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Md. Town Looks for Vietnam

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There are Frank Shorts broken leg, Viola Todd's heart condition, young Matt Evans' asthma, Police Chief Joe Koski's bad back . . .

Like hundreds of other small towns around the country, Federalsburg is urgently in need of a doctor to minister to its aills. And like more than 150 towns, it recently seized on the arrival in the U.S. of several hundred Vietnamese refugee doctors as a potential solution to its problem.

"We heard about their arrival here at the refugee camps," said Jennifer Bodine, Federalsburg's 27-year-old town administrator, "and since we exhausted every other avenue, we decided to try and get one here. Right now a green doctor with yellow spots would be fine if he were licensed to practice."

The problem, according to federal officials, is that virtually all the Vietnamese doctors are not licensed to practice in this country.

Moreover, said Dr. Edward Martin, director of the National Health Service Corps, the U.S. Public Health Service agency designated to match up doctors with needy towns, there is almost no

chance the Vietnamese doctors will be able to practice in the U.S. for three to five years at best.

Dr. Martin noted that a lot of communities and some states are feverishly courting the Vietnamese physicians in the four refugee camps around the United States in hopes of obtaining badly needed medical help.

"They've had their hopes raised by all the publicity about the doctors," said Martin, "but the truth is they are just grasping at straws. These are uncertified doctors who won't be able to practice here for years under the best circumstances."

Some Cuban doctors who arrived in the United States during the wave of refugees in the early 1960s, Martin said, are still trying to pass the certification test, needed to practice medicine.

Of the 290 Vietnamese doctors who have arrived at refugee camps in this country, only two are licensed to practice here, said Martin, and those two were immediately snapped up by large urban medical facilities.

Another 28 Vietnamese have received certificates from the Education Council for Foreign Medical Graduates, which allows them to begin a one-year training program. Eventually the

28 will be eligible to enter residency programs, but Martin predicted that since they already have contacts with large medical institutions in this country, most will end up in cities.

The rest, he said, must begin a long program of studying for the next initial certification test, which won't be given until January. Last year, only 35 per cent of the foreign-trained medical graduates passed the test.

Most of the Vietnamese doctors speak English, so language is not a problem for them in achieving certification.

Because each state has its own licensing requirements, there is no definite minimum time for a foreign-trained doctor to receive state certification to practice.

Maryland, for example, which has one of the least time-consuming procedures, still requires a foreign-trained doctor to find a teaching institution and spend a full year of supervised training there before taking the final federal certification exam. Some states, such as Colorado or Kentucky, require as much as three years of training in the United States before allowing foreign-trained doctors to take final certification exams.

mese Doctor to Cure Its Ills

"We're talking about three years' minimum for these guys," said Howard Hilton, a U.S. Public Health Service official. "And there's a strong possibility that it will take them a hell of a lot longer."

Despite caveats like this Hilton and Martin said their office has been flooded with requests for Vietnamese doctors since the refugees began arriving in the United States last month. Many of the requests, they said, have a similar note of desperation.

The mayor of a small Mississippi town wrote the Public Health Service this month saying his town's last doctor left six years ago and the aging residents now have to go 35 miles to the nearest doctor. Officials of a rural Midwest community with a population of 1,200 said they are 75 miles from the closest doctor.

"A lot of these people think of anyone who has medical experience as a full-fledged doctor and it's hard to explain the realities to them," said Martin, of the National Health Service Corps.

The letters, he said, reflect a growing tendency among physicians to shun rural areas or small towns where they

may face a heavy around-the-clock workload in favor of lighter loads that can be shared with other doctors in the cities or suburbs.

The Public Health Service calls the doctor situation "critical" when there is less than one doctor for every 4,000 people in an area. More than 700 such areas now exist around the country, Martin said.

Federalburg, a small farming town that sits along the Maryland-Delaware line in the middle of the Eastern Shore, has one doctor for about 7,000 people who live in and around the town, according to local officials.

Even more serious, the officials said, is the problem that the physician, Dr. Roger Trapnell, has been ill for several years with phlebitis, the blood-clotting disease that last year threatened the life of former President Nixon. Trapnell was hospitalized with the disease recently and telephone calls to his office during the last few days have gone unanswered.

"We're at a point now where we don't know where to turn," said Federalburg's Mayor Albert Gerardi. "About a third of our population is elderly and if we lost our doctor it would be a disaster."

The town recently voted to put up \$15,000 to equip an office if a new doctor could be located. Gerardi, a local furniture dealer who makes only \$500 as mayor, predicted that a busy doctor here could gross as much as \$50,000 a year.

The town had its closest call in the search for a physician when a young doctor from Baltimore expressed an interest in moving here recently but changed his mind at the last minute and decided to go somewhere else.

Without a doctor, residents like the elderly Short, who broke a leg when he stepped off a curb last week, had to be driven 22 miles to a hospital in Easton for medical treatment.

The prospect that at best, the Vietnamese physicians who arrived with the refugees won't be available to practice for years, left the mayor and town administrator glum today, but not totally discouraged.

"We didn't think the guy could just come right in and throw up his shingle," said Mrs. Bodine. "But now that people see just how badly a lot of people need a doctor maybe they'll oil up the machinery and things will move a little faster."