

pleiku
June 11, 1972

Dear Louis,

Sorry to be so long in writing; I can well imagine the apprehension that all of you are now undergoing. We have trouble finding breathing time, though, and in all honesty this is the first chance I've had to write. Several days ago we sent a report of hospital status to the heads of various departments that might be able to help us with our immediate problems, and a copy should be reaching you shortly. I hope here to go into more detail concerning our situation, presumably covering questions that may arise in Seattle. Please pass all of this along to Pat, also.

The situation in Kontum now is generally optimistic, I think, though the conflict is far from over. The lull in the fighting has allowed news to filter down somewhat, and much of the previous uncertainty has been replaced by fact -- good or bad, still better than rumor. Tom and Bill Rose have been able to make trips up from time to time, too. Minh-Quy is still functioning well, even though the heaviest fighting seemed to be in the Southeast part of the city. The change in situation is reflected in Gabrielle's letters: (translations, abridged)

31 May:

"From the 25th to the 30th, we thought every one of us was going to die. We are afraid all the time; afraid of the VC, afraid of the planes. We saw the VC kill two people in the street outside of the hospital. We are very afraid. We cannot eat anything or drink anything; we cannot go to get water...."

4 June:

"...Do not work too hard; be sure you eat well and get enough sleep...."

The latest word from Kontum says that the ARVN have ransacked the original hospital, and what was not stolen was left out in the rain. We haven't personally surveyed the damage, but it doesn't sound good. The Bishop and the Catholic mission are still functioning, although their compound saw a lot of the fighting. They have been of considerable ~~effect~~ assistance in this difficult time for Minh-Quy.

The present staff consists of approximately 55 Montagnards, and four westerners. Of these 55, roughly eight are Tom's village health workers, still on his payroll, but without villages to work in. The western staff is made up of Tom, Rita, myself, and a new nurse from Holy Family who is fitting in quite well. In addition, Bill Rose is spending much of his time on errands for us, and is really quite effective. Though all of us find the pleiku operation quite frustrating, I think

← Beth
Burke

June 11, 1971



Dear Louis,

Sorry to be so long in writing; I can well imagine the apprehension that all of you are now undergoing. We have (I think) been breathing time, though, and in all honesty this is the first chance I've had to write. Several days ago we sent a report of hospital status to the heads of various departments that might be able to help us with our immediate problems, and a copy should be reaching you shortly. I hope here to no later than the fall concerning our situation. Personally covering questions that may arise in Seattle, please pass all of this along to Pat, also.

The situation in Kootenai now is generally optimistic. I think, though the conflict is far from over. The fall in the light has allowed news to filter down somewhat, and much of the previous uncertainty has been replaced by fact -- good or bad. Still better than rumor. Tom and Bill Ross have been able to make trips up from time to time, too. Monday is still running well, even though the heaviest fighting seemed to be in the southern part of the city. The change in situation is reflected in our (transmissions, attached)



31 May: "From the 13th to the 10th, we thought every one of us was going to die. We are afraid all the time; afraid of the VC, afraid of the planes. We saw the VC kill two people in the street outside of the hospital. We are very afraid. We cannot eat anything or drink anything; we cannot go to get water...."

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The present staff consists of approximately 35 members, and four westerners. Of these 35, roughly eight are from a village health workers, still on his payroll, but with out villages to work in. The western staff is made up of Tom, Rita, myself, and a new nurse from Kootenai who is living in quite well. In addition, Bill Ross is spending much of his time on errands for us, and a really quite effective. I think all of us find the patient operation quite interesting. I think

Bill
Rita

all of us hope to stick around to see what is going to happen.

Currently we have about 120 inpatients, and see roughly 40 a day in clinic. 80% of our load is surgical, mainly war casualties, and this has necessitated some reorganization of the staff. Scotty has been made chief dresser, and made responsible for dressings on all patients. He now has a staff of ten persons, whose only function is doing dressings. Three of these ten are former aides, one is new, and six are Tom's men. Of necessity, Scotty has to combine teaching with his dressing duties, and we are developing quite a proficient corps of dressers.

Pea, previously in pharmacy, has become head nurse, charged with overseeing all inpatient care. He is assisted by Scotty and Ta, who looks after IV's and medications. Under his supervision, the Montagnard staff has taken over much of the load with which we were so burdened several weeks ago. The influx of new patients has slowed considerably, too, and many of the serious casualties are now ambulatory and self-sufficient. Furthermore, Margaret East, a VNCS physician is trying to get her pleiku Montagnard clinic reopened, and this should prove quite a help.

Tom's program, really quite a well-conducted affair, is unfortunately at a standstill, because of the impossibility of regular supply. He has just completed his quarterly report and is forwarding two copies along with ten 8 x 10 photos. His workers that are available to us seem quite conscientious and are getting more valuable training.

A Korean surgeon has just arrived, along with an anesthetist and Xray tech. He is assigned to Province Hospital as well as to us, and seems eager to work. We started yesterday by rounding on our backlog of thirty-five or so patients in need of surgery, and hopefully tomorrow we'll start cranking them out.

I think things are pretty well streamlined now, should we be hit by mass casualties. Daily rounds are being made on only half the patients, the rest in need only of dressing inspection twice a week, or special evaluation in case of new symptoms. Shelter for overflow is available (two big tents now; more to be had if needed); and we have been promised repeatedly a cadre from social welfare to administer refugee rice allotment (really a headache), at the hospital for patients and families. Furthermore, our initially difficult relations with the Vietnamese staff of the Province Hospital are now a good deal more cordial. Supply is our biggest problem, as our emergency orders remain unfilled. Should the need arise, as it soon will, the VNCS warehouse has been offered for the interim. The 67th Evac Hospital, especially their chief surgeon Dave Gatti, continue to provide superb service in the critical area of emergency surgery. (You might draft a letter to the White House.)

Our present expenditures are roughly:

Food for patients \$4000VN per day -- this is assuming no help from refuge assistance programs, but in reality, many should be receiving benefits shortly.

Western salaries -- \$90 US for Tom and Rita per month

Staff salaries -- \$340,000VN per month

House fund -- \$40 per week (includes food)

Tom still has VNCS funds to provide salaries for his employees, even though they are working at MINH Quy. We have no present estimate of the financial needs of the Kontum end of things, but they should be small. The current rate of exchange is US \$1 = \$420VN.

Those of us now experiencing the Minh Quy situation see this as a critical time in the history of the hospital; indeed, quite an exciting time. Here is a forced break in the routine of a hospital perpetually stressed by a near-maximal demand for health services. Here is a time when our para-medical personnel are learning how well-trained they are, and gaining confidence. The present political climate is stormy, and the time permitted for Western influence of Minh Quy in the future seems limited at best. Now is the time for a shift in emphasis of our dealings with the hospital. This is perhaps the last opportunity for an orderly preparation of the Montagnard staff to fully conduct the affairs of Minh Quy on a permanent basis.

Subject, of course, to the wishes of pat, the following actions are proposed:

Xx

1. Move to the original hospital as soon as possible. From what we have seen, the ARVN and not the Communists are the immediate enemy of the hospital, and there seems to be little added protection afforded by the Kontum location. In order to build any kind of stability into the hospital, this seems the first step. The longer we wait, I think, the more we stand to lose. The final decision to move back should rest with the Montagnards.

2. Training, hurriedly and incompletely conducted during the evacuation, should be the utmost priority at all levels of skill, both in the medical and administrative areas. There is no reason why the clinics cannot be conducted by the Montagnards with western preceptors. (They are doing it alone in Kontum now.) Scheduling, staff immunization, payroll, etc. can all be taught, and should be.

3. New supply routes for drugs, dressing materials, etc., should be developed, perhaps initially through the



Our present expenditures are roughly:

Food for patients \$48000 per day -- this is assured
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reality, many should be receiving benefits shortly.

Western salaries -- \$50 US for Tom and Rita per month

Staff salaries -- \$340,000 per month

House fund -- \$40 per week (includes food)

Tom still has VRS funds to provide salaries for his employees,
even though they are working at night. We have no present
estimate of the financial needs of the Kontum end of things,
but they should be small. The current rate of exchange is
US \$1 = \$25000.



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Bishop. USAID, Air America, and MACV are fading things, and alternatives are needed. Perhaps, thinking practically, channels via a country that maintains diplomatic relations with both Saigon and Hanoi would stand the best chance of survival. At any rate, multiple sources of medical supplies seem essential.

4. Preventive medicine and health education should be stressed in all phases of the operation. Malaria, TB, plague, measles -- in fact a very high proportion of the morbidity in the Kontum area -- are preventable. A huge job, admittedly, but an emphasis now may provide an orientation for the future. I would urge all board members to read Maurice King's Medical Care in Developing Countries, oriented to Africa, but widely applicable to Kontum. (It is available in the UW Medical bookstore.) The midwife program that Shirley was planning would be useful, and maybe Pat has some ideas about how that might be restarted.

5. Agriculture may be an untapped resource of the hospital, to make it less dependent on the piastre. Ron Ackerman would be a good man in this field, and has expressed an interest earlier. While convenient communication with the US lasts, the sale of Montagnard artifacts may be another source of income, though difficult.

Al from letter should be drafted of the future goals + objectives of Minh Quy Hosp. This letter thus could be forwarded to those westerners interested in working at Minh Quy. T.C.

Our immediate needs from the US are minimal. Projected requirements include:

1. Staff -- As always, need to be screened for personality and motivation. (KHF has done an exceptional job in the past) Ability in Bahnar, Vietnamese, and/or French should be given considerably more weight, I think, if the proposals here are accepted. Please send no one at this time.

Nurses -- at least four in country at a given time. ~~xx~~ Hopefully one or two could be teaching. Barbara Corvino and Hilary Smith are both excellent, speak Bahnar well, and are interested in teaching. I feel they should be given the option of instructing full-time.

Physicians -- Total of three in country, minimum. Especially here, language skill vital. Edrick Baker is currently on a three-month contract in Qui Nhon, and has expressed an interest in returning. Tom Jacobs? Tom Breese? Dr. Tuohy?

I have doubts if he would work out At Kontum, that may be able to go into this in more detail. T.C.

Handyman -- Harry Hartwig, formerly of 67th Evac and now in the States, was interested. Vital skills -- auto mechanics, tinkering (required)/ /

Admin -- Bill Rose seems the ideal man for the job, and wants to start in September.

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4. Preventive medicine and health education should be stressed in all phases of the operation. Malaria, TB, plague, measles -- in fact a very high proportion of the morbidity in the Kontum area -- are preventable. A major job, admittedly, but an emphasis now may provide an outlet for the talents of all kinds of medical workers. Maurice King's Medical Care in Developing Countries, oriented to Africa, but widely applicable to Kontum. (It is available in the UW Medical bookstore.) The malaria program that Sirley was planning would be useful, and maybe Pat has some ideas about how that might be restarted.

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Our immediate needs from the US are minimal. Projected requirements include:

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Handyman -- Harry Hartwig, formerly of OTHA, and now in the States, was interested. Vital skills -- auto mechanics, tinkering (required).

Admin -- Bill Rose seems the ideal man for the job, and wants to start in September.

Lab Tech -- Useful, but not essential, unless a TB case-finding program can be set up. Helen Schuster, if available, would be perfect for the job, and, ~~wherever~~ if interested, you might have her try to get some experience with fluorescence microscopy of APB while she is waiting.

2. Supply -- Diverse, long-term, dependable sources of medical, surgical, and secretarial supply are needed. We will try to send a copy of the monthly USAID order to pinpoint our needs. Also, shipment arrangements could be looked at now, to minimize future costs. (Along this line, a standby arrangement with some of the major airlines to furnish air transportation could save KHF several thousand dollars in air fares when these people are finally needed.)

If KHF could send a dozen or so more heads' staff, it would be a big help.
T.C.

3. Teaching aids and teaching ideas would be greatly appreciated.

4. Would it be feasible to undertake commerce in Montagnard artifacts? How should we start?

5. Goodies. Right now, our biggest problem is our collective mental health, and cookies, nuts, cakes, etc. would go a long way to making pleiku more tolerable. pens, pencils, and matches also are in short supply. This more reasonably falls into the category of an immediate need.

I hope this answers most of your questions, as well as those of the board members. Sitting here in pleiku, 44km from Kontum, we can appreciate the difficulty of being out of touch with close friends at a difficult time. Be assured that we are grateful for your past, present, and future assistance.

Sincerely yours,

John
John W. Taylor, M.D.

Since the death of J.P. Vann, Gen. Healy has taken his place. Although none of us have had a chance to talk with Gen. Healy as of yet, he has a reputation of being sympathetic towards the Montagnards. He may be of help in establishing Montagnard security for the old hospital & with some other immediate needs upon our return to Kontum.

T.C.

Lab Tech -- Useful, but not essential, unless a TB case-finding program can be set up. Helen Spencer, if available, would be perfect for the job, and if interested, you might have her try to get some experience with fluorescence microscopy of AFB while she is waiting.

2. Supply -- diverse, long-term, dependable sources of TB medical supplies and bacteriological supplies are needed. We will try to send a copy of the monthly USAID order to pin-point our needs. Also, shipment arrangements could be looked at now, to minimize future costs. (Along this line, a standby arrangement with some local or foreign firm to furnish air transportation would be desirable.)

3. Teaching aids and teaching ideas would be greatly appreciated.

4. Would it be feasible to undertake a course in non-aid activities? How should we start?

5. Goodies. Right now, our biggest problem is our collective mental health, and cookies, nuts, cakes, etc., would go a long way to making pleasurable tolerable. Pens, pencils, and matches also are in short supply. This note reasonably falls into the category of an immediate need.



I hope this answers most of your questions, as we those of the board members. Sitting here in Pleiku, from Kon Tum, we can appreciate the difficulty of being out of touch with close friends at a difficult time. We assured that we are grateful for your past, present, and future assistance.

Sincerely yours,

John W. Taylor, M.D.

Since the transfer of J.P. Vann, Gen. Hoadly has taken his place. Although none of us have had a chance to talk with Gen. Hoadly as yet, he has a reputation of being a sympathetic and helpful. He was one of the first to be established in Pleiku and is now a member of the Pleiku Club. He is a very nice person and is very helpful. He is a very nice person and is very helpful.