

COMMENTARY BY CARL E. BARTECCHI, M.D.

*How an Art Form (Photography)
Influenced a Practice of Medicine*

IN 1965, I FOUND MYSELF AT SOC TRANG, an isolated US Army base in the Mekong Delta of Vietnam. Not one to volunteer for such duty, I was drafted during my internship at a large Detroit hospital. Given the choice of being a medical “grunt” or a flight surgeon with the new helicopter ambulance and combat units, I chose the latter. What the hell!—it sounded exciting, and they promised me that I wouldn’t be marching through the monsoon mud.

Our helicopter ambulance unit was given to the South Vietnamese Army, fighting the war in the southernmost region of the country. My job was to care for the “chopper” crews and their support units—a thousand men, mostly young and healthy Americans, made up my practice. It had all the makings of a very boring year. I enhanced my practice with Vietnamese civilians who worked at the base, later taking on the care of their families. I was still bored—not busy enough. I had just come from an intense and stimulating medical teaching program.

Maybe I could find other things to occupy my time—sports, exercise, and reading helped, but not enough. The base had a small PX which carried a nice variety of inexpensive Japanese cameras. Everyone on the base had one. Film (Kodachrome II, ASA 25) was cheap and plentiful. Slide processing, done in Hawaii, was quick (seven day turn-around) and also inexpensive. I read all the directions for my new camera and began snapping pictures. Soc Trang was not a beautiful base, to say the least. Within a short time, I had captured on film all the wildflowers and banana trees on the base. I wasn’t into photographing people yet. By trial and error, however, I did learn how to use my new camera.

Then, my luck changed. The base chaplain introduced me to the orphanage in the small town next to our base—one hundred orphans between the ages of a few days to three years. Most were malnourished and many were ill with a variety of diseases—some of which I had never seen before. I took lots of pictures of the kids to help me research what diseases they had, and to determine if what I was doing for them was effective. My weekly visit to the orphanage was exciting but frustrating. I needed children's medicines and liquid vitamin preparations.

The medics who accompanied me on my orphanage visits and I began writing home, asking for items that we needed for the children. The pictures of the children that we sent with our letters really caught the attention of family, friends, church groups, and service organizations. We were fortunate that our base had a small photo lab that was able to turn out quality prints that adequately served our needs. Medicines, vitamins, clothes, food items and toys began to flow into our orphanage program. I quickly learned what proved to be a very successful strategy. This was aided by the fact that the Postal Service for the US Military in Vietnam was extremely fast and efficient. The arrival of any gift from the States led to a frequently rehearsed protocol. We would, within days of the arrival of any gift, visit the orphanage and present the gifts. I would then photograph: a child wearing a new item of clothing; a little girl with her new doll; the bottle of liquid vitamins being spooned out to the kids; the sisters who ran the orphanage holding a case of donated soap; a medic holding a box of antibiotics; etc., etc. All these were focused so that the donors could recognize their gifts. The resulting photos, along with letters of thanks were quickly mailed to the delighted donors. They in turn rewarded our efforts with further gifts, while recruiting others to help our cause.

In the months that followed, we were able to establish an outpatient clinic in that same town. We saw patients one day each week. The Army was able to help us with medical supplies for the adult patients, but our successful stateside supply channels continued to support the expanded needs of a once-a-week clinic that cared for two hundred to three hundred patients. Our medical unit then began to use the base helicopters to reach isolated villages in the Mekong Delta. These villages had no medical help and were in great need of medicines and medical supplies. Photos of the unusual problems that we were observing and the great poverty of those regions were especially helpful in allowing us to make our case for the need for medicines and supplies.

The great satisfaction that we derived from the influx of needed supplies stimulated us and others at the Soc Trang military complex to expand the base of our generous suppliers. A lengthy narrative outlining our needs and pictures documenting our problems led to a gift of \$546,000 worth of materials from the World Medical Relief organization in Detroit—everything that we had requested for the orphanage, our weekly clinic and the helicopter missions.

Photos that were particularly effective were those that showed the orphan children four to six months after receiving vitamins, antibiotics when needed, an improved diet and vaccinations. Their new clothes added a special touch. What you couldn't see so well in the pictures was the fact that the clothes were clean, thanks to the soap and detergents that we were receiving.

Returning to the States, I pursued an internal medicine program. Training, medical practice, medical teaching and family commitments left little time for the type of medical practice that I enjoyed so much while in Vietnam. I even put aside my little camera. I never forgot the pictures, however, often reviewing the many albums that I had filled with pictures and memories. I even wrote a book—*Soc Trang*, which featured the best of my pictures and my Vietnamese medical experiences. In that same book, I included pictures of Chinese medical practices and Vietnamese traditional medical practices that I had observed among the thousands of patients that I had seen and evaluated. Those pictures and the cases that they represented helped me, in future journal articles and a book (*The Alternative Medicine Hoax*), argue against the value of such unproven and unscientific therapies.

In the late 1990's, my children were grown and away at colleges. Vietnam was beginning to open up to American medical assistance programs. I saw there an opportunity to pursue my dream to return to Vietnam in some medical capacity. As a Professor of Clinical Medicine at the University of Colorado School of Medicine, I was able to teach at the Bach Mai Hospital in Hanoi, as a Visiting Professor in my area of interest and expertise—Intensive Care Medicine. This thousand-bed government hospital, caring for the poor of North Vietnam, had tremendous needs, especially in the Intensive Care Unit (ICU) which cared for the sickest patients. It was impossible however to teach physicians how to manage very ill patients without providing them with the necessary tools. The ICU needed patient beds, monitors, respirators, defibrillators, catheters, special testing equipment and sophisticated and expensive medications. All these items were beyond their limited financial capabilities.

It was easy to document the many needs of the ICU. Photos of broken-down beds, aged and ineffective ventilators, rusted defibrillators, and patients in shock, without bedside monitors, did the job. These photos, along with narratives describing our ICU needs were sent to World Medical Relief, SC Ministries Foundation, Hewlett-Packard, Agilent and Philips Foundations, Rotary Clubs, and individuals who became interested in our project as a result of newspaper, magazine and medical journal articles that relayed the story and the supporting pictures. What followed was what might have been expected, knowing the generosity of Americans. World Medical Relief provided us with 35 special beds, SC Ministries gave us \$50,000 for new ventilators. Hewlett-Packard, Agilent and Philips Foundations provided us with patient monitors, defibrillators and pacemakers. At the reception of each item,

we would immediately utilize it for an ICU patient, and document its use—a patient in a new bed, a monitor attached to a patient, a respirator breathing for a patient or a pacemaker controlling a heartbeat. The photographs of these accomplishments, to the delight of the donors, reached their offices within weeks of their arrival at the ICU. This documentary effort resulted in repeated gifts and grants from each foundation. Follow-up photos, showing for example, donated respirators still functioning after five years of continuous use, went even further in establishing our credibility with our list of donors. Able to document the accomplishments of our ICU program, I then began to appeal to foundations and individuals for money to finance training in Intensive Care Medicine, Emergency Medicine and Toxicology for young Vietnamese physicians at Denver specialty hospitals and most recently at the Mayo Clinic.

To date, we have been able to fund six- to twelve-month training programs for nine Vietnamese physicians, thanks to the generosity of our donors, many of whom are Vietnam veterans. Each of these physicians has returned to the Bach Mai Hospital as a teacher of some aspect of Intensive Care Medicine. All the programs and physician activities along with numerous related photographs are documented in my most recent book—*A Doctor's Vietnam Journal* (Merriam Press, 2007).

Our program also benefits in another way—we have no overhead. The CHI Colorado Foundation in Colorado Springs through its former president, Jay Maloney (also a Vietnam Veteran), manages the administrative paperwork and finances of our program, without charge. I, and those who travel to Hanoi with me, pay for all our own personal expenses. Foundations as well as individual donors are always pleased to learn that their moneys are fully utilized for the particular project that they have chosen to assist. Our program has also benefited from the support of St. Anthony's Hospitals (Centura Health, Global Health Initiatives), which has recently joined with the Bach Mai Hospital in a sister hospital relationship. The enhanced funding provided by this relationship will allow us to train even larger numbers of Vietnamese physicians.

My twelve visits to Vietnam have resulted in still another source of income for our Bach Mai Hospital Project. While in Vietnam, I have visited medical facilities in remote areas of the country. On my trips home, I often visit remote areas of other Southeast Asia countries—Burma, Cambodia, Thailand and Laos, studying the traditional medical practices of those areas. At all those locations, I take photographs of the exotic landscapes and the beautiful and friendly people of those countries. I found that other people enjoyed these photos and were willing to purchase these scenes from far-off and exotic lands. This has led to numerous one-man photo exhibits, magazine and journal photo presentations, and even a website <http://home.comcast.net/~ckbartecchi/BachMai/index.htm> describing the Bach Mai Hospital Project and presenting the gallery of

photos for sale. This has led to the sale of an impressive number of photographs. All monies raised by these sales as well as royalties from my recent book, are used for the Bach Mai Hospital Project.

Photography certainly made a difference in my life and my medical practice. Pictures contributed to saving lives at the time of my military service in Vietnam. During my medical career, photos kept alive, not allowing me to forget, the humanitarian needs of a country devastated by wars, poverty and disease. To this day, photos help me tell my story and document what I perceive are the needs of a medical care unit. The Bach Mai Hospital ICU not only saves lives, but is positioning itself to provide the high quality academic teachers for a rapidly advancing medical care program that is sure to benefit future generations of Vietnamese.

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