

Doctor in Vietnam



Dr. Michael Moses, left, treats a patient in Vietnam as Dr. Nguyen Van Xang observes.

COURTESY PHOTO

N.O. doctor: Vietnam bears scars of isolation

By **JOHN POPE**
Staff writer

The doctors pressed toward Michael Moses, eager to hear what the New Orleans physician could tell them about microsurgery, lasers and other examples of high technology.

Their interest in state-of-the-art medicine was infectious, but Moses couldn't put one thought out of his mind: The operating room needed light bulbs, and there was no way to replace them.

The bulbs had been burned out for years because this hospital is in Ho Chi Minh City (formerly Saigon). For three weeks this spring, in a trip arranged by a former teacher, Moses went to that Vietnamese city and to Hanoi to perform operations and teach doctors.

While he said the trip let him feel good because he was delivering basic medical services to people who desperately needed them, the 36-year-old plastic surgeon said the journey was "the

most frustrating thing I've ever attempted in my life."

He worked with equipment the Americans and French brought into the country when their armies were fighting there two and three decades ago. Now that those conflicts have ended and few Western nations have diplomatic or trade relations with Vietnam, the Southeast Asian country has become a desperately poor nation with few friends to turn to.

"They have nothing," Moses said. "They can't build new buildings or even fix the streets."

Vietnam is so short of supplies that Moses couldn't fix or replace his Walkman, which broke the day he arrived. Although he couldn't play his Neville Brothers tapes, Moses soon found more serious problems resulting from Vietnam's virtual isolation.

"For one operation, I had to use a \$30,000 microscope with no light bulbs and with no way to use the automatic zoom lens," he said. "When I needed to zoom in, a Vietnamese guy had to push it



Dr. Michael Moses

Recently returned from Vietnam

up and down by hand."

In that nine-hour operation, Moses led a team of surgeons in repairing a bomb injury to a woman's leg.

"The leg had been bent," he said. "We had to cut and straighten the bone and cover the scars. They loved seeing it ... but it was a waste of time because they're not going to do it again."

It was a delicate procedure performed under primitive circumstances. There were several power failures that the Vietnamese operating-room crew accepted as routine. There was

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no electrocardiogram to monitor the patient's heartbeat, and there was no way to measure the amount of anesthesia she was getting.

"The anesthesiologist gave her anesthesia by squeezing an old bulb bag patched together with duct tape," he said. "To bring her out (of her anesthetized state), he just withdrew the (anesthesia) tube and waited until she woke up. That was the recovery room."

But Moses' concerns about Vietnamese medicine went beyond the absence of sophisticated equipment. Throughout that delicate procedure, he said, he was appalled by the absence of normal hygienic procedures.

After scrubbing up for 10 minutes, he pulled on shredded surgical gloves with holes big enough to let him see his arms. Gloves are in such short supply that they can't be discarded, as they are in the United States.

Then he entered the unair-conditioned operating room, which teemed like the New York Stock Exchange.

"I was upset and stressed and tense anyway," he said, "and here were these bodies leaning on me as I was operating, trying to see. Some people didn't even scrub; they came in with their street clothes they'd wear while making rounds, and they'd be bringing in

mud from the muddy streets."

Moses paused, then uttered the word he used frequently to describe what he found on the trip: "In-credible!"

He had some preparation for the conditions he would encounter because he has practiced medicine in Third World countries — India last year and Haiti in 1981.

"I like to teach," he said. "I figure I got more done for my time by teaching Vietnamese surgeons who have been out of touch for 20 years. I figure I could spend my time better with them than with New Orleans patients discussing their rhinoplasties."

One of those doctors, Nguyen Van Xang, will be coming to New Orleans next month to work briefly with Moses.

In places like Vietnam, "you feel like you're a doctor," he said. "I spend a lot of my time with wealthy patients who have relatively trivial problems, and during these trips I figure I talk to people who have real problems. . . . I was sort of unwilling to do more cosmetic surgery. I thought in a country with so few resources, so few doctors, they shouldn't do cosmetic surgery."

There were some requests for vanity operations — women who wanted their eyes westernized and breasts reduced, an actress who wanted a facelift — but for most of his trip, Moses said, he found conditions that would be easy to correct in the United States.

He also realized that the potential caseload was too overwhelming and the number of plastic surgeons too small to make a dent.

On the way up a hill to a pagoda, Moses and his escort passed a child with a cleft lip, a deformity Moses specializes in treating. Moses expressed interest in operating on the baby, but the guide discouraged him and kept on walking.

"It upset me," he said. "There was something that was kind of uncaring about it. We could have done something."

There were many more cases of cleft lips and palates, even in adults — something seldom seen in the United States because, Moses said, correcting them is a fairly simple procedure done shortly after birth.

In a burn ward in Ho Chi Minh City, Moses saw 30 severely burned children who needed skin grafts. But because of the doctor shortage, he said, those basic operations probably would never be done.

"They want to do microsurgery," he said, "and they've bought a laser, and they're bringing in a team from Italy to teach them heart surgery, but they don't even do skin grafts."

These operations are necessary not only for proper healing but also for psychological well-being.

"You have to make people happy," he said, "not to make them pretty."

Among the children Moses operated on was a boy with a large cleft that spread from his lips to his cheeks. Follow-up surgery will be needed; Moses plans to operate again on his next trip.

"I'm going back," he said, "but not anytime soon. Right now, I'm feeling sort of battered by the trip."