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## BRIEF COMMUNICATIONS

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### The medical libraries of Vietnam — a service in transition\*

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There is perhaps no country in southeast Asia that has higher name recognition than Vietnam. This is notable, considering that the country has been in a self-imposed state of international isolation for the past sixteen years and only now is emerging. For many Americans, of course, Vietnam continues to evoke uncomfortable war memories and uneasiness.

Despite Vietnam's notoriety, very little is known about its libraries. A review of the biomedical literature of the past twenty-five years revealed not a single paper on Vietnam's medical libraries; indeed, there were very few articles on any type of library.

Vietnam has been involved in armed conflict for most of the last fifty years. At the end of French colonial rule in 1954, the country was partitioned into communist-led North Vietnam and factionally led, democratic South Vietnam. Immediately thereafter, a period of civil war erupted, which eventually led to the disastrous involvement of the U.S. military during the 1960s and early 1970s. In April 1975, the government of South Vietnam collapsed, and the country was reunited under the communist government of North Vietnam. After the war, Vietnam became an imperial power with its ten-year invasion and occupation of Cambodia, which ended in 1988.

Today, the Socialist Republic of Vietnam is a united country of 66 million people. Vietnam continues to be a one-party socialist state, but it has an economic and social structure that is opening and changing to a free market-based system. In 1990, Vietnam ranked as one of the poorest nations in the world, with an annual per capita income of \$215.00 [1].

#### VIETNAM TODAY

The infrastructure of Vietnam is in a state of near-collapse as a result of the years of war. The country continues to experience inordinate difficulties in its

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attempts to rebuild. This is due to extreme poverty and economic stagnation resulting from the country's self-imposed state of international isolation, its rigid political system, its aggressive military posture, and, finally, the effects of sixteen years of a U.S.-led trade embargo. In 1992, seventeen years after the end of the Vietnam War, the U.S. government has yet to renew diplomatic relations with its former enemy.

Rapid changes are occurring in Vietnam through its *Doi Moi* (renovation, similar to the Soviet glasnost and perestroika). Through *Doi Moi*, the government of Vietnam is making a determined effort to open the economy to private foreign investment, to establish a free market-based economy, to liberalize international trade, to encourage exports, and to rejoin the community of nations in social, cultural, tourism, and educational arenas. However, with the shift to a market-based economy, most people in Vietnam must take second jobs to earn enough income to pay the new unsubsidized prices. This situation affects not only individuals, but also government agencies and institutions. Libraries and universities now find it necessary to supplement operating budgets through programs that generate income. This has posed a severe problem for libraries, as there is little or no income to be generated in a developing nation such as Vietnam and the libraries are among the first to suffer in such an environment.

#### MEDICAL LIBRARY FACILITIES

Following the Vietnam War, the government of Vietnam moved rapidly to improve the quality and availability of health care to broad segments of Vietnamese society, focusing on the delivery of health care to rural areas. In 1987, Vietnam reported the existence of 11 medical schools, 44 secondary technical medical/pharmaceutical schools, and 20 institutes for health research. The country also had 725 hospitals, 30 of which were considered central hospitals, located primarily in the larger cities of Ho Chi Minh City (formerly Saigon), Hanoi, Haiphong, Da Nang, Hue, and Can Tho. Of the remaining hospitals, 169 were provincial hospitals and 526 were described as district hospitals. The Ministry of Health also operates 740 provincial and district health care clinics and 64 sanatoria (epidemiological institutions) [2-3]. A 1987 report published by Weitzel and Robey of the World Health Organization (WHO) listed 126 health care institutions with medical libraries. The types of institutions varied, as shown in Table 1 [4].

#### THE HEALTH CARE INFORMATION NETWORK

The philosophical and political guidelines of libraries are set by the Vietnamese Communist Party and are

**Table 1**  
Vietnam's medical libraries

Library by category	Number of institutions	Library staff
Independent information	3	71
Faculties of medicine	9	45
Faculties of pharmacy	2	10
Research institutes	20	40
Central hospitals	15	30
Provincial hospitals	37	40
Schools for medical assistants	40	40
Total	126	276

carried out by the various ministries and departments that develop operational plans [5]. The medical libraries of Vietnam are supported by the Ministry of Health, which is based in Hanoi. The Ministry's Central Institute for Medical Science Information (CIMS I) acts as the national coordinating body. Each medical institution receives funding from the Ministry of Health, and institutional administrators determine the annual allocation to the library. Because little public funding is available in Vietnam, library resources and services are left to the initiative and ingenuity of individual librarians or local physician-administrators, who may seek out support from international agencies such as WHO, from foreign governments, and from nongovernmental organizations such as the U.S. Mennonite Central Committee (MCC). It is, however, the WHO Western Pacific Regional Office in Manila, Philippines, that plays a major ongoing role in supporting health information services in Vietnam.

CIMS I, founded in 1979, develops and coordinates a national network of medical libraries serving all areas of the country. Prior to 1979, CIMS I was known as the Central Library of Medical Science, which had been established in Hanoi in 1964. Its counterparts in pre-1975 South Vietnam were the Medical Library of the University of Saigon and the National Library of South Vietnam.

CIMS I is the national library of medicine for a reunited Vietnam but plays a role considerably larger than its U.S. equivalent's. It has a five-part mission: to act as the nation's resource medical library for health care professionals; to promote domestic cooperation in networking and collection development in the medical libraries; to carry out applied research in information management and technology; to serve as the WHO-designated focal point and collaboration center for health information services for francophone countries in the western Pacific region; and to serve as part of the steering committee of the Asian Pacific Information Network on Medicinal and Aromatic Plants [6].

In terms of organizational structure, CIMS I is di-

vided into five sections: the library, which serves as the central resource medical library for the country; the section for networking and technology assessment; the section for editorial work, which assists the CIMS I Editorial Board, one of the principal medical publishers in Vietnam; the section of national medical bibliography and library automation; and the section on management and finance. CIMS I employs a staff of fifty people, half library staff members and half medical scientists who work part-time for CIMS I in the publishing section. Some of the medical scientists on the CIMS I staff are based in Ho Chi Minh City and act as liaisons to CIMS I in Hanoi [7].

### CIMS I ACCOMPLISHMENTS

Despite severe economic difficulties, CIMS I has managed a remarkable number of its goals. As the national library of medicine, it has been highly successful in developing a comprehensive and complete collection of Vietnamese works on health care. Its total bound collection is approximately 50,000 volumes [8]. CIMS I also has developed a policy of manpower development by engaging and training medical scientists to provide health care information services, to compensate for the chronic shortage of trained medical librarians. CIMS I is in the early stages of developing a plan of information networking at the national level that is similar in concept to the Regional Medical Library Program developed by the U.S. National Library of Medicine (NLM). CIMS I also has hosted two National Conferences for Health Biomedical Information (HBI) Workers. The first was held in Da Nang in March 1987, and the second in Ho Chi Minh City in November 1990. In attendance was a wide variety of individuals who manage medical library services: professional medical librarians, library paraprofessionals, physicians, and medical scientists.

In 1981, the Vietnamese Ministry of Health designated CIMS I as the national focal point for HBI services. In 1984, CIMS I embarked on a medical sciences publication program and, as of 1991, was publishing six medical journals on a regular basis. In 1985, CIMS I hosted a national workshop featuring an exhibit of French medical literature. In the last three years, CIMS I has been active in developing bilateral relations with libraries in foreign countries as a means of gaining access to a wider body of medical literature. In November 1990, CIMS I hosted two workshops, Library Management and New Technologies in Information Management, both taught by a U.S. medical librarian. The workshops were held in both Hanoi and Ho Chi Minh City, with the costs covered by MCC and WHO [9].

CIMS I currently is seeking assistance to provide opportunities for Vietnamese librarians to participate in on-the-job training programs in the United States

and France. CIMS I holds U.S. graduate schools of library science in high regard because of their leadership in information technology and has expressed interest in having a core of Vietnamese librarians receive graduate education at the master's level at a U.S. university.

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### THE MEDICAL LIBRARY AS A SOCIAL FORCE

Library services in Vietnam differ from those in Western countries due to different political and economic influences and cultural values and the fact that in Vietnam the tradition of modern library services is relatively new. In addition, the Vietnamese medical community views a library as a priceless resource, one that should be protected to such an extent that it ultimately becomes unavailable to any but a privileged few. The concept of open access to the physical holdings of a library for all members of a medical institution is familiar but generally not implemented. Librarians are viewed as passive intermediaries in the transfer and interpretation of information and are perceived as playing a relatively unimportant role in medical decision making. Because many medical librarians have received traditional training that reinforces this outmoded concept of libraries, this attitude prevails in many instances. Vietnamese librarians are not familiar with the concept of marketing their expertise in the area of information science.

But changes are occurring, and the concept of the "pro-active" librarian—assertively reaching out to the user—is taking hold among Vietnamese librarians. As Vietnam continues to expand contact with Western countries, and as the concept of Western library services becomes better known, gradual adoption of these services is likely to occur. In the broad context of Vietnamese society, the trained librarian at the university, large hospital, or medical school commands respect and holds a moderate social and economic ranking, albeit considerably lower than physicians and medical scientists. Until recently, a trained librarian held a position that ensured stability and economic security. Since the advent of Doi Moi, Vietnamese librarians have found it necessary to hold two jobs to make ends meet.

Many library services in Vietnam are similar to

those found in libraries worldwide, but inadequate funding and low demand have resulted in an absence or minimum of certain standard library services. Reference services generally are not well developed; this appears to reflect an educational process in which students listen passively to didactic lectures with little or no questioning, and thus are unlikely to make reference queries. Medical students appear to use libraries for rote memorization of lecture notes or to study textbook materials. In some medical libraries, students are not permitted access to book and journal collections and thus can only use the library as a place to study.

### PROBLEMS IN SERVICE

The author found numerous problems in Vietnam's libraries, but this paper will focus on only four: resources, interlibrary loan and union lists of serials, technology, and academic preparation and continuing education for librarians [10].

#### Resources

Books and journals are the mainstays of intellectual resources in libraries in developing nations, with less emphasis on audiovisuals, microforms, and computers. However, developing countries are demonstrating a growing interest in computer technology, and technologies such as microcomputers and CD-ROM have arrived.

In general, the major medical libraries in Vietnam are in a state of neglect, due primarily to the aforementioned economic difficulties and the near-impossibility of obtaining the hard Western currency needed to buy Western books and journals. Vietnamese librarians view this chronic underfunding as a major impediment to the improvement of health information services. Because of the current state of the Vietnamese economy, no short-term solutions are apparent. This illustrates the ongoing dilemma of choices and priorities that developing nations must face every day with respect to health services. Should a nation build a credible information infrastructure in the hopes that it will enable doctors to provide improved medical care, or should the nation devote its limited financial resources to direct patient care? This is a difficult choice, and many nations have chosen the latter course of action for the sake of expediency, without examining the long-term effects of such a decision.

The major medical libraries in Vietnam hold small English-language collections, in comparison to the large number of Russian and French publications donated by the Soviet and French governments. There is a virtual absence of current English-language publications, despite the fact that the largest and most

significant portion of the world's biomedical literature is published in English. Vietnamese librarians recognize this as a serious impediment to their ability to meet the information needs of health care professionals. In fact, it is viewed as a major crisis that needs immediate attention, and yet there exists no immediate solution.

Vietnamese librarians have not yet developed a uniform national core list of medical books and journals that would meet baseline needs of the medical community. It has been suggested that a modified Brandon/Hill List be adopted, supplemented by a unique Vietnamese list of medical books [11]. CIMSI and individual medical libraries in Vietnam are in the early stages of addressing this crisis by forming international contacts with potential book and journal donors, such as foundations, nongovernmental agencies (NGOs), and British, U.S., Australian, and Canadian medical libraries.

#### **Interlibrary loan and union lists of serials**

In a developing nation such as Vietnam, interlibrary loan services are the primary means of sharing limited resources, saving money, and expanding the horizons of knowledge available to the health care professional. Conversations with numerous Vietnamese doctors in Hanoi and Ho Chi Minh City revealed limited understanding of the concept of interlibrary loan services and little use of such network services. The near-absence of interlibrary loan services is due to the lack of library education, a disrupted economy, slow postal services, no credible public transport system, and a chaotic telecommunications system. CIMSI has published a list of books and journals for loan, but its distribution is limited and its existence is not widely known. Some Vietnamese librarians argue that there is little or no money to support interlibrary loans, but then there is even less money available for the purchase of these materials. CIMSI is in the early stages of formalizing the protocols for interlibrary loan services and plans to promote the service through informative flyers and workshops throughout the country.

To encourage librarians to develop lists and share resources, CIMSI published a list of journals and books available for loan or photocopy on a national basis. Unfortunately, this example generally is not followed by other medical libraries in Vietnam. For example, in Ho Chi Minh City, a major metropolis of 4.5 million people, there are no union lists of medical serials nor is there a union book catalog. The result is little interaction between libraries and virtually no interlibrary loan traffic. When librarians were asked about this deficiency, they recognized the potential value of interlibrary loan service and its absence was seen

as a problem, but there was little movement to remedy the situation. The inertia may be due to a reluctance to loan valuable books and journals through an unreliable postal service, the absence of photocopy machines, and the virtual collapse of the public transport system in Ho Chi Minh City.

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#### **Technology**

Compared to other libraries in Vietnam, the medical libraries lack modern technology. In late 1990, there were no microcomputers in the medical libraries in Hanoi or Ho Chi Minh City, while current generation PCs (80286 models) and laser printers were in use in Hanoi's National Library of Vietnam and the National Library for Science and Technology. The medical libraries had no fax machines, few typewriters, and often no photocopiers. Existing copiers often were not functional due to lack of spare parts and paper—both rare commodities in Vietnam. CD-ROM technology had yet to be introduced into the medical libraries, although WHO in Manila indicated it planned to install CD-ROM MEDLINE in CIMSI in Hanoi during 1991. This would represent a major advance for the health care community because it would allow bibliographic access to current literature in the health care field.

Vietnamese librarians and physicians acknowledge the need to acquire new electronic technologies to enhance access to information, and they see the positive impact this technology could play in enhancing health care. However, lack of hard currency and instructors with the knowledge to use such equipment probably will slow the wide adoption of electronic technologies in medical libraries.

#### **Academic preparation of medical librarians**

In the medical schools and major hospitals of Vietnam, the education level of librarians is high. Vietnamese librarians as a group are highly intelligent, cultured, and intensely interested in improving their libraries. Despite overwhelming adversity in managing libraries with scant resources, they continue to be optimistic about the future.

With only two library schools in Vietnam, there is a chronic shortage of trained medical librarians, except possibly in the major cities. A 1989 report indicated that Vietnam was producing only seventy-seven library science graduates per year, all at the undergraduate level [12]. Graduate training has to be taken abroad. As a result, many of the individuals managing or working in medical libraries are not librarians by training, but are physicians, pharmacists, or individuals with general baccalaureate degrees. Professional librarians are trained in traditional methods, which often are outdated. They neither respond to actual needs nor provide the skills librarians require to be effective in an age of technological upheaval. The professional staff turnover rate in Vietnamese medical libraries is high due to lack of career advancement opportunities and extremely low salaries. Administrators tend to hire new library staff based on their knowledge of pure science or linguistic abilities rather than their knowledge of library skills. The shortage of adequately trained librarians will make it difficult for Vietnam's medical libraries to meet the information needs of health care professionals in the 1990s [13].

Four areas in the training of Vietnamese medical librarians warrant immediate attention: library management skills, computer technology, technical services aspects of library operations, and the English language.

Advanced training in management will equip library leaders with the skills to adopt good management policies and to serve the needs of users effectively. Currently, librarians do not routinely follow basic management practices, such as preparing a budget, maintaining routine library statistics, developing a policies and procedures manual, and marketing the library's services and resources. Vietnamese medical librarians also have not had experience with microcomputers and therefore lack basic knowledge of computer skills. With the expected arrival of microcomputers and CD-ROM technology in 1991, training activities are likely to start. In the technical services area, many of the medical libraries use the NLM classification system and Medical Subject Heading (MeSH) terms, yet librarians often displayed incomplete and outdated knowledge of basic cataloging principles, suggesting a need for further training in this area. CIMSIS is recommending to Vietnam's Ministry of Health that the NLM classification system be adopted as the uniform national standard for medical libraries. If this occurs, it will result in an urgent nationwide need for extensive training programs in cataloging. Finally, the preponderance of English-language scientific literature means that Vietnamese librarians will need to improve their English skills. Since 1975, the focus of foreign language training for entry-level librarians has been primarily Russian, followed by

French, although this is changing now to place more emphasis on English.

## SUMMARY AND CONCLUSION

The medical libraries of Vietnam maintain high profiles within their institutions and are recognized by health care professionals and administrators as an important part of the health care system. Despite the multitude of problems in providing even a minimal level of medical library services, librarians, clinicians, and researchers nevertheless are determined that enhanced services be made available. Currently, services can be described as basic and unsophisticated, yet viable and surprisingly well organized. The lack of hard western currency required to buy materials and the lack of library technology will be major obstacles to improving information services.

Vietnam, like many developing nations, is about to enter a period of technological upheaval, which ultimately will result in a transition from the traditional library limited by walls to a national resource that will rely increasingly on electronic access to international knowledge networks. Technology such as CD-ROM, Integrated Services Digital Network (ISDN), and satellite telecommunication networks such as Internet can provide the technical backbone to provide access to remote and widely distributed electronic databases to support the information needs of the health care community. Over the long term, access to such databases likely will be cost-effective, in contrast to the assuredly astronomical cost of building a comparable domestic print collection.

The advent of new, low-cost electronic technologies probably will revolutionize health care information services in developing nations. However, for the immediate future, the medical libraries of Vietnam will require ongoing sustained support from the international community, so that minimal levels of resources will be available to support the information needs of the health care community. It is remarkable, and a credit to the determination of Vietnam's librarians that, in a country with a legacy of war, economic deprivation, and international isolation, they have somehow managed to provide a sound basic level of information services for health care professionals.

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### **Measuring library staff time spent training patrons to use health-related CD-ROM databases\***

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Many authors claim that devoting library staff time to helping patrons search a CD-ROM database has a major impact on a reference department. Having found no published studies supporting this claim, the Savitt Medical Library decided to conduct a study measuring the time consumed in training patrons to

use the library's MEDLINE† CD-ROM database. Subsequently, the study was expanded to include health-related CD-ROMs available in two other libraries on the University of Nevada, Reno, campus. The hypothesis was that point-of-use instruction on a CD-ROM takes longer than answering most reference questions and may take as long as executing a complete online search.

### **METHODOLOGY**

Six databases on CD-ROM were selected for this study: AGRICOLA‡ (1970-), BiblioMed§ (current three years), Biological Abstracts\*\* (1990-), ERIC†† (1966-), Nursing and Allied Health (CINAHL)‡‡ (1983-), and PsycLIT§§ (1974-). The study was conducted from December 1990 through April 1991. A form was designed to record date, subject, start time, end time, minutes elapsed, and whether the patron was a first-time user. The patron's search subject was noted as well, to differentiate between mechanical problems such as fixing a paper jam and an in-depth instructional interaction.

To establish a framework for comparison, a literature search was conducted to find previous time studies of reference and online search services. Four studies were identified that measured the average time spent answering a reference question [1-4], and four other studies were found that measured the average length of an online search [5-8]. In addition, six studies were located in which the authors estimated the time to provide CD-ROM assistance [9-14].

### **RESULTS**

During the five months of the study, 399 sessions were recorded. Of these, 349 sessions represented in-depth instructional interactions and 50 involved helping a patron with a mechanical problem. Table 1 shows the breakdown of the in-depth sessions by database. Statistical analysis of these 349 sessions reveals a mean time of 5.72 minutes per session, a median of 4.00 minutes, and a mode of 2.00 minutes. The sessions ranged from one minute to forty-five minutes.

These results were compared to the reference studies that indicated that the average reference question required up to 10 minutes of staff time, online search-

† MEDLINE is a registered trademark of the National Library of Medicine.

‡ AGRICOLA is a registered trademark.

§ BiblioMed is a registered trademark.

\*\* BA on CD is a registered trademark.

†† ERIC is a registered trademark.

‡‡ CINAHL is a registered trademark.

§§ PsycLIT is a registered trademark of PsycINFO, Inc.

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