HEALING ARTS

Materia Medica

Tombstones

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They were at least two millimeters, maybe three. Convex, down-sloping, sinister in appearance, like a scowling, frowning face. Tombstones marking tiny gravesites across the terrain of precordial leads. Every third-year medical student would have recognized them for what they were: signposts of a large anterior heart attack. But they might not have recognized the machine that was transmitting these ominous signals—a combination of wires and suction cups bearing only a passing resemblance to modern electrocardiogram machines.

Even as a third-year internal medicine resident, I could count on two hands the number of times I'd seen a heart attack this significant outside of a teaching case. I was training at a major academic medical center that prided itself on delivering patients with electrocardiograms like this one promptly to the cardiac catheterization lab for definitive treatment. But that meant the "big ones" were the domain of the emergency room or the cardiac intensive care unit. I spent most of my time on the general medicine wards scrutinizing tracings with my calipers struggling to understand why I was admitting another ninety year old with indigestion to "rule out myocardial infarction."

But here at the Hue University Hospital in central Viet Nam there was no balloon. There wasn't even a door to the four-bed unit in which I was standing. The room accommodated about 15 people at that moment, including six patients and many members of their extended families. There were no hospital-issue johnnies, but rather colorful silk pajamas just like the ones worn on the street by women at market. Trays of heart-healthy or carbohydrate-controlled meals were replaced by tins of homemade *chao* or *thit kho*. Like many American medical students and residents I had seen my share of international medical experiences, but this one was different. This time I was accompanied by my newlywed husband and had come as much to learn about the country my in-laws had fled as I had to study tropical diseases.

We had not been in the country long when we saw our first tombstone. Smack in the middle of a small rice paddy in the Mekong Delta, it seemed an odd place to bury the dead until our guide explained that it was a common way to mark one's property. As we rode through the country we encountered more tombstones, each more opulent than the one before. They reminded me of the mausoleums in New Orleans with their brightly colored trim and intricate carvings; all that was missing was the jazz procession. My husband's uncle took us to a village where the tombstones outnumbered and outshone the houses. "Built with American money," he told us; US dollars sent by "Vietnamese overseas" to show off their good fortune abroad.

Almost all the tombstones we saw were from the past two decades; very few were dated before 1975. Where were the dead from the American War, as they called it here? They were buried along the road to Da Nang in a field studded with a

thousand simple white stakes. They were in the monument of mother and child at My Lai, where over 500 civilians were killed in just one day. They were in the eyes of the elderly patients I treated in clinic, some of them still toiling in the same fields where they had lost both limbs and loved ones. I looked for the Viet Nam I had studied in grade school, but it was well-hidden amongst the hustle and bustle of modern day Viet Nam, a young country busily embracing the capitalism of the very country it had fought against.

Whereas the tombstones of the past mark epidemics of infection and war, the tombstones of modern Vietnam reflect chronic diseases introduced by this tide of globalization. While volunteering in the hospital I admitted more than one 40-year-old with a hemorrhagic stroke from undiagnosed hypertension. In clinic I explained to patients with newly diagnosed diabetes that they would need to limit themselves to one bowl of rice per day and was met with incredulous stares. I taught Vietnamese medical students how to estimate the jugular venous pressure and wondered how to manage heart failure in a hospital that had no scales. And when I saw those tombstones on the electrocardiogram, I watched as my faculty host ordered aspirin, heparin, propranolol, and lorazepam and darkened the room for a week of bed rest.

A few weeks into our stay in Viet Nam, the time came to visit more personal tombstones. My husband's aunt took us to the village of Vinh Hoa, where his mother's family made their home. We stood at the tombs of his great and great-great grandfathers, each inscribed with the names of their sons and daughters. I watched as my husband traced the name of his grandfather, who had died in Los Angeles only a few years earlier of lung cancer, and realized our cultures had more in common than I had previously thought. My grandparents had died a continent and a generation apart from the patients I saw in Hue but the origins of the illnesses that took their lives were similar: tobacco, alcohol and limited access to preventive medicine thwarting the cardiovascular benefits of a lifetime spent working in farms and fields. Even though my in-laws braved days at sea to bring their family to the United States, with its panoply of cardiac tests and pharmaceuticals, people in my home state of South Carolina are still dying of hypertensive crises and heart failure—just as they are in present-day Viet Nam.

When we returned to the United States, I took my husband to visit my own family's tombstones in the foothills of the Appalachian Mountains. The purplish glow cast by the sun as it set over the Blue Ridge was not unlike the deep blue hue of Vinh Hoa's waters at dusk. Globalization is drawing these two remote areas ever closer, connecting them via cell phone towers and internet lines. Instead of crafting cotton like my mother

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picked as a child into garments just down the road, American superstores built to replace boarded-up textile mills now sell T-shirts shipped from Viet Nam. Somehow both areas feel left behind: the fruits of their fields used to fuel a booming world economy but their laborers unable to fully reap the benefits. This was the story told by their tombstones.

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