metal roofs of the Vietnamese countryside filled the airplane window.

At the end of the war in 1975, my parents married and immediately began planning to flee Vietnam. They knew that with the country’s occupation by the Communist Party, the future of Vietnam would be bleak, and like most parents, they wanted their children to lead lives filled with endless opportunities. Even though no one they knew could tell them what America offered, they were willing to take the chance for something better. Everyone in South Vietnam was desperate to escape, and “boat people” by the thousands were leaving. Nearly half of them were captured and jailed by the Communists, were victims of pirates, or died awaiting rescue. My family, being a coastal fishing family, owned a boat. Through carefully laid plans and incredible luck, my father executed our escape from Vietnam in September 1979.

In 1994, I returned to Vietnam for the first time since our escape fifteen years before. I accompanied my grandparents, parents, and brothers for four weeks. My second visit was four years later, in 1998, for three weeks. In addition to my parents, my best friend from college came with me. She was an outgoing American girl from very “WASP-y” (as she would say) Wellesley, Massachusetts, a student of military history. She was entering Naval Intelligence, and was fascinated by the Vietnam War. This time, in 2003, I was returning to Vietnam alone, for two months, armed only with my rusty Vietnamese. I was going to spend most of my time in the largest government-run hospital in southern Vietnam, Binh Vien Cho Ray (Cho Ray Hospital).

My adventure started shortly after my twenty-hour flight arrived. As soon as I stepped off the plane at the airport, I could see visitors stuffing ten- and twenty-dollar bills in their passports before passing them to the Communist officials...
behind the customs and immigration counters. I knew that an extra “gift” saves you time and hassle because my family performed this ritual the first time we returned. Communist officials harbor considerable resentment for supposedly “wealthy and pretentious” returning Viet kieu (Vietnamese-Americans). Viet kieu thus endure antagonism and harassment from officials at the airport. But this time, I refused to bribe the officials and effectively contributed to this self-fulfilling cycle of corruption and greed. I knew that I had not committed any violations and was not in a huge rush to get out of the airport, so I decided to remain defiant. My stubbornness resulted in an interrogation about my family, including the exact provinces and villages they were from, a long “lesson” in the proper pronunciation and form of my Vietnamese name (last name, middle name, first name), and the proper pronunciation of certain words while they mocked my “Americanized accent.” Several minutes passed, versus twenty seconds for those with shiny bills in their passports, before they finally allowed me through, annoyed but with my resolve intact.

Then, free again, I found myself in a small Saigon taxi dodging motorbikes and bicycles, weaving from lane to unmarked lane. During fifteen minutes, we managed to hit one moving bicycle and two of Saigon’s four million Honda Dream motorbikes. “And this is a good day,” the driver explained to me in Vietnamese, seeing my mouth and eyes agape. “Those poor bastards on bicycles never get out of the way, but the motorbikes may have been my fault.” I soon learned that motorbike owners, typically wealthier and more vocal than their bicycle-riding counterparts, are also much more likely to report altercations with the drivers of errant taxis.

We continued into town, passing the “Super Bowl” bowling alley, where ex-pats and Viet kieu rolled frames far too expensive for the locals who lived next door, and countless nightclubs, where gelled-up twenties, arms around their girlfriends, leaned outside against rows of shiny, silver Honda bikes. Even at night, despite the oppressive humidity and loosely-enforced curfew, Saigon was frenetic. This was not the Saigon my parents recalled, weary and devastated after thirty years of war; nor was it the Saigon I remembered from just several years earlier, full of beggars and schoolgirls in traditional dresses riding on battered bicycles. On my own, with a personal mission to “know” the people and “feel” the country, I felt I was in a new city, unrecognizable from the photos taken either decades or a few years before. Instead of generals, children gushed about pop stars. Instead of airlifts, teenagers yearned for...
their own Honda Dream bikes. Running from the past, they found excitement, and in excitement they found hope. But hope, unfortunately, was not universal.

**Anh arrived in Cho Ray Hospital's Emergency Room just hours after I did, early in the night shift. She lay motionless on a stretcher, her arm charred black, her lips bright red and swollen, her cornea opaque under inflamed eyelids, and her hair tarred against her forehead. She appeared young, too young to be a victim of such a horrendous act. Her mother stood weeping at her side in anguish but was unable to touch her daughter's burnt face or console her shattered spirit.**

When I saw Anh being rolled in, I stood staring and stunned. After two weeks in the Cho Ray Emergency Room, I thought little could shock me. I was not prepared for yet another case that would make my stomach churn and my anger rise. Dr. Minh, the emergency room doctor with whom I came to work closely, came up behind me as I stood several feet from the patient's bed and whispered: “acid.” He saw the shock and confusion on my face, and tried to explain. Anh was a twenty-one-year-old student studying to become a make-up artist. She had been out with her friends, walking around the streets of Saigon, as do most young people on weekends. She was approached by a male acquaintance, one who had made numerous advances. This time, unfortunately, he was prepared for another rejection—with a jug of acid. In this macho society, in which male pride constantly suffers in the face of unemployment and a perceived lack of worth, this one took out all of his life’s aggressions and humiliation on a helpless young girl.

Through swollen lips, she slowly told us what transpired on that horrific night. A nurse started an IV line and began infusing fluids to make up for the volume lost through her burnt skin. An ophthalmologist and an internist specializing in burn cases were consulted. A nurse's aide stood by Anh, continually flushing her eyes with normal saline to dilute the acid to save whatever might be left of her vision.

In my first few days at Cho Ray, I quickly realized that surviving in a public hospital in Vietnam required nearly all medical personnel, from nurse’s aides to doctors, to shed their emotional coats at the entrance to the hospital. The lack of resources and the large number of patients meant that there was only so much that physicians and nurses could do. This sense of helplessness and frustration, along with a culture of stoicism, has slowly created an atmosphere of cynicism and apathy in health care professionals there. Emotional detachment is a quality that health care providers in Vietnam appear to have adapted to survive. I had not yet reached that point, and so I stood next to Anh for several minutes, shocked and sad, as the emergency room continued to bustle, uninterrupted.

**By and about the author**

I was born in Cam Ranh Bay, a small fishing village on the central coast of Vietnam. After escaping from Vietnam, my family settled in Northern California, where I grew up surrounded by my very large and very supportive family before heading east for college and medical school. I completed my undergraduate degree in biology and psychology at Yale University in 2000 and my MD/MBA at Columbia University in 2005. After braving the bitter East Coast winters for nine years, I recently decided to put an end to the misery and returned home to California to begin my internship at the Santa Clara Valley Medical Center followed by a residency in radiation oncology at the Stanford University Medical Center.
After getting settled into my aunt’s house, I ventured into the markets where everyone gathers to exchange goods, money, and gossip. Large cities and small villages are built, both economically and socially, around markets. Stalls full of all types of fresh food and household goods are set up each morning. Housewives do their daily shopping at the break of dawn, and stalls begin to empty by early afternoon. Walking around, I found hand-picked produce, freshly-slaughtered meats, fish still flopping around in shallow tubs of water, mounds of white rice and dried anchovies, bright purple orchids and red roses, stacks of fabric in all colors and textures, rubber slippers, leather shoes, handwoven bags, and every variety of plastic household good that I could possibly imagine.

As I walked by each stall, I drew constant and relentless requests from the stall-keepers to purchase their goods. They offered prices that, when converted to U.S. dollars, made me wonder why they did not just give it away. The Vietnamese dong (đ) exchanged at about fifteen thousand dong to one dollar. No matter how many times I have been back to Vietnam, it still shocks me to realize that I could buy a kilogram of bean sprouts for two hundred dong (one cent), a sandwich for two thousand dong (ten cents), a kilogram of guava for six thousand dong (forty cents), and, nearly anywhere, a whole meal for less than fifteen thousand (one dollar). Regardless of prices, two rules of life in Vietnam remain constant: you must bargain, and you must bargain well. As a friend of mine put it, “Vietnam may be one of the few remaining Communist countries, but this is the freest market I have ever seen.”

Built in 1900, Cho Ray Hospital is located in the Chinatown area of Ho Chi Minh City, and carries the name of an old, large market that was a focal point of the district. Under the governance of the Minister of Health of Vietnam, Cho Ray serves as both a teaching hospital and a referral center for patients throughout southern Vietnam. Cho Ray employs 2,270 health workers, 500 of whom are physicians and pharmacists, and delivers treatment to over 457,000 outpatients and 67,000
inpatients per year. In 1974, the Japanese aided in the addition of a massive and modern—albeit ugly—structure to the original old wing and transformed Cho Ray into one of the largest hospitals in Southeast Asia. In 1992, the Japanese International Cooperation Agency provided an additional twenty-five million dollars for a major renovation, the first improvements made to Cho Ray Hospital since the main structure was built in 1974. The grant was provided on the condition that Japanese companies would be awarded contracts for improvements and upgraded medical equipment such as a CT scanner, cardiac monitors, operating room equipment, and ventilators.

The building is open and airy because air conditioning costs are prohibitive. Metal “shutters,” instead of windows, allow drafts to flow freely through the stuffy interior, which results in a permanent layer of black dust everywhere, a half-inch thick reminder that Vietnam, even with the help of the Japanese, still has a long way to go. Six elevators are controlled by security personnel who, in my opinion, are really the ones who run the hospital. They dictate who gets on which elevator when, and unless you wear a white coat or accompany a sick, immobile elder, you can count on taking the stairs. I smirked each day when I walked by the elevators because the entire situation reminded me of a “Seinfeld” episode, only with four elevator Nazis to battle instead of a lone soup Nazi. Unfortunately, with thousands of people coming through the hospital daily, controlling access to the elevators controls the traffic and enables doctors and patients to get to where they need to go. Cho Ray’s hallways and stairwells are constantly packed with patients and visitors. Family members accompany patients when they are admitted to the hospital, a cultural and practical custom, because family members often handle such routine duties as cleaning patients and providing wound care that overworked nurses cannot provide. Family members sleep on straw mats on the floor spread throughout patient rooms and hallways. Each patient room has eight “beds,” which are merely stretchers, most occupied by two patients. The emergency room and ICU both have stretchers packed side to side; no patient has privacy.

Although health insurance is increasingly available in Vietnam, only a small percentage of the wealthy can afford it. The remainder usually wait until symptoms become unbearable before seeking medical attention because all expenses are paid out of pocket. A single night in the hospital costs between fifty thousand and one hundred thousand dong (between three and seven dollars), excluding meals, medications, and necessary tests. A CT scan costs one million dong (about seventy
dollars) while an MRI costs one million five hundred thousand dong (about one hundred dollars). Although not insignificant sums, these fees are nevertheless “affordable” enough to keep the CT and MRI machines running nearly twenty-four hours a day, leading to some hefty profits for hospitals. Cho Ray is a public hospital, and policy is to treat all patients regardless of ability to pay. It officially operates on a sliding scale payment system, but I never did understand how hospital administrators determined this sliding scale or calculated how much a patient’s family is capable of paying.

The average doctor at Cho Ray makes approximately one million dong per month, less than seventy dollars. Neurosurgeons make two million dong (one hundred thirty-five dollars) per month, plus an extra sixty thousand dong per surgical case, a significant increase from the compensation paid earlier in the year of fifteen thousand dong per case. It is difficult to imagine compensating a neurosurgeon one dollar for every brain surgery case. My father’s response to this was, cynically, “With those types of figures, no wonder corruption is so rampant.” While the cost of living is low (my aunt requires about two dollars a day at the market to buy food for a family of four), a new Honda Dream motorbike is still two thousand dollars, and buying a house in Saigon can cost anywhere from twenty thousand to two hundred thousand dollars.

As a result, a doctor at Cho Ray has the option of opening his own private clinic and working there after hours in the evenings and on weekends to make extra money. Well-established doctors can make up to three hundred dollars a month in their clinics and, combined with their hospital salaries, can earn upwards of four hundred dollars a month. I have often wondered if bribery also exists within the hospital, since it is present in every other segment of Vietnamese society. Dr. Minh confirmed my suspicions and told me about its many forms: families give gifts to nurses for “special care” of their family members, or to surgeons for “graciously rescheduling operations to earlier dates.” She also told me that the administration is trying to crack down on the problem or—perhaps—attempting to make it less obvious.

Although the hours are long and salaries meager compared to those of doctors working in private hospitals around the city, working at Cho Ray gives a physician prestige. My first month at Cho Ray was spent in the emergency room, where I was placed on a team, or “tour,” as it is called. I worked with seven doctors, three senior and four junior, and followed their...
team’s schedule of a morning shift (7 AM to 3 PM), followed the next day by an afternoon shift (2 PM to 10 PM), and the third day a night shift (9 PM to 8 AM) before starting the cycle all over again. While in New York, I could regularly work fourteen-hour days and feel fine. Surprisingly, before the end of my eight-hour shifts in the Cho Ray ER, I was exhausted beyond belief. Doctors at Cho Ray work seven days a week, 365 days a year, with the exception of one week of vacation each year. The schedule, the lack of air conditioning in the ER, and the good reputation of Cho Ray’s neurosurgery department throughout Southeast Asia, prompted me to switch to neurosurgery for my second month. Only in Vietnam does one make a positive lifestyle decision by choosing neurosurgery.

As doctors at Cho Ray achieve seniority, they are given more liberties in their schedules and responsibilities. For a young doctor, however, the schedule is very rigid, and department chairs do not hesitate to publicly reprimand those who do not satisfy expectations. No matter how many times I witnessed such exchanges, my discomfort level never diminished and it was an environment to which I never became accustomed.

Respect is a value that all Vietnamese children learn early. There is no Vietnamese word for “you.” Instead, innumerable titles exist by which others are addressed. There is one word for those who are younger, em, which contrasts the countless titles to differentiate those who are older, both in terms of sex and age. It is disrespectful to address someone older by his given name. Recalling my Vietnamese and all the rules of grammar and propriety was difficult to do after so many years of living far away. For my first few days in Vietnam, my language skills were rusty. My aunt’s family occasionally teased me for my “American-accented Vietnamese.” For better or worse, my ability to speak, but inability to read or write, Vietnamese prevented me from reading and writing in patients’ charts while in the hospital. Consequently, I was allowed more time to talk to patients, to practice my clinical techniques, and to discuss cases in depth with the doctors. Although my responsibilities at Cho Ray were far less significant than those I had as a third-year medical student, I left with a much greater appreciation of how far one can get armed with good physical examination skills and a solid background in the basic medical disciplines. I was impressed at how much the doctors at Cho Ray were able to accomplish.
in spite of the meager resources, the uncomfortable, rough environment, and the relative lack of incentive to do more for lives that are viewed so cheaply.

The wrenching sadness of poverty

He was already hooked up to a respirator in the critical care room of the emergency department when I arrived that morning. He had come in the previous night following a heroin overdose. He was a young, thin male in his mid- to late-twenties, bare from head to toe except for a pair of tattered shorts. My first thought was, “A heroin addict? Can’t he find a better way to help his obviously poor, suffering family than to be addicted to this stuff?” I was angry, even though I tried to remain unbiased. But my anger was directed at the patient, the heroin, or the society that left young, desperate people dependent on drugs. Heroin, opium, and methamphetamines are huge problems for the male Vietnamese twenty-something, just as AIDS is an equally large, if not bigger, problem for the female Vietnamese twenty-something. Soon, however, I learned this patient’s true story and felt guilty for my premature presumption. I was correct on one count—he came from a poor family. But he was not a heroin addict, he was a patient with renal disease on chronic dialysis who felt extreme guilt for burdening his family with his medical bills. Because of his disease, he could not work to support his family, and was relegated to watching them make sacrifices to keep him alive. Once his guilt became unbearable, he decided that suicide was preferable.

By the end of my shift, he was being slowly weaned off the respirator. What his prognosis was, I did not know. His story was so heart-wrenching that I chose the cowardly route and decided not to get involved. I never did return to find out his fate.

A hands-on clinical clerkship at its best

After two months at Cho Ray, I was amazed by the variety of the cases I witnessed, from an endless stream of motorbike accident victims, to land mine casualties, to adolescents overdosing on antihistamines because of low test scores, to men in bar fights involving machetes. By the end of my rotation in the emergency department, I thought I had seen every kind of trauma case possible and stitched up wounds in more parts of the human body than I had been exposed to during my entire third year at medical school, gaping wounds that I still cannot figure out how I aligned and brought together. On a productive day, I was allowed to continue suturing until my back ached from sitting bent over and my eyes were strained from the dim lighting. But when I got to the neurosurgery department, I realized that there were many more cases to see at Cho Ray and more clinical skills to learn. I returned to the United States able to bore holes through skulls with handheld drills, saw through skulls with handheld saws, suture the thickest of scalps, and perform lumbar punctures without ever feeling for bony landmarks. In fact, I performed more lumbar punctures during any one shift at Cho Ray than in all the years of medical school. Throughout this rotation, the neurosurgeons were constantly entertained by my failure to recognize tools because they were so outdated. While they were entertained, I was astonished by their resourcefulness and how much they were able to do with the limited technology and equipment. It was a tough but amazing two months in this “urban” hospital set in an otherwise primitive, third-world country.

As a visiting medical student, my official role was that of an observer, but I was fortunate enough to have met several friendly doctors who not only taught me a great deal of medicine, but also allowed me to participate in patient care. Aside from explaining to the curious physicians how we did certain things at my medical school, I learned a lot more than I taught during these two months. My medical ignorance meant that I was thrilled to indulge the many physicians and nurses who asked if they could practice their English with me. I was also fortunate to have had the opportunity to live with and come to truly love my aunt’s family, who did a wonderful job serving as my surrogate family in a familiar yet strange place. I will truly miss the steady stream of warnings my aunt and uncle would send me off with before I went to work each day: “Be careful with your bag,” “Watch those Honda-bikes,” “Be careful what you eat off the street stalls,” and my favorite, “Don’t let those doctors make you work too hard!”

While in Vietnam, the injustices that struck me deepest were the incredible disparities in quality of life and the depth of human suffering. What I witnessed left me with a sense of sadness for the people who continued to suffer in the aftermath of decades of war and loss, as well as anger for the present-day stifling bureaucracy and inequalities of life. But despite all that, I also left with a lingering sense of hope, both for the future of my country and for a young population that has left the past behind and is ready to create and grasp any opportunity for a better life.

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They asked the right questions, as they had been taught. Her body examined, omissions were naught.

“Left side facing down, chest over the side. A deep breath, breathe out!” No strange sounds to hide.

“Well, what did you hear?” I asked them in turn. “A rumble, a snap,” and rales to discern.

“What else did you learn?” I asked them for more. No answers came forth as moments before.

I looked at her face and spoke with a smile, “What should they have heard?” She paused for a while.

“The fear that I feel that each breath I take will sure be my last. I’ll no longer wake.”

Once we left her room with few words to say, for each student learned a new skill that day.

When questions are asked and answers are heard, listen for feelings that come with each word.

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The Listening Art

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Anthropologist on Venus

The devotees stand on their toes, feet cranked up on tiny slides ending in what’s called the toepiece, a triangular vise that forces the big toe out of joint. Their heels are strapped high on attenuated shafts called stilettos. Gripped by this device, we see from behind the achievement of each step—the wobble and stab of it—as the calf cramps, a rocky bulge the desideratum. Many memorialize this sacrifice in what are called thrillers: the craven pursuer runs flat out, the pursued demi-pointe, until a grate, a root, catches her up, the martyr insensibly shod.

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