

By Bill Richards
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Federalburg, Md.

There is Frank Short's 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, Federalburg is sorely in need of a doctor. 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.

"Right now a green doctor with yellow spots would be fine if he were licensed to practice," said Jennifer Bodine, Federalburg's 27-year-old town administrator.

The problem, according to federal officials, is that virtually none of the Vietnamese doctors is 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 U.S.

"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."

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

Doctors Aren't the Answer

studying for the next initial certification test, which won't be given until December. 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 foreign-trained doctors 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 U.S. before allowing foreign-trained doctors to take final certification exams.

"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 U.S. in May.

The mayor of a small Mississippi town wrote the Public Health Service saying his town's last doctor left six years ago. The aging residents now have to go 35 miles to the nearest doctor. Officials of a rural eastern community with a population of 1200 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.

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 higher 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 4000 people in an area. More than 700 such areas now exist around the country, Martin said.

Federalsburg, a small farming town that sits along the Maryland-Delaware line, has one doctor for about 7000 people.

Even more serious, the officials said, is that the physician, Dr. Roger Trapnell, has been ill for several years with phlebitis. Trapnell was hospitalized with the disease recently and telephone calls to his office went unanswered.

"We're at a point now where we don't know where to turn," said Federalsburg 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 predicted that a busy doctor here could gross as much as \$50,000 a year.

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 but not totally discouraged.

"We didn't think the guy could just come right in and throw up his shingle," said Mrs. Bodine, the young town administrator. "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."