I am still talking about my trip a month afterward. Traveling and living within a different culture is always mind-opening, even for only a couple of weeks. I was fortunate to arrive early and visited some museums and sites that helped me begin to understand the cultural context of rural Vietnam today. Beforehand, I toured the Ho Chi Minh museum complex. It included museum displays of the American War (what we call the Vietnam war) from the North Vietnamese perspective under Ho Chi Minh’s leadership. I visited the stark “Hanoi Hilton” prison where John McCain and other American POW’s were held. During the trip I went into a large limestone cave that over 300 North Vietnamese had used as an air raid shelter from American bombs. In characteristic Vietnamese style, there was a small plain altar at the back of the main level. Back in Hanoi, the National Art Museum displays collections of Vietnamese art since prehistoric times, with extensive sculpture and paintings from the 8th century to the present giving a sense of Vietnamese grace, endurance and wit. Nowhere did I encounter any anti-American hostility, though we were obviously viewed as rich sources of tourist dollars.

Like most of the participants who have responded to the survey I sent out, I was struck by major differences and some unexpected similarities between healthcare in rural Vietnam and the USA. Entering a new career as a nurse, I don’t have a great many preconceptions about nursing. I was able to watch how the Vietnamese-speaking people organized the initially chaotic patient flow to accommodate literally hundreds of people waiting to be seen by a handful of doctors. The prescriptions we handed out were for medications that would be over-the-counter in most of
Europe. Children and adults were generally thin, but basically healthy with few exceptions. There appeared to be very little high-tech intervention or emergency medicine outside Hanoi, even at the district hospital we visited. I was grateful to the ad hoc Vietnamese interpreters who gracially tried to convey the gist of our assessments through a language that was not a mother tongue for either the rural villagers or the Euro-American medical trekkers. I was told there is no insurance in Vietnam.

I was struck by the changes occurring as new roads and foundations for buildings are built, often by crews of a dozen men and women working with just hoes and little or no machinery. Weeding fields was done by a small group of women working together, by hand. In the hills, water was drawn by hand from a well or carried in long, wide bamboo tubes from a spring. Many of the patients we saw were older women with sore backs from carrying heavy baskets long distances in hundred-degree heat. Sanitation was poor or nonexistent, though we saw hoses being laid for running water and we were privileged to have pedestal toilets and showers in the second village.

I would highly recommend this sort of low-impact travel to anyone who can spare the resources of time and money. In the USA, people consume six times as many resources as the average person anywhere else in the world. We take safe drinking water for granted. It’s well worthwhile to see how people elsewhere use their ingenuity and teamwork instead of money and power. Life is changing in Vietnam as motorcycles replace water buffalos, but people still express themselves through the clothes they embroider and the homes they build by hand. Take the opportunity to learn from their unique creativity.