

Dr. Pat Smith to Dr. Louis Braille
of Seattle

Minh-Quy Hospital
Kontum, Viet Nam
Oct. 7, 1972

Dear Louis,

Will give you a "situation report" -- perhaps you can give same to Don Brazier so he can use anything appropriate for if & when he wants another newsletter. First, though, a small item of business; would you ask the bank to mail statements to me c/o Advisory Team 41, APO SF, 96318? I don't know what's been happening to the statements from the old APO, but I don't seem to be getting them. As far as I know right now, it is not necessary to deposit more money quite yet. Our expenses in my absence were relatively small -- partially because of the decreased number of Western staff, because the Bishop picked up one Montagnard payroll, and because we have been getting rice for both patients & staff in both Kontum & Pleiku from Social Welfare as "refugees". However, now that we are all back together in Kontum, and the agreeable Social Welfare chief here has been fired, we have to start buying rice for everyone again. It seems they have even cut off our refugee patients, but we are trying to get this straightened out, since they are certainly entitled to government rice. Our employees have been beset by the increased cost of living, especially in Kontum. A temporary solution was found in the free rice available to them. We think we will probably turn this into a permanent one by providing them their rice in addition to their regular salary -- this seems fairer than adjusting salaries otherwise, and we hopefully will be able to buy the rice at the government controlled price, which is considerably less than the market one.

As someone may have wrote you, the move back to Kontum from Pleiku was smoothly accomplished Sept. 23, with a bit over for the 26th. John managed to line up C-130's for the move, which made ~~some~~ things easier, though the pilots were not too happy about the absence of ground controllers, especially since ARVN trucks kept running up and down the runway. The move was the reverse of the one down in May -- then we had many people to move, and almost no supplies. This time, thanks to all the scrounging done in Pleiku, we had quite a lot of supplies to move up and relatively few people. We had 2 plane loads of people, and 3 of supplies. It is good to have everyone back together again, and has lightened the work load for the Montagnards here in Kontum, who were bearing the brunt of it the past few months. We're now running a little over 200 in-patients & clinics of about 180 per day. Sr. Gabrielle and Sr. Francoise see the clinic patients with me, asking questions as necessary, and it really goes quite fast. They see the bed patients by themselves in the morning, except for those they want me to see with them. I spot check them occasionally on the bed patients to be sure they're asking enough questions & ordering enough lab work & x-rays -- they seem hesitant about those. I usually do most of the "walking wounded" while they're doing rounds, and try to have, most days, about an hour with them to discuss some basic concepts to improve their skills, which are already impressive. We, so far, have been through some of the ideas on dosage ~~for~~ the most common diseases which they did not seem to have firmly in mind, and are now engaged in more systematic pursuits. We have been through a short course in history-taking, slanted towards the most common complaints in Kontum, and are now approaching the physical exam, by way of a short course in anatomy. Of course, they are already fairly skilled in some aspects of physical exam -- also, they do get on-the-spot & out of logical order instruction when we get a patient with good findings of lobar consolidation, acute abdomen, intestinal obstruction, etc. They are very eager to learn, and especially anxious to know the reasons for various findings and treatments. Sometimes, my Bahnar bogs down a little trying to explain something rather technical, but we seem to manage pretty well, on the whole.

It is still very much palcíp malaria season here, with an amazing number of admissions due to this. We have had 4 cerebral malarías alone in the past week, plus all the less urgent ones. We're trying to push spraying of the refugee camps here, but it's a discouraging process, especially when the "public Health" of the province claims they haven't noticed any increased malaria -- they probably wouldn't notice if all their personnel had it! There are about 23,000 refugees in Kontum right now. Their have been no large recent arrivals, but small groups continue to straggle in daily. Quite a number of them end up being hospitalized, chiefly

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with malaria & malnutrition, though quite a lot of TB as well. You can really spot them when they come into clinic -- dirty, ragged, pale, thin, edematous. Some of them coming in now have been almost 6 months in the jungle, living on leaves and roots and without any shelter.

Things had been exceedingly quiet here until the past few days. In fact, I have had to keep reminding myself that the NVA are only a few kilometers off, and that long-range plans are simply not in the cards here. However, the past three days, the 23rd Division has been evidently having quite a battle about 5 kms. north of town near the Dak To road -- what we used to consider pretty much suburban Kontum. The F-4's have been bombing regularly there for 3 days, and the outgoing artillery is a 24 hr a day affair.

The Pleiku road was open without incidents for about 2 weeks, but now has been closed for 4 days -- the first day because of an ambush, since, because the rains washed out a bypass for a wrecked bridge. Fortunately, during the time it was open, Harry Hartwig managed to get up enough gasoline & kerosene for a while -- these had been unobtainable in Kontum for some time, and we had most of our refrigerators off for lack of kerosene, plus not enough gas to run the generator for X-ray or surgery. Of course, once we had gas for the generator, we discovered there were other things wrong with it. It has taken more than 2 weeks to get it functioning again, using every means available, including Harry's taking it to Pleiku for repair (which only lasted about 2 hrs. thereafter). It's finally working as of yesterday afternoon, and Hanoi is working like a demon trying to get caught up on X-rays -- it had been several months since any were regularly available in Kontum, first because of gas shortage, then generator repairs.

We had a Montagnard staff meeting on Thursday. They are fearful of what happens next here, since the VC have promised them another offensive. I felt it was only right to tell them exactly what I think about the situation -- i.e., that if Kontum is not taken militarily, which is not unlikely, there is a good chance it will be given away politically. In any case, as I told them, I do not think any of S. Viet Nam will be free of communist control longer than a couple of years at best, and very likely a shorter time. I am afraid they were all quite depressed about this, but I do think we need to make realistic plans for what is likely to happen. They should be given the chance to prepare themselves psychologically for life under a communist regime, and, perhaps (who knows?) make some friends on the other side -- some of them at least may have some tenuous connections there. In the way of preparations for the hospital, we are attempting to get a 3 month supply of essential commodities on hand and maintain it -- i.e., gas & kerosene, rice, medications & supplies. We will also want to get a 3 month supply of piastres on hand, but I plan to leave this until the last possible time, since the exchange rate frequently fluctuates. This will be of value even for times when the Pleiku road is cut, or, perhaps, if there is an attack on Pleiku itself, even though Kontum is not affected otherwise, in addition to providing a supply of essentials which will probably

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last as long as the hospital is allowed to function under V.C. control.

Probably all of this latter about "long range" plans is not fit subject for a newsletter! However, the point might be made for general dissemination that we need to get 3 months supply of essentials on hand here because of lack of reliability of transportation and the exigencies of war.

John left for RAR in New Zealand last Sunday. He will be gone about 3 weeks, then back for a visit, then back to the U.S. Edric Baker, the young New Zealand doctor who was here briefly in April, has been working in Quinhon with the New Zealand team. He was up for a visit last week, will be leaving the N.Z. team in November, and probably back up here several weeks before I will be leaving for the U.S. for Xmas. Also, I have had word from CMB, New York, that there is a woman doctor who would like to work here for a period of 4 to 6 mos., and will be available about the end of Nov. She sounds excellent, with a background of surgical internship, 2 yrs surgical residency, then completing anesthesiology residency & fellowship, and has been an assistant professor for several years. She is interested in doing general practice here! She is paying her own fare, which adds to my enthusiasm for her. So, it looks as though the medical part should be well covered during my absence for Xmas & in January. Nurses are a little tigher, though the Montagnards are doing so well that not too many Western nurses are needed. However, I would like to have a few who could concentrate especially on teaching — I do think our Montagnard nursing staff improves directly in proportion to the amount they understand the reasons for what they do. I have written Hilary to see if her family might release her for this purpose. Tom and Barbara, with Dich, will be leaving for the U.S. next week. Susan is sick, and leaving shortly anyway. This leaves us with only Rita. However, Rita had a letter from Shirley saying Anne Watts was coming back to Kontum -- she's a British nurse who was with us in 1969-70. She had planned to return last May, when I wrote saying to hold everything. The last letter I had from her in the States, I was given to understand she had another commitment at present, but would like to come later. However, it looks like she might be back next ^{month} ~~week~~, which will be a help.

I really hesitate to bring nurses in here at present who have not been here before, since I feel those with previous experience here are much better able to cope with the uncertainties of the situation. Also, I feel the total number of Western staff should be kept down (even if they were available & we had the funds for them!) so that physical problems of evacuation would not be great in case of another short-notice trip out of Kontum.

Well, as usual, this letter has gotten completely out of hand. Best I close so you can read it in a day or two.

Sincerely,

Pat