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INSTITUTE OF CURRENT WORLD AFFAIRS

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GAINING MARKETS BUT LOOSING HEALTH? (Part 1)

No free lunch in Vietnamese hospitals

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Dear Peter,

The Socialist Republic of Vietnam believes in a state-run health care system just like Canada does. Right? Health care is free in Vietnam. Right? Wrong! Health care is probably less socialized in Vietnam now than it is in the United States.

"Decree 45, modifying health services financing, is one of the better kept secrets about The Socialist Republic of Vietnam," sadly jokes Raphael Kot, a 35-year-old Israeli doctor who has been in Vietnam since 1989 with a German humanitarian organization. "That decree cut hospitals budgets in half. Two-thirds of the people were excluded from free health-care. Only veterans and a few other target groups remained covered. And that is not always respected."

Walk into any government hospital or clinic today, in Vietnam, and you better make sure you have piles of dong in your pockets. You will pay for the bed, the medication, the treatment, the tests and the food. In some hospitals, you will have to give a deposit the size of your monthly salary before you enter. The linen will be dirty, the equipment will look like it is good for the salvage yard and it might rain in your room, but you will pay. If you go to the out-patient clinic before 4:30 pm, your payment will be part of the establishment revenues. After 4:30, you will see the same doctor, in the same office, using the same equipment, but your payment will go straight into his pocket. The bill will be stiffer but service will be faster. "I like it better this way," says Minh, a 37-year-old mother of two teaching in Hanoi. "I can choose my doctor and I wait much less longer. But sometimes I wonder what happens to the poor farmers."

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Minh isn't the only one wondering. Some international organizations do too. "For years Vietnam was our success story in Southeast Asia," recalls Stephen Jarrett from UNICEF in New York. "In primary health care they had made tremendous gains. Now indicators show major drops in attendance at health care stations and surges in preventable illnesses. The system is crumbling under the pressure of the economic reforms. If they do not reorganize it soon, they will lose the gains of the past."

It's early morning, on a rainy Hanoi winter day. Stephen Jarrett is sitting in one of the meeting rooms of Ho Tay Villas (West Lake Villas), half-an-hour biking from the center of Hanoi. The resort, with its small bungalows surrounded by rice fields and vegetables patches, used to be the meeting place of the Politburo. Now it functions like a hotel. The souvenir booth at the entrance sells lacquer ware and postcards. Last week, the departing Reuters correspondent, Kathleen Callo, rented one of the villas to hold her going away party. At 10:20 pm, Bruce Springsteen's voice shouted "Born in the USA" over the darkness of West Lake. On the patio of the bungalow Vietnamese and foreigners danced the night away.

On this grey morning, the party is long gone. Delegates from most of Asia's developing countries are assembled for a one-week workshop on strengthening primary health care services in times of economic transition. "During the first ten years of the economic reforms in China, our health system was in chaos," admits Yu Dezhi, 31, deputy chief of the Planning Division in the Finance Department of the Chinese Health Ministry and a participant at the UNICEF workshop. "Barefoot doctors massively left their jobs to join the private market. People in villages did not know where to go to get treatment."

While I listen to Yu Dezhi, "embargo-fever" hits Hanoi, just like it did during the last days of George Bush's presidency. American residents in town are drawing up a petition for President Clinton. In hotel lobbies, local journalists are ambushing American businessmen hoping to get a comment. Bars and restaurants are bristling with talks of "the April meetings" to take place in New York between top American businessmen and top Vietnamese authorities on the subject of "Prospects for Economic Cooperation Between Vietnam and the USA". "We are all getting worked up again," explains a New York woman teaching English in Hanoi. "If Clinton does not lift the embargo, at least he should not block the loans the World Bank will review in April."

I vaguely think of her as I leave Yu Dezhi. Should I not be following the embargo story instead? But I don't. I walk the corridors of damp crowded hospitals where people sit three to a bed; I quiz neighbors on the amount they pay to see a doctor; I hear of debt and despair but also of joy and hope; I quiz doctors on the money they earn; I watch old men sell medicinal herbs in small brown paper bags; I track answers better found here than in Washington: Where is Vietnam's health system going?



Selling medicinal herbs on Lãn Ông street in Hanoi

According to Yu Dezhi, Vietnam is now at the stage China was at in the 70's. Just like China, Vietnam has a strong collective economy in the rural areas, especially in the North. The health services rely on it. "But with the development of private economy," warns Dezhi, "they will find less and less collective spirit. And it will be chaos."

Some say it is already chaos. Main health indicators point to a worsening of the situation although experts admit evidence is still "sketchy". Malnutrition rates are going up.⁽¹⁾ There is a resurgence of malaria in mountainous regions. The number of stunted and underdeveloped children is increasing. (In 1989, Vietnam had more underdeveloped children than any other low-income country in South and Southeast Asia, except Bangladesh and

(1) The cause of malnutrition cannot be found in inadequate food production. The culprit is most likely a poorly developed system of food procurement, storage and transportation. According to the World Bank sectoral report on health, the government's long-term policy of rice self-sufficiency retarded the development of a good food distribution system. It is presently more rewarding financially to export rice outside Vietnam than to transport it to deficit regions within the country. As the World Bank report says "there is clearly a need for public policy intervention" but in the long run, "the only sustainable means of improving food security in the deficit regions will be letting them exploit their comparative advantage in crops other than rice."

possibly Myanmar.) Disparities between cities and countryside are also increasing. In Hanoi and Ho Chi Minh City, 28% of children suffer from chronic food deficit. In the Red River delta, close to 65% do!

But then, the working draft of a convincing confidential foreign non-governmental organization (NGO) paper on Health Financing in Vietnam contradicts that generally accepted wisdom. "There is no evidence," writes the author of the report, "to support the assertion that recent years have witnessed a deterioration of the health service supply side, either in quantity, financing or quality". So I give up. The best I can do it seems is to report on the confusion. But first, some history.

Vietnam's record on fertility decline and health improvement during the last three decades was impressive, matched by few low-income countries.(2) In 1960, infant mortality was 156 for 1000 live births. In 1979, it was down to 83. Two years later the figure was halved again. While most Vietnamese can now expect to live until 64, life expectancy under the French regime barely reached 35. "In 1945, after independence, there was a strong commitment on the part of the government to improve health care," says Nguyen Huu Hong, Director of the Personnel Department of the Vietnamese Ministry of Health.

Problems surfaced in 1975 with reunification. Skilled health workers from the South fled the country. The primary health care infrastructure south of the 17th parallel was much less developed than in the Communist North. The North was poorer but its network reached out to isolated areas. To cover the whole country, Hanoi spread itself thin. The fiscal crisis of the mid-80's made matters worse. "Political imperatives given to health began to ebb. Supplies, equipment and maintenance declined. Quality of care slipped as did utilization rates." (3) To supplement their income, health workers began to sell drugs and to demand "gifts". "People had to pay for health care years before the economic reforms," says doctor Duong, a lecturer at the Hanoi Medical School.

Then came the reforms. In 1989, doctors were allowed to open private practice.(4) The pharmaceutical industry was liberalized and drugs began to be sold in the open market. In May 1989, public services began to charge user fees.(5) Almost immediately,

(2). Vietnam: Population, Health and Nutrition, Sectoral Review, Document of the World Bank, September 21, 1992.

(3) World Bank Sectoral Report on Health, *ibid*, p. ii

(4). In the South, private doctors never totally disappeared. They kept on practicing even though it was illegal. When the ban was lifted in 1989, signs advertising *Bac si* (doctor) reappeared on the streets.

(5) Special tariffs were set. Certain categories of people were to be exempt such as children and veterans. But those tariffs do not seem to be respected. According to an NGO confidential

attendance numbers began to fall. In 1990, in public sector facilities, consultations declined to less than 50% of the 1984-85 level. The number of in-patients dropped to approximately 70% of former levels. (6) "In 1988-89 we had no drugs in the commune health clinics," admits Mr Nguyen Huu Hong of the Health Ministry. "The staff was badly paid so it did not work much. The quality of service was very low."

According to Raphael Kot that is when the health care "pyramid" crumbled. "People bypassed the system," he says. "They stopped going to the health station because there was nothing there. They did not go to the district hospital because they feared they would be kept there only to flesh out the hospital statistics, pay but not be treated. They went straight to the top of the pyramid, to the provincial hospital." Kot saw them there. By then, they were seriously sick.

Some attribute the drop registered at public clinics to the opening of new private health services outlets. Dissatisfied with the public sector, patients "voted with their feet". Others disagree. They say the drop is artificial: people used to go to the clinics not for a consultation but to buy drugs. Once the drugs were sold on the open markets there were fewer occasions when they had to go to the clinic. "There is no ideology involved when people look for health care," says Gill Tipping, a British psychologist who has been studying health-seeking behavior in four communes of Quang Ninh province, north-east of Hanoi for over a year. "They go where the best and most convenient care is available. In one district it is a Army hospital. In another it is a private doctor. It varies a lot."

According to a survey conducted in Haiphong, Vietnam's third largest city 100 km north-east of Hanoi, the private sector is the choice of only 15% of people.(7) Close to 30% choose a public sector establishment instead. Over 55% "self-treat".

But those figures are somehow misleading. Concepts such as "private" and "public" are tricky ones in any country. In Vietnam's transition period, it is even wilder. But before I get into that, a few words about "self-medication".

report: "Permitting official charges has opened the floodgates. The lack of supervision means that official tariffs have either been ignored or been supplemented by various extra charges at the discretion of health personnel."

(6) General Statistical Office 1992. Statistical data of the Socialist Republic of Vietnam, 1986-91. The figures should be taken with a grain of salt though. Various factors seem to be at play. For example: the State employees in the past were required to have two medical check-ups per year. Sanatoriums were also used as a perk to give deserving workers a rest. Those may have inflated the utilization of services.

(7) "Stratégie de protection de la Santé de la Population in 1990-2000", Ministry of Health 1990 (Annex 7)

Huong, a 42-year-old Hanoi secretary rarely sees a doctor. She self-medicates. "When I have some pain, I go to the pharmacy," she explains. Huong consumes a lot of antibiotics. And those are not cheap at roughly 7000 dong a pill! She also advises her family and friends about which medication to take. "Self-medication is a serious problem," says Pham Nog Que, Medical Officer for the World Health Organization (WHO) in Hanoi. "People consume too much of everything and there are a lot of counterfeit drugs on the market."

In 1992, according to reports from the Ministries of Health and of the Interior, 1065 samples of counterfeit medicine were discovered, twice the number of the previous year.(8) Antibiotics accounted for close to 70% of the fakes. Despite repeated police raids on pharmacies, the business proliferates. "The self-medication problem is worsened by the vagueness of the pharmaceutical legislation," says Pham Ngoc Que. "We need tougher laws."(9)

Many pharmacists, unable to borrow to open their own pharmacy (*nhà thuốc* in Vietnamese), sell their "diploma" to an entrepreneur. The entrepreneur opens a *nhà thuốc* under the pharmacist's name, staffs it with a non-skilled person, pockets the profits and gives a monthly allowance to the pharmacist. Pharmacists and entrepreneurs gain. The customer gets a raw deal.

In the past few years such *nhà thuốc* have sprouted like weeds on Hanoi's pavement. On Van Mieu Street, near the Temple of Literature, there are no less than 23 consecutive pharmacies.



Two of the numerous pharmacies lining up Van Miêu street

(8) Vietnam News, November 1992

(9). Building its own pharmaceutical industry is one of the priorities of the Vietnamese Government, but no new regulations on pharmacies are in the immediate plans.

Some like Huong, a 43-year old Hanoi interpreter, never go to those pharmacies. They consult traditional healers and use medicinal herbs. "In my family we take herbs for most illnesses," she says. "We only see doctors when the disease is very serious and the herbs cannot cure it. Then we go to the government hospital."

How many Vietnamese choose a private physician over a government one? No one knows. There are as many answers as there are studies. "The situation varies a lot between Ho Chi Minh City and Hanoi, between the city and the countryside, between a poor province and a rich province," says Pham Ngoc Que.

Survey data tend to show that Southerners favor private sector physicians more than Northerners do. Observers often attribute that to a longer "collective" experience of the North. "Outside the cities, the public sector is still the first choice of the people," says doctor Tran Tuan, a young doctor who has been working for various foreign organizations for the past ten years. "In the North, people trust the public clinic. They believe services and drugs will be of better quality."

Other Hanoians disagree. "We would go to the private doctors if we could find any," says Hung, a Hanoi civil servant I meet in a classroom where he is studying economics in an intensive program funded by the Ford Foundation. "There are very few private doctors and they are very busy. The best doctors still work for the public service, so we go there." As Hung speaks, most of his classmates nod in agreement. I begin to wonder if I am the only "social-democrat" in the class. They have had such a bad experience of "public health" they cannot wait to have another choice. But when asked what system Vietnam should favor, most of them say both. "We should have a mixed health-care system," says Hung. "Some public. Some private."

A private doctor advertising his office on a street in Hanoi



Although figures are scarce, the private sector is clearly more developed in the South. In 1992 in Ho Chi Minh City, over 1850 private physicians were registered. The city also had 16 private maternities.(10) In Hanoi, in early 1993, there is not a single private maternity!

But the distinction between "private" and "public" is very difficult in Vietnam, especially in the North. The system is a confusing mixture of private and public activities carried out within government premises by government personnel sometimes paid by the patient, sometimes paid by the State. So is that private or public? "Vietnam's system is now a mix of socialized and capitalist medicine," explains Kayode Oyegbite, a Nigerian doctor in charge of Unicef's health program in Hanoi. "The capitalist side is developing fast, much faster than the public sector is reorganizing. Big private hospitals will soon emerge."

Mr Hong of the ministry of Health confirms Vietnamese authorities want a "high-tech hospital" as soon as possible. "Do you know anyone who could invest in such a hospital for rich people?" he asks. I do not. Mr Hong tells me how important a priority that is. With such a hospital, foreigners would not have to leave the country anymore. They could be treated in Vietnam. So could the country's "important people".(11)

But there are more important priorities such as strengthening the primary health care centers and increasing salaries of health personnel. "Compared to African doctors, the Vietnamese doctors are very well trained", says Yvan Hildebrand, of Médecins Sans Frontières Belgique (Doctors without Borders). "They even know too much sometimes. They get frustrated at having so little to work with and they are so badly paid."

Nurses working in northern hospitals earn 100,000 dong a month (about \$10). Doctors earn between 300,000 and 400,000. In the South, doctors salaries are closer to 100,000. (The difference is due to a very complex allocation system based on needs. More on this later)

Staff of district and commune health stations earn around 8000 dong a month. Brigade nurses - mainly farmers who have some skills - are paid in kind by the people of the commune. "In the United States doctors are often at work late in the hospital," says Tran Do Trinh, head of Vietnam's National Heart Institute and Director of Cardiology at Bach Mai hospital, largest and best equipped hospital in Hanoi. "Here we all leave at 4:30 because we have to earn a living."

(10) "Non-State health-care services in HCMC", Nhan Dan daily, 08-04-92.

(11) Until the downfall of the European Communist Bloc, top Vietnamese leaders were often taken for free to Moscow or to some other Eastern Europe capital to get treatments for life-threatening illnesses. Since 1989, such trips must be paid for in hard currency. "The country cannot pay," says Mr Hong.

According to the World Bank, the minimum food basket for a family of four [two adults and two children] is \$60 in the North and \$100 in the South. A doctor's salary in the North does not cover minimum need. So most health workers do private consultations. Even nurses do so. No study has yet been done on the "supplementary" income they make, so nobody really knows. Everyone I asked, would not tell. Private physicians are estimated to earn four to five times the salary of government ones.

Fees vary greatly from one doctor to another. Doctors charge what they can get. Some more than others. Often they do not charge for the consultation. Patients pay for drugs, treatments and injections. "The fee is negotiated," explains Hung, a 50-year-old teacher from Hanoi. "The doctor tells you how much he charges and you tell him what you can pay."

Public health centers have a list of tariffs but compliance seems more than erratic. Officially, inserting an intra-uterine device (IUD) is free. In fact, two women I met said they had paid for the service. "What can I tell you," says Raphael Kot, shrugging his shoulders. "When a doctor asks: You want me to take good care of your family? What do you think people do? They pay. Anyway, if one is caught, he will not be fired. He will be only be criticized. Here people are never sacked."

Despite the cost, every Hanoiian I speak to is happy with the changes. Everyone says things are better. "In the time of the subsidies, we went to the hospital, waited three hours to give our names and were told to come back in three days," recalls Huong, a 42-year-old mother of two. "Now I can have an x-ray in 15 minutes if I pay 30,000 dong."

Huong has not gone to see a doctor since what she calls the "end of the subsidies", the favorite expression to describe the beginning of the economic reforms. The doctor comes to her home! "It cost a little bit more," she says, "but I like it better."

How about those who cannot pay? Again, situations vary. "When I was at the hospital, a farmer in the bed next to mine went home to die," recalls Nog Thi Men, a 37-year-old teacher. "He was five days away from his operation, but he ran out of money. The bed he slept in cost 7000 dongs a day. The operation itself would have cost 150,000 dong. His family and friends had already sold everything they could and borrowed from neighbors. The farmer refused to see them go more heavily into debt."

Men was troubled by the incident. She grew up on a collective farm and was sent to East Germany when she was 17. Those were years, she says, when "scholarships really went to the best students and not only to children of the rich or powerful". "The subsidized economy did a lot for me," adds Men. "The collective fed us after my mother died from tuberculosis. It sent me to school. I was lucky to have foreign friends who helped pay for this operation. How about the poor farmers?"

In some districts, such as the one where Médecins Sans Frontières (MSF) works, in the central province of Vinh, the old marxist slogan "To each according to their need, and from each according to

their ability" is still applied. "The authorities know their people," says Yvan Hildebrand, Coordinator for MSF. "They know who has had a good harvest and who did not. Some people are allowed to delay payment. Some are charged less."

So while everybody scrambles to make a living, cardiologist Tran Do Trinh says he does no private consultation. At night he writes books. In 1963, the first book he wrote paid him enough to buy himself his first bicycle. In 1974, another book paid for a Czechoslovakian-made Babetta moped. Twenty books later, Doctor Trinh drives a Honda scooter. It's early morning and he looks like he hasn't slept all night.

We are sitting in one of those "guest rooms" one finds almost in every office in Vietnam. The room is sparingly furnished: a sofa, a low-table, a Chinese-made tea set. On the wall there is a large photograph of downtown Denver at night and a flag from the University of Colorado. A diploma identifying Doctor Trinh as a Fellow of the American College of Physicians is proudly displayed and dutifully dusted. "When the bomb fell I was here," says Trinh pointing a finger to the floor.

In December 1972, the day an American bomb fell on Bach Mai, the room we are now sitting in was the X-Ray room. Under it was the cave hospital staff used as a bomb-shelter. That night, Trinh was teaching in the shelter. "The floor collapsed and 11 of the 33 people present were killed," he recalls. Lightly wounded, Doctor Trinh escaped through a narrow basement window and ran to the X-Ray room hoping to save the X-ray machine, the only one at the time in the whole of North Vietnam. Trinh entered the room convinced the machine had been destroyed. The ground where the heavy piece of equipment used to be was covered with rubble. Trinh looked around and saw his precious machine in the opposite corner. "The machine was on wheels," he says smiling broadly. "It saved itself."



Bach Mai Hospital has long been rebuilt, but Hanoi's most modern hospital bares no resemblance to a "modern"

hospital. In the Cardiology Unit, people lie two or three to a bed. In the Intensive Care Unit, broken windows are patched up with newspaper and tape. Cardiac monitors look like broken radios left

Monument recalling the 1972 bombing of Bach Mai Hospital

in a garbage dump. "They would be better in a museum," says Dr Minh, a woman cardiologist who studied in Denver for a few months.

At Bach Mai, there are no hospital kitchen. Families use balconies to cook for their sick relatives. Those who have no family buy food from the street vendors huddled in the hospital courtyard. Those who can not walk rely on the good will of others. "On the wards people help each other a lot", recalls Men who spent a few weeks there after a heart operation.

At Bach Mai, "lack of equipment and need for refurbishment and maintenance" are common complaints. The same holds true for most of the country's health stations. There is a health station in 9600 of Vietnam's 10,000 communes (12). But the station is often not more than words on paper.

Many are housed in the homes of health workers or in the quarters of the People's Committee, or in very inadequate structures. A survey of three provinces found half of rural communes had a functioning sterilizer or a usable weighing scale for children. Worse, most of the places were filthy and in dire need of a coat of paint.

"I keep telling doctors they should not operate if the room is not clean," says Yvan Hildebrand, "but there are no maintenance crews, no budget for maintenance and nobody will do it for free." In most facilities, all revenues are used to cover salaries. There is nothing left for maintenance.

"Foreign NGO's keep sending new monitors, new EEG machines," complains Raphael Kot, "but they never send the spare parts. They never train people to fix the machine. In all the hospitals I saw, there was not a single technician. There is no such thing in Hanoi's Medical School as medical engineering."

With the economic reforms, health personnel saw standards of living improve around them while their fixed wages kept losing buying power. More and more money was diverted from maintenance into salaries. "This country badly needs health managers," says



Entrance to Bach Mai Hospital

(12). The commune is Vietnam's smallest administrative unit. Each commune encompasses a few hamlets.

Doctor Tran Tuan. "Nowhere in medical schools do doctors learn about management. The term itself, health management, is a brand new word here."

We are in Tuan's office, on the third floor of Save the Children UK's office. With his laptop computer and the neatly arranged piles of documents on his desk, Tuan looks very much the up and coming young manager. But the dark rings under his eyes and the urgent tone of his voice as he speaks of his country's needs tell a different story. "The medical schools do not know what kind of doctors to produce anymore," he says. "They train too many specialists, not enough good general practitioners and not a single manager."

To make matters worse, the reforms are clearly not understood the same way all over Vietnam, confirms Tuan. Many learned it the hard way. Last year, in Vinh, the native province of Ho Chi Minh, Doctors without Borders met a lot of resistance from the director of the district hospital. The man refused to close some communal health stations to pool resources into a better-staffed inter-communal health center, as now required by the national policy. "We knew it was national policy," recalls Yvan Hildebrand. "We kept telling him. He would not budge. Finally we suggested he talk to his superior. He did and was told that the policy was to maintain all the communal health stations. What could we do?"

Some public servants support the new policy. Others don't. The disagreement is mirrored in startling differences of attitudes between provinces. "On matters of health, provinces have a lot of power," says another NGO worker. "Two-thirds of the funds are collected locally. Very little comes from the national government. Why would they listen to Hanoi?"(13)

"The provinces are more independent than the national government, the districts more independent than the provinces and the communes more independent than the districts," says Dr Raphael Kot. "It is like having a system within a system within a system. There are almost as many health ministries as there are provinces"

Reducing staff - to improve salaries and efficiency - is one element of the new policy. "Five employees for two or three patients a day is a waste of money and resources," said a Bangladeshi Unicef worker, after visiting a commune health center near Hanoi. "They would be much better off with fewer, but better paid employees".

Even Nguyen Huu Hong of the Health Ministry seemed to agree with the comment. "So what will you do," I asked. "We will find other

(13) The system is even more complicated than that. Hanoi sets the level of "need" for each province and district. Anything collected "over" that need must be sent back to Hanoi. Many find ways of circumventing the system. Because they receive their funds from the provincial people's committee, health bureaus are often more beholden to them than to the central Ministry of Health. The center seems to be trying now to re-assert control but to implement policy without stifling local initiative is quite a challenge.

jobs for those people," he said. "They will be sent to hamlets to do prevention work." Lay-offs were not an option.

In Ninh Binh, 100 km south of Hanoi, Raphael Kot got so frustrated with the no-firing attitude, he devised a new strategy. His organization offered to refurbish 28 health stations, to set up revolving funds for drugs, to train people. But there was a condition: a test after the training. The staff members who succeed the one-month training get a raise. Their salaries jump to 81,000 dong a month from 80,000 dong. Those who fail the training keep their job but do not get the raise. "I am gambling those who fail will not stay long," says Kot.

Kot admits the health workers of his district are now in "panic". "But I like that," says the high-strung Israeli doctor who previously worked in Sri Lanka. "I think people perform better in fear and panic."

Amidst the confusion, the Vietnamese struggle with the thorny question of what the government's role should be in providing health services. "Our system was good in 1949," says Nguyen Huu Hong, "but we were unable to keep up the level of care after 1979. I believe the system must change, but the Central Committee of the Party is very strong on the socialized system. They want to keep the subsidies."

"In the present circumstances, some tasks are better done by the private sector," admits K.S.Oyegbite of Unicef, "but others are better done by the public sector. The government must focus on those key interventions."

Preventible communicable diseases are the leading causes of mortality among adults and children. Malaria, diarrhea and respiratory infections are the majority of reported illnesses. In a northern hamlet, a team from Save the Children US succeeded in increasing the weight and health of small infants simply by teaching mothers basic rules of hygiene and nutrition. "In many communes, the brigade nurses are not doing that job anymore," says one American working for the group.

In some communes - such as the one where Save the Children UK established a pilot project - the health station had been deserted. The building itself



Sanitary conditions are still poor in Hanoi

had collapsed. There were no drugs and no equipment.(14) A few kilometers away, in another commune of the same district, people donated rice and goods to pay the health worker and maintain the building. "In well-organized communes, the system is holding," says Doctor Tran Tuan who wants to give general practitioners new incentives to work in the countryside. "Maybe they could be offered training overseas after a few years in the countryside," suggests a colleague of his. "Now, overseas training is only for specialists."

"In Vietnam, fewer health staff abandoned their job than in China," says Doctor Tuan, "because the Vietnamese people trust the government and believe things will improve in the future." Dang Van Duong, a lecturer at the Hanoi Medical School, offers a more pragmatic reason. "Health workers use public equipment to conduct private business," he says. "Why would they leave? They would have to buy equipment, set up an office and pay taxes."

K.S. Oyegbite believes there is still time to save what is left of the primary health care public system, but not that much time. "I keep telling the Ministry of Health to get in there and compete; otherwise, Vietnam will end up with a system totally commercialized," says the tall grey-bearded Nigerian whose visit to a remote hamlet usually steers quite a bit of interest.

Doctor Kot is even tougher. "They must re-introduce a three-year compulsory service in the countryside for young doctors," he insists. "Otherwise, the countryside will face a real catastrophe." (15)

In September 1992, Hanoi launched a national insurance scheme. Very few people carry the blue membership card yet. Even fewer seem to trust it. Hanoi is struggling to increase tax revenues so that more public funds could be used to increase salaries. This is happening amidst the announcement of a 11th HIV-infected Vietnamese, skyrocketing numbers of prostitutes and a birth rate that each year sends hundred of thousands of new workers into the labor market. Meanwhile the family planning program is stalled by a lack of contraceptives. "Health is more than good doctors and good hospitals," says Hong from the Ministry of Health. "We need better water systems, education against Aids and young doctors willing to work in the countryside."

(14) De-collectivization of agriculture in the mid-80's is seen as a major cause of the desertion. With family farming once again the dominant form of agriculture, the commune lost its ability to extract revenue from agricultural produce to finance such activities as health care. Brigade nurses - who were paid by the commune - ceased activity. Allen, Dr. S.P.S. and Thach, Dr. N.T. 1989, Woman's Health Survey: Vin Phu and Ha Tuyen Provinces, April 1989.

(15) Vietnam had such a system but abolished it a few years ago as an increasing number of graduates refused to fulfill their obligations. Those who did were often "forgotten" in remote areas and were never given the city posting they had been promised.

A few blocks down the road, at the Institute of Marxism-Leninism and Ho Chi Minh's Thought, researchers are learning English and studying Ho Chi Minh's admiration for American president Roosevelt and his New Deal. Soon the Institute will open an American Reading Room. Last year the Institute changed its name: from Institute of Marxism-Leninism to Institute of Marxism-Leninism and Ho Chi Minh's Thought. Researchers are now studying most major political parties in the world hoping to find in their programs some ideas adaptable in Vietnam. But that is another story... (Next: Looking for a New Deal)

Carole B.

Carole Beaulieu
Hanoi
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..."and you really think a New Deal is possible?"

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