



International Center for Equal Healthcare Access

Reports from the Field: Vietnam July – September 2005

ICEHA's program in Vietnam in collaboration with Family Health International has been highly successful and continues to expand. ICEHA clinical mentor volunteers are coaching local healthcare providers on HIV/AIDS care during this crucial period when antiretroviral medication is becoming available for the first time in many clinics. Clinical mentoring is a key element in the creation of a healthcare system that is capable of handling the growing HIV epidemic.

ICEHA's third set of clinical mentor teams to Vietnam arrived in Ho Chi Minh City in July 2005 and submitted weekly reports describing their experiences. Jane Whitney, PA and Julie Ahlrich, BSN, were stationed at the Binh Thanh clinic while Karlene Reid, MD and Monty Bales, BSN, ACRN, were stationed at the District 8 clinic.



Ho Chi Minh City, Binh Thanh Clinic

ICEHA Clinical Mentors: Jane Whitney, PA (Vermont), Julie Ahlrich, BSN (Washington, DC)

15 July 2005 (Julie Ahlrich, BSN)

Upon arrival at the Binh Thanh Out Patient Clinic, we learned that the clinic opened in March of 2005 and already has over 550 patients who have made over 1000 visits! They have 13 full time staff with 19 Vietnamese volunteers. In addition to HIV services, they provide testing and counseling services, home health services and have multiple monthly support groups for both patients and their families. The clinic really does seem to have comprehensive care for AIDS patients.

15 July 2005 (Jane Whitney, PA)

Because of previous experiences overseas, I understand the procedures, specific methods, limitations of drugs and constraints of delivery of health care in limited resource settings. Since I have just arrived, I will tread lightly and do the best I can until I understand how I can best fit in.

22 July 2005 (Julie Ahlrich, BSN)

Yesterday afternoon I completed my first training for the Vietnamese staff! I had a great time and think that the staff enjoyed themselves too. The 2 objectives were to teach them about support group development and equally as important to have FUN! The staff seemed stressed recently so Dr. Liem, the clinic director, starts each morning meeting off with a song or shared story. I thought I should do the same and proceeded to sing the ABC song. They all joined in and we got lots of laughs out of it. I believe that my trainings will be a work in progress, but as we build strong interpersonal relationships, the results of the training will increase exponentially. From what I understand, the topics will be support group development, living with HIV, hope and psychological responses to being diagnosed with HIV, adherence, opportunistic infections (with a special emphasis on thrush and TB), and effective communication.

29 July 2005 (Julie Ahlrich, BSN)

I continue to assess the clinic flow and procedures and am amazed at how much they have been able to accomplish in such a short period of time! This clinic only opened a few months ago! However, it is still an



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emotional struggle for me to accept that treatment is not always available because of the resources. I am very fortunate to have Jane on the team. She and I are able to debrief and provide support for each other every day at lunch. I have a great deal of respect for her and her expertise.

29 July 2005 (Jane Whitney, PA)

The clinic works on a collaborative model. Patients are supposed to see the physician, the case manager and the adherence counselor in order to receive a comprehensive, inclusive treatment plan. I am not sure that all patients go to all three at least once and thus some patients may be missing important parts of the total program. Since the visits are voluntary, this may be due to the patient's choice. I will follow up on this.

5 August 2005 (Julie Ahlrich, BSN)

In my discussion today with the lab tech about the TB sputum collection, she began to cry. I learned that she had previously worked in the hospital lab for over 20 years but had never experienced such suffering as she was now seeing in the clinic. I was honored that she felt comfortable enough to share such intimate feelings and concerns. It is a testament of the devotion of the staff to care for the patients. Her heart was broken by the suffering she has experienced and observed in the patients' lives. We spent about an hour sharing our thoughts on how to sustain strength in the face of this challenge.

5 August 2005 (Jane Whitney, PA)

This week, the volunteer training for people who offer to help out at the clinic focused on their role and responsibilities as adjunct healthcare workers. I am so impressed by the dedication and knowledge of the volunteers, their attention to the training, and their kindness to me. Some are people living with HIV/AIDS and some are not. All are interested in addressing the problem of AIDS in Viet Nam. I think that they are capable of doing more and hope that training them will further the idea of their support among the administration. Right now the clinic is poised, waiting for the antiretrovirals (ARVs) and the patient load keeps on increasing, now at 611.



Vietnamese Nurse

I have become aware that sex is a taboo subject in Vietnamese society and of the difficulty physicians have in discussing it with patients. When I encourage the doctors to ask about condom use, they ask the patient quickly and reluctantly about sexual activity and most answer that they no longer have sex and the subject is dropped. This is an area that needs more work. Any change in cultural beliefs will require a lot of trust and much time.

12 August 2005 (Julie Ahlrich, BSN)

This week I facilitated another staff support group meeting. It went very well and I think that they really enjoy getting together and sharing their thoughts. The topic was dealing with stress. Dr. Liem jumped in and assisted which made for a great team effort between the two of us. The staff members at the OPC are the most committed professionals that I have ever worked with. They provide the best care possible with the resources available and are dedicated to excellence. It has been an honor to work in their presence!

2 September 2005 (Jane Whitney, PA)

This was a very exciting week for all. ARVs were distributed to first 12 patients on Thursday. The first three days of the week were spent in preparation for the event. The efforts paid off, as the event went very well!



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Ho Chi Minh City, District 8 Clinic

ICEHA Clinical Mentors: Karlene Reid, MD (Texas), Monty Bales, BSN, ACRN (Maryland)

18 July 2005 (Karlene Reid, MD)

Today I spent the morning seeing patients with the physician for District 8, Dr. Hieu. We saw about 9 patients. Of these, the majority were women. One also had 2 small children ages 5 and 2 who were recently diagnosed with HIV. The children will be seen in clinic in the morning. There were about 2 or 3 new patients. Some of the patients come in weekly, especially if Dr. Hieu is monitoring them for an ongoing opportunistic infection. Laboratory and radiographic tests are limited. Diagnosis and treatment are based on symptoms. In the afternoon we saw 1 patient, and we discussed in detail one of the patients we had seen in the morning that is having persistent weight loss despite being on adequate antiretroviral therapy. It is likely that he has an undiagnosed opportunistic infection. Dr. Hieu and I discussed further diagnostic and management approaches.

18 July 2005 (Monty Bales, BSN, ACRN)

I traveled to District 8 via motorbike. This journey takes all of 10 minutes fortunately! The morning clinic began with orienting myself to roles of clinic staff and collaborating with To Trinh, RN. I have been asked to assist with obtaining vital signs and performing assessments of patients with Trinh. Vital signs are not documented unless the patient is acutely ill and needs to see the physician. This is disturbing to me as an RN. I offered to create a system for the clinical staff for filing and documentation issues. This will be discussed with clinical coordinator.

In the afternoon, we discussed our roles as volunteers in the upcoming weeks as antiretrovirals (ARVs) become available. This includes the task of obtaining lab values on a minimum of 240 patients who will be presenting to clinic next week. These lab draws (CBC, liver enzymes, CD4) will help in the selection process of patients to receive initial ARV treatment. I have been asked to assist in the phlebotomy process and agreed to participate. Sputum cultures for AFB will also be obtained. We were told about the regimens available and the limited supply at hand. We were also provided with numerous materials related to World Health Organization (WHO) guidelines, ARV regimens, medication adherence, and guidelines pertaining to selection process.



Monty Bales with local providers

20 July 2005 (Karlene Reid, MD)

Dr. Hieu and I discussed management of tuberculosis, including in patients on antiretroviral therapy. One concern I have is that patients who present with respiratory tract symptoms and are sent for evaluation for TB, do not wear a mask while they are in the waiting area or when they come in to see the doctor unless they take it upon themselves to wear a cloth mask that they make themselves. I plan to discuss this with Dr. Hieu and will encourage them to try to provide masks routinely for patients who present with respiratory tract symptoms.



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22 July 2005 (Karlene Reid, MD)

Dr. Hieu and I discussed the epidemiology of HIV and the importance of discussing HIV prevention with the patients in every encounter. We also spoke about the need to redouble the efforts to get the message of prevention across to the patients when antiretrovirals become available as some patients may see the therapy as a cure and abandon all efforts at prevention.

27 July 2005 (Monty Bales, BSN, ACRN)

I helped assess and triage patients in the morning at the clinic of District 8. I am taking the time during the morning clinic to learn many new assessment tools and phrases in Vietnamese with the help of To Trinh, RN. Everyone is very eager to participate when it comes to my learning proficiency in Vietnamese!

27 July 2005 (Karlene Reid, MD)

I gave a presentation this afternoon for 20-25 physicians entitled "Antiretroviral Therapy." The physicians were quite attentive and had many questions. It was very clear that some physicians at the training session did not understand some basic concepts relating to HIV/AIDS. The presentation took longer than I had anticipated as I had to stop to explain. There was not enough time for all the questions. After the presentation some physicians suggested topics for future presentations.

29 July 2005 (Monty Bales, BSN, ACRN)

In the afternoon clinic today, I presented on the topic of Anti-Retroviral Adherence to a group of more than 30 volunteers. The presentation was very successful and emotionally moving to me. Khoa, my translator, is quite proficient in his interpreter skills. At the end, the entire group stood up and sang a song to me. My driver initiated this moving and memorable event. I shall never forget it and know the reason for my presence in Vietnam. The song related to those people living with HIV helping others with HIV to acquire a higher quality of living while maintaining dignity and pride.



Peer Advocate Training

1 August 2005 (Karlene Reid, MD)

Toxoplasma encephalitis is one opportunistic infection that is difficult to diagnose here. A patient who was recently diagnosed with HIV presented to clinic today with blurred vision, generalized weakness, nausea, vomiting, anorexia and fever. The physician prescribed prednisone and high doses of Bactrim to the patient. Depending on the clinical response he will decide on further therapy for presumed toxoplasma encephalitis or may send the patient to the hospital for further evaluation. Cytomegalovirus retinitis is another neglected opportunistic infection. There is apparently no available therapy for CMV disease. At the eye hospital even when patients are symptomatic, they are sent out with a diagnosis other than CMV retinitis as they are apparently lacking in expertise in this area.

16 August 2005 (Monty Bales, BSN, ACRN)

Today I gave a day-long presentation to healthcare workers of Health Station District 8. The presentation was made of up elements related to Nutrition and Living Positively with HIV. Topics consisted of adopting a healthy diet, exercising regularly, avoiding or minimizing consumption of alcohol and tobacco, stress reduction, alternative and herbal medications not prescribed by the physicians, and visiting the doctor regularly. The food pyramid was presented with a real set up of the actual elements of the pyramid!



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18 August 2005 (Karlene Reid, MD)

Today we saw 8 patients. Dr. Hieu and I had a long discussion about whether or not to start a particular patient on antiretroviral therapy right away. The patient is definitely in need of antiretroviral therapy based on his CD4 count, but he is unable to buy the medications. Dr. Hieu felt that based on his CD4 count he should start antiretroviral therapy immediately or he would die, despite the fact that the patient would not be able to adhere to therapy because of financial reasons. We discussed the importance of adherence to therapy and issues related to drug resistance. In the end Dr Hieu decided that it was better to wait until the antiretroviral medications were available to the patients free of charge before starting therapy, as adherence was of utmost importance.

2 September 2005 (Monty Bales, BSN, ACRN)

The dedicated and compassionate staff of District 8 display an amazing amount of reserve, courage, and compassion to their fellow countrymen and women affected by HIV/AIDS. It is clearly evident that the staff members of this clinic, like many others in HIV clinics around the world, are dedicated to their roles as infectious disease healthcare specialists. Their willingness to graciously accept us into their world of utter chaos and insurmountable sadness and grief was remarkable. I can walk away from this experience with an empowering sense of accomplishment and a mutually shared sense of growth and fulfillment between myself, an international volunteer, and my new family of clinical providers in District 8.

A few months ago, an infectious disease physician stopped me in a clinic in one of the developing countries where we work. Her question to me was quite startling: "I am following 2 patients on ART; they are doing well and have been taking their meds for 2 months. Could you tell me when I can take them off of the antiretroviral medication?" It is impervious that we – Westerners - understand that ART can only be successfully initiated in developing countries if the underlying supporting healthcare infrastructure exists. It does not take long to transfer the necessary knowledge onto our colleagues overseas.

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HIV Clinical Mentors Needed

If you are interested in being a clinical mentor volunteer or would like more information, please send an e-mail to Ms. Katie Graves-Abe at: kgravesabe@iceha.org. The process of becoming a volunteer involves filling out an application, attending a 2-day training session, and being matched with a specific project in a developing country.

Volunteer positions in Vietnam, Cambodia, and Lesotho are available throughout 2006. Volunteer assignments are 6-12 weeks, all expenses are paid, and stipends are available for longer term assignments.