

MILPHAP-19 News Letter



Remember Central Highlands of Vietnam

In 1969-70, I served as a General Surgeon in the United States Army and was assigned to the Province Hospital of Buon Ma Thuot in the Central Highlands of Vietnam. As there were no Vietnamese doctors to take care of civilian Vietnamese during the war, the army furnished physicians to cater to the needs of the civilian population of the different provinces of Vietnam. The condition and medical standards, at that time, were very primitive. Over the past 30 years, I had wondered whether or not the population of the community that I had served had survived the war, and if so, whether the



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Surgical ward in the Central Highlands of Vietnam 1970.



Dr. Karen McGinnis reviewing X-ray of patient with lung cancer.

level of the medical services had changed. Five years ago, I returned to the Central Highlands of Vietnam to evaluate the medical facilities and the delivery of medical services there. To say the least, they were substandard. I made contact with the Medical Directors of the Province Hospitals in the Central Highlands and found them eager to establish a relationship with me, whereby I might provide them with medical and surgical equipment and medical and surgical expertise. I formed a foundation, whose goal is to improve the delivery of medical services and education to Southeast Asia, and I have been returning to the Central Highlands once or twice a year. The name of the unit that I served in the military was the **Military Provincial Hospital Advisory Program-Team 19**, hence the name of this foundation.

Our last medical visit to Vietnam was in February and March of 2002. At this time, I was accompanied by Dr. Ronald Chamberlain, the Chairman of Hepatobiliary and Pancreatic Surgery at Beth Israel Medical Center, Dr. Karen McGinnis, the Chief of Thoracic Surgery at Beth Israel Medical Center, and



Vietnamese nun in Catholic orphanage receiving refrigerator freezer and organ keyboard for an orphanage in Buon Ma Thuot.

extreme financial problems. I became aware of two problems. One is that there are many orphanages throughout most of the communities of Vietnam because the local families are unable to support or feed their children. The second, is that the food budget for the orphanages is six dollars per child per month. When I became aware of this, I made it my point to visit the orphanages within every city that we visited and to provide them with any help that we could. Most of the orphanages do not have any refrigeration and we've managed

to furnish refrigerators and freezers to various orphanages, in addition to an occasional washing machine. One Catholic orphanage in the Central Highlands conducted a school as part of its services, but the school had no notebooks, pens or pencils, and we furnished this. Because of the economic situation of the Vietnamese, the orphans are never adopted locally and I am now looking into the possibility of having American adoption organizations provide a home for these children. Our next trip to Vietnam, in April of 2003, will be our largest undertaking so far and we are looking forward to this with a great deal of enthusiasm. Any help that you could offer us in furthering our goal would be greatly appreciated. All contributions are tax-deductible and should be made out to:

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Dr. Zelikovsky observing Dr. Tan perform a prostatectomy in the Central Highlands of Vietnam.



Dr. Zelikovsky removing tumor of bladder with Dr. Son.



Children in orphanage in Nha Trang

with video attachments and advanced stapling techniques with equipment furnished by **MILPHAP-19**.

Our next medical visit to Vietnam will be in April 2003. During our last visit, doctors from surrounding provinces came to observe our surgery and invited us to expand our program to their hospitals. We will be participating in surgical instruction and education in Vinh Long Province Hospital in the Mekong Delta and in Qui Nhon Province Hospital, where we have been invited by the respective Directors of Surgery. We have also been invited to conduct a Surgical Symposium by the staff of Vien Duc Surgical Hospital in Hanoi. This will be in conjunction with the medical school in that city.

What started out as my curiosity in returning to the Central Highlands to see the present status of the community, which I served during the war, has escalated into a significant program in an effort to try to improve the medical care to remote areas of Vietnam. What has most impressed the doctors that have accompanied me, is the reception and the warmth displayed to the American doctors by all factions of Vietnamese society, including the doctors, the medical staff of the hospitals, the patients, and the local community. The secondary benefit has been to promote an enormous amount of good will between the United States and the Vietnamese people of rural communities.

Because of our close contact with the various local communities, we became aware of additional problems, which are not related

One of many orphans in need of a family.



Dr. Mark Smith, Chief of Pediatric Plastic Surgery at Beth Israel Medical Center, interested in facial reconstruction. We conducted a medical visit in both Khanh Hoa and Dak Lak Province Hospitals. These visits consisted of performing surgery with the Vietnamese surgeons, which included all the specialties represented.

In addition to instructing Vietnamese surgeons on new surgical techniques, we've also managed to purchase and obtain through donation a vast array of medical and surgical equipment needed for advanced surgical techniques. We have introduced minimal surgical



Dr. Ronald Chamberlain performing removal of rectal cancer.



Dr. McGinnis performing removal of right lung of patient with cancer, being assisted by the Director of Surgery.