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### I. Nao Truh: Arrival

"Kontum? What do you want to go to Kontum for?"

It was a hot August day in 1971 and we were eating Din Sum in a crowded barracks of a restaurant in Cholon, the Chinese section of Saigon. We were a group of reporters and myself, an American nurse, newly arrived to spend a year working in a Montagnard hospital in the Central Highlands. The reporters were intelligent, skeptical and detached: I think they were amused by my naivete.

"Why Kontum?"

"Because that's where the hospital is."

The man from Time grinned wickedly. "Five miles from the Ho Chi Minh Trail, fifteen miles from the Triborder: you'll have a lovely time. You can hike the scenic Ho Chi Minh Trail on your days off. I expect they've got a youth hostel by now for the tourist trade."

"More like hostile youth," said the man from Newsweek and there were groans around the table. "Is there still a lot of big game in the Highlands?"

"Not so much these days, I hear," said one of the photographers. "Since the elephants got rabies they've been wiping out the tigers."

"Watch out for those rabid elephants, Hilary," said the man from Time. "If they get you with a tusk it's trouble."

"In Alabama they call it a Tuskaloosie," said the man from Newsweek.

The casual talk flowed on, reassuring in its familiarity. In an environment that had proved far more alien than I had expected, it was a comfort to encounter known territory, the easy give and take of conversation with these journalists. It kept at bay the present culture shock of Saigon, the coming culture shock of Kontum.

"What about the Montagnards," I asked. "Are they really so very different from the Vietnamese?"

One of the New York Times reporters glanced up. "oh yes," he answered casually. "You see, they're so much more Western."

"Western!" The statement came as a surprise. "But aren't they terribly primitive? Animists? Spiritualists? Really alien?"

"All that," he agreed, "But still Western. By which I mean intelligible, comprehensible to Westerners. Americans -- most Americans, anyway -- can't understand the Vietnamese. They're the Inscrutable Oriental, harmony-oriented, concerned with face. To most of us they seem romantic and egocentric and -- well -- adolescent: touchy, difficult, unpredictable. Sure, the Montagnards are primitive, but primitive as a child -- a Western child -- is primitive. They react in ways we recognize and find familiar. Which is why the Americans get along with them so well and don't get along with the Vietnamese. You'll find a lot of racism in the Highlands. But don't let them turn you against the Vietnamese up there. Don't believe everything they tell you."

"Sure," said the man from Time: "The poor old Vietnamese, everybody's whipping boy. Whose fault is the racism? The Vietnamese have systematically taken Montagnard land, denied them equal opportunity, sneered at them as savages -- good lord, the Montagnards were here before the

Vietnamese even thought of leaving China and what have they got left now? How many thousands of acres have the Vietnamese taken from them in the Highlands alone? They're second class citizens and have been for centuries. No 'civilized' Vietnamese will give them the time of the day. of course there's racism."

"But changing," said the man from the New York Times, "Getting better. And it doesn't help to have the omnipotent Americans coming in and so obviously scorning the Vietnamese and loving the Montagnards. Would you tell a white southern conservative the negro share croppers are better men than he?"

There was laughter. "Well?" said the man from Newsweek, a note of challenge in his voice.

"Well. All right. But telling him so will only make matters worse, increase the racism, antagonise the racists. Sure, the Montagnards are charming. Most children are. But they've got at least some of the childhood vices as well as the childhood virtues. They've never really challenged the system, never really asked for equal opportunity."

"Ban Me Thuot," said the photographer.

"Poorly organized, ill timed and unsuccessful," said the man from the New York Times. He caught my puzzled look. "It was back in '64, he explained. "A group of Montagnards who'd been with American Special Forces staged a rebellion when they were handed over to the Vietnamese military at Ban Me Thuot -- raised their own flag, shot some officers. Special Forces came back in as mediators and the whole thing died down. I suppose some of the tribesmen went over to the North as a result, but it pretty much came to nothing."

"I wonder if they really do get a better deal from the North," said the photographer.

"Oh, they're promised autonomy by Hanoi," said the Times man, "But I doubt if that's much more than a gesture. They can go further with the army there than they can here -- Hanoi's got, what at least one Montagnard general that we know of -- but who knows how much of that's window dressing, propaganda. There are plenty of tribesmen who'll tell you they want nothing to do with the Communists. There are the Catholic converts, of course, but they're not alone. Hanoi used to claim the Montagnards were moving North to join their liberators, but I'd be willing to bet certainly as many and maybe more have moved South to get away. I suppose in the long run they'll accommodate to life under Hanoi when the North takes over, those who survive the reprisals, anyway, but I doubt if there are many who are very pleased at the prospect."

"When the North takes over?" asked the photographer.

He nodded. "Sure. Because the North Vietnamese really are Western in the sense of being goal oriented and not harmony oriented. Which is what the "it's-just-one-country-with-a-revolution" people fail to see. It started that way, maybe, but it's gone on long enough to become two countries in the sense of two cultures, one 'Western' the other 'Eastern'. And the South, being 'Eastern' -- harmony oriented -- doesn't stand a chance. Goal orientation is too ruthless and too effective. Look at American business. That's why the North wins its battles and the South loses."

"Neat." said the man from Newsweek. "Very neat; Machiavelli vs. St. Francis. My heart bleeds for the suffering South. But I can't

say as I see much harmony in the local scene and I'd hardly class the South Vietnamese soldier on the side of the saints."

"Ah, but that's the disorientation of war," said the Times man, and the play on words drew groans. "But it's a poor look-out for the Montagnards either way. They're caught in the middle. You're lucky to be going up there," he told me. "You'll be seeing a culture that just isn't going to be around in another generation. Not just because of war but because of the pressures of civilization. The primitive cultures are fading fast. You'll be seeing one of the last of them."

"Lucky?" said the man from Newsweek. "You just keep your head down and stick close to the bunker. There'll be trouble in the Highlands one of these days. It's overdue."

The conversation turned to war gossip after that ominous comment and a few minutes later we left the restaurant to drive back to Saigon. The next morning at seven I left for Kontum.

Kontum is 260 air miles north of Saigon, a small town circled by hills green with tropical vegetation. This is the home of Minh-Quy Hospital, the Montagnard hospital created by Dr. Pat Smith of Seattle. Dr. Smith had come to Kontum in July of 1959 to work at the Leprosarium for a year or two under the auspices of The Grail. But the obvious health needs of the Montagnards had fired her interest and imagination and she saw that these far exceeded the resources of the Leprosarium. By the time I arrived, twelve years later, Minh-Quy Hospital was an established institution. It had started as one doctor walking through the jungle: in 1971 it had a general registration close to forty thousand, an

in-patient census from one hundred to two hundred and fifty, a daily clinic of one hundred to two hundred and over seventy Montagnards in its employ. Dr. Smith, her year with The Grail long past, was herself a local legend and going strong.

I flew into Kontum on Air America on a day of humid heat and billowing cloudscapes. The runway of the airfield was a gray scar, torn in the surrounding green of the hills. To the south and west lay the town itself in a bend of the river, to the north a sprawling military complex. As we circled to land I caught a glimpse of helicopters on the ground, their shirtless American crews tossing a football back and forth. Beyond in a tangle of concertina wire lay sand-bagged bunkers and the burnt out wreck of a C-130 canted on one side. I thought of the man from Newsweek: were the Highlands overdue? And then we were down, bouncing roughly over the tarmac, turning, stopping at last between an empty hut with broken windows and an ancient ambulance. Beside the ambulance stood a tall American girl in faded bluejeans. The engines stopped, the door was opened and I descended the awkward ladder placed against the side of the plane. The girl on the ground broke into a dance.

"You're Hilary! I can't believe it! Neat-oh! Oh, we need another nurse so badly -- wait 'til the others see you're here -- it's -- oh, groovey! I'm so glad you came, and -- hey, Joe, Joe!" (This to the Air America pilot) "Listen, I've got this X-ray table. It's got to get to Pleiku. We'll load it and everything." Back to me: "Oh, I'm so glad you came!" and, to the pilot again: "Joe, you will take it, won't you, I mean I promised Ya Tih and it'll only take a sec to get it on, and I mean, couldn't you just -- ?" The pilot shook his head.

"Barbara, for you I'd do anything, but -- "

"Oh, Joe, don't be a creep. You know you could get it down there for us. Damn it, Joe, come on!"

"No X-ray tables, Barb. Sorry. Just too damned big. Sick Yards, yes. Blood, yes. Even oxygen, yes. But no X-ray tables." And he gave us a friendly smile and a wave as the engines started again. The girl, Barbara, shook her head, still grinning but chagrined. "What a creep! Honestly, I know we could've got it on. Ya Tih -- oh, sorry, that's Pat -- Ya Tih'll have a bird." The plane lifted off the runway and was gone in a long sweep to the south, while Barb's welcoming chatter continued non-stop. She introduced herself as Barb Silva -- "I'm the jack of all trades around here. You know? Master of none? I guess you could call me a secretary or administrator, or something. Anyway, let's go back to the house and see if the group's up for lunch. They'll be so excited to see you. It's really just so great you're here. How was the Trip? And home? And isn't Saigon a drag? Damn it, I know he could have taken that X-ray table for us!"

We climbed into the battered ambulance, Barbara driving with nonchalant ease over the rutted pock-marked road, simultaneously castigating Joe and expressing her delight at my arrival. I was fascinated by her enthusiasm, comforted by the warmth of her welcome, and glad that it required little response on my part. There were too many new impressions for polite conversation: the scarred road (the result of war? was it possible?), the squat asiatic houses, drowsing in lush gardens, the tangled concertina wire that fenced them in, the vivid scenery of the Highlands, the wreck on the runway. It was hot noon time, siesta time,

with few signs of life. A few brown cows ambled slowly down the road, goats sharply streaked with brown, black and white, grazed over a jumble of discarded tin cans by the cemetery, swallows wheeled over the bamboo trees. Ringing the horizon were the hills washed in a green haze. Barbara laughed, sawing the wheel of the truck: "Look, the jeep's up. They're here. Neat-oh! They'll be so glad to see you. C'mon. Bed rooms are over there, lunch in here. C'mon in!"

She had parked between two long low buildings, French colonial style with long verandas, the living quarters for the Minh-Quy Western staff. One of these served as a combination living and dining room, and there we found the staff at lunch: Barbara Corvino, R.N., Tom Coles, ex-Special Forces medic, and Pat Smith, M.D. With them were Det and Dich, the adopted Montagnard sons of Pat and Tom respectively. Dich, the ten year old, eyed me with frank curiosity while Det, younger and shyer, ducked his head over his plate. Tom said, "Well, God damn!"; Corvino gave me a brilliant smile, "Hon, are we glad you're here"; and "Good to see you," said Pat. "Do you play scrabble?" There was laughter from the others as Pat continued, "Oh, and say, Barbara, did the X-ray table get off all right?"

"No." Barbara, having filled her plate from a variety of dishes on the bookcase quâ<sup>â</sup> sideboard, pulled out a chair and sat down. "Sit anywhere, Hil, and help yourself. No, Joe wouldn't take it."

"Wha-at? That's a Hell of a note." She frowned. Pat was in her early forties, older than the rest of us but probably possessed of more determination and energy than all her staff combined. She wore her graying hair cropped short and rarely troubled with make-up. Her speech was

incisive, her movements deliberate. Now she turned to Tom. "Look, when are you driving down, Tom? You'd better take it with you."

Tom, young, bearded and husky voiced (an old throat injury from his Special Forces days, I later discovered) nodded. "Sure. I thought I'd take Dich down to see the dentist at 14th Med. Maybe Friday."

"Well, you'd better take the master scrounge list, too," Pat said. "Barbara'll give it to you. I know we need Ampicillin and I think we're low on Kantrex."

"Oh no, Pat," said Barb Corvino. "Tom got Ampicillin at CCC this morning when he went to draw blood for the gunshot wound."

"Gunshot wound?" Silva looked up full of interest. "What happened?"

"Dumb ARVN shooting into the river at Paradis," growled Tom. "That's what happened."

"Oh." She sounded unimpressed. "Was that the kid on the stretcher?"

"No, Hon, that was just a cho'roh-hak," said Corvino, and Silva nodded her understanding as I listened with a growing sense of confusion to the conversation flowing around me. "Anyone want the ambulance this afternoon?" Tom asked. "I hear there's a lot of cho'roh down at Plei Mrong. I'd like to take a look."

Pat shook her head, dubious. "You'll never get them to come in, Tom. They're all Jarai . . . "

"Hell, if they're got cho-roh, they've got cho'roh." Tom pushed his chair back from the table, defiant. "Let's at least try to treat them. Any objections?"

Pat shrugged and Barb Corvino said, "Just don't forget Bed 81 needs a new cast this afternoon."

"No sweat," said Tom. He tore a banana from the bunch in the center of the table and paused to examine it. "Christ, ants in the bananas again! I'll do the cast when I get back. No sweat." And he was gone, the screen door banging behind him. I stared after him in bewilderment. "Uh, look, Dr. Smith . . . ."

"Pat," she said.

"Yes, well look, what is -- what did he say? -- cho'roh?" I asked.

"Diarrhea," she said. "Cho'roh-hak, diarrhea-vomit in Bahnar. That's the language of the Hospital."

Barb Corvino, petite, seemingly fragile, and, as I was soon to discover, inexhaustable, grinned at me. "It's just gastroenteritis, Hon, but the Yards get it pretty bad. They can die in a matter of hours from the dehydration. We just replace the fluid -- any saline intravenous solution -- and they're usually fine the next day."

"It's a killer," said Pat. "And no reason on earth why it should be: the cure's simple enough. But I doubt if Tom'll find many takers in Plei Mrong. It's a pagan village. They'll be sacrificing and making coffins and they won't want to come to Minh-Quy. They're used to dying of cho'roh-hak. They don't know it's curable."

"Ooh, Tom's got Jarai friends down there," said Corvino. "If he can't get them to come in he'll treat them on the spot and have his friends pull out the IV's when they're finished."

"Well," said Pat, "If it works they'll think he's a sorcerer. Hell, if it works I'll think he's a sorcerer."

Silva burst out laughing. "That'll blow his mind!"

"But . . . " I searched for words. Nothing sounded familiar. "Sacrificing? And -- and what is Jarai? And do you get a lot of gunshot wounds? And what does ARVN mean? And CCC? And. . . ." My voice trailed off.

Pat gave me a quizzical look. "Feeling a little far from home, Hilary?" She smiled. "I guess it is bewildering at first: it'll turn routine fast enough. The Jarai are a tribe, the warrior tribe. Dich's Jarai. They're mostly animists -- not many converts -- and they don't believe in modern medicine. It's up to the spirits to cure and the spirits have to be propitiated with a sacrifice. Chicken, most of the time, water buffalo for the really big events. We get some Jarai in the Hospital but not a whole heck of a lot. Most of our patients are Sedang and Bahner. And Ragnao, Halong, some Rhade, some Jei. The Hospital language is Bahnar but a lot of the staff's Sedang. Dat's Sedang. And -- what else? -- CCC's one of the local military installations. They're pretty good to us; donate blood and medicine and equipment when they can. Their doctor, Dwyer, helps me out with clinic in the afternoons. Our other big resource is 14th Med in Pleiku. They've got real surgeons down there, and a dentist. In fact, I'd ought to get Det down there one of these days -- he's never seen a dentist.

"ARVN's the Army of the Republic of Vietnam, the South Vietnamese. NVA's the North. And VC of course. They're the descendants of the old Viet Minh. Supposedly indigenous Southerners on the side of the North. As for the gunshot wounds, no, we don't get that many, but I can tell you better than half the one's we do get are a direct result of ARVN

carelessness. Or they're just accidents. Too many guns around in the hands of irresponsible people." She sighed and stood up. "Well, I think I'll take a nap before clinic. Too much scrabble and scotch last night. Hope Dwyer shows up. You'd better make a P.X. trip today, Barbara; replenish the scotch."

"Sure," said Silva. "Anything else? Toothpaste? Deodorant? Flashlight batteries? Stamps?"

"Ooh, yes," said Corvino. "Stamps. And flashlight batteries. The night staff's running out again."

"What do they do, eat them?" said Pat with sudden vigor. I'm going to make them pay for their own. I swear, they've got to be selling them on the black market. They get more like the damned Vietnamese every day." It was a flare-up of real anger and she disappeared grumbling. I glanced at the two Barbaras: to my surprise they were clearly struggling with laughter. "Well," said Silva, "They do use an awful lot of flashlight batteries."

"But Barbara, there's no light down there at night. They have to see to give the meds."

Silva shrugged. "Well, I don't know. C'mon, Hil, I'll show you your room. This way to the Minh-Quy Hilton."

Clinic at Minh-Quy started at three p.m. and ended when all the patients were seen. Silva, Corvino and I walked the two blocks from house to Hospital that afternoon, leaving Pat to follow in her battered Citroën deux chevaux. "Remember," Pat had said, "This is not the real Minh-Quy you're seeing today."

"What does she mean?" I asked the two Barbaras.

"Oh," said Silva, "She always says that. The real Minh-Quy's the old hospital, four kliks out by Kon Mo'nay Ko'tu and Kon Mo'nay So'lam. This is just temporary quarters we're in now. We've been here since 1968."

"Why did she move?"

"VC," said Silva. "I guess it was after Tet, hunh, Barb? The Viet Cong came in and shot some patients and took this German nurse, Renate, captive along with a couple of Montagnards. So the next day Pat moved into town."

There seemed no adequate comment to make. Corvino glanced at me and said, "Don't worry. It's quiet up here, Hon, really. We've had no incoming for -- what -- a couple of weeks now. Really quiet."

Silva said wistfully, "She keeps saying we're going to move back. I wish we would. I'd really like to get back there."

"Oh, I don't think the Yards want to go," said Corvino. "Tom says it's not all that secure out there. I think they like it better in town."

"But it's quiet and clean and -- oh -- I'd like to go back."

Corvino laughed. "It wouldn't be so quiet and clean once we got there!" She led the way through a little gate by the side of the road, under line of Frangipani and Bougainvillea. "Well," she said, "Here you are. The filth and squalor of Minh-Quy."

We had come in the back way, between two of the buildings that with a third formed a U facing the road and the main gate. They were long, low buildings, one-storied, rectangular, with tiled roofs hanging

over their verandas. Beside one building an ancient kerosene autoclave hissed and spluttered; on the veranda of another a group of boys in casual white jackets sat around a medication cart. They chattered incomprehensibly to each other, brown faces alight with amusement, as they dispensed injections with careless skill. Around them clustered patients: mothers holding screaming babies desperate to avoid the shot, older children, little stoics, braced with one hip bared, lean old men in loincloths waiting their turn, grandmothers wrapped in sweaters and blankets despite the heat. For most it was clearly a social occasion: they lingered, talking and laughing with each other and the boys behind their med cart. Beyond them the yard was crowded with more brown bodies, clinic patients waiting to see Pat, gossiping in little groups. The women held cheap and gaudy umbrellas against the sun and most carried one or two infants wrapped in blankets against their backs. Children, many of them naked save for a bracelet or a pair of earrings, tumbled over the verandas and dodged through the clusters of adults, their voices shrill and happy. The smell was unmistakable and we sidestepped one or two brown piles beside the path. "Sorry," said Corvino. "Iks and noms all over the place. There is an outhouse," and she gestured toward a little white washed building and a display of bedpans and urinals hung on a barbed wire fence to dry in the sun. "Come on. This is the ward."

The room we entered ran half the length of one of the buildings, a big room with distempered walls and windows on either side. The floor space was crowded with beds, wall to wall cots with boards instead of springs, thin plastic mats for mattresses, and on every bed scraps of

linen and blankets jumbled with baskets, gourds, water bottles and open tins of food. Everywhere there were patients: some sleeping, wrapped in thin native blankets, some sitting on their beds, chatting with neighbors, watching the children spilling over each other on the floor, some bustling through the narrow aisles, bottles of intravenous fluid held aloft and charts tucked under one arm. There was none of the solemn atmosphere, the muted whispering one associates with hospitals. The voices rose around us, laughing, grumbling, gossiping, scolding the children with mock solemnity, making pronouncements. Barbara they recognized and greeted with smiles. Towards me they looked with frank and open curiosity: "You're an event, Hon," said Barb. "They get so bored. Anything new's a treat for them."

Beyond the big ward we came to another. "The front room," said Barb. "We keep the sickies up here -- at least, we try to." It was smaller but similar: again the wall to wall cots, a few hospital beds, a line of bassinettes, and intravenous infusions everywhere. Barb (Silva had left us with a sigh for her office behind the back ward) made rounds, moving quickly between the beds, checking IV's, sniffing at a dressing here, asking a question there. The patients responded cheerfully, children ducking against their mothers and watching shy and round-eyed. "Oooh, chickabiddie!" She swung a fat and startled baby off the floor and gave him a quick hug. "Isn't he lovely!" and she returned him to his mother who glowed with pride and embarrassment. A Montagnard nun dressed in blue walked down the aisle towards us accompanied by several large dogs, their tails sweeping the faces of the children on the floor. Barb stopped her: "Ya Vincent, Ya Vincent!"

This is Ya Hilary, nao trūh. One year she stays with us to work here. A nurse! Like me!"

"Oh," said Sister Vincent, "That is very good."

"Isn't she beautiful?" said Barb. "See how the dogs love her? Vincent is so good to the dogs -- she spoils them."

"Yes," said the nun. "Only dogs love Ya Vincent. Ugly Ya Vincent," and she made a grumbling face only to break into smiles when Barb responded to the joke with a vigorous scolding. "It is good you come here," she told me. "Everyone very happy." And then she was gone with the dogs at her heels.

Barb guided me on, giving me the tour of the Hospital, introducing me to staff. Their brown faces were indistinguishable to me, but Barb sorted them out readily enough. Staff and patients were crowded together in a milling mass of humanity, some trailing old bandages in need of changing, some giving and receiving anti-malarial injections, some in wheel-chairs, some on stretchers, some simply squatting on the floor patiently waiting their turn. Everywhere I was greeted with enthusiasm, the alien faces alight with grins, the voices warm and full of welcome: "Oh, hmach ko'ih, Ya Hilary. Lō'ng jāt! Lō'ng jāt!"

"See how happy they are you're here?" said Barb. "Lō'ng jāt: it means very good."

The main Hospital building was a long rectangle, divided into three rooms, the two wards and an entrance area subdivided with screens and shelving into a number of closets. There was a high-risk infants' area, a narrow storage space, a treatment room, a combined obstetrics and dentistry room, the lab, X-ray, and a nurses' station composed of an

elderly table, some medication shelves and two chart racks. All were crammed together in a minimum of space, all were jammed with people.

In the treatment room we paused briefly for Barb to examine a patient, a baby with burned legs violently protesting against his dressing change. The little brown nun in charge laughed tolerantly at the baby's rage. "Look how clean," said Barb, stopping to sniff at the wounds. "Doesn't Christian do nice work?" And the nun ducked her head, blushing under the brown skin. "Christian," Barb continued, "This is Ya Hilary, nao trūh. A nurse. She will work here one year!"

Again the delighted response: "Oh, lō'ng jāt, Ya Barb," and to me the Bahnar greeting, "Hmach ko'ih, Ya Hilary."

Everywhere it was the same: in the smoky kitchen (three wood fires on an earthen floor producing, Barb told me, hot meals for all the patients twice a day); in the room next door where a trio of Montagnard weavers sat at their work in hip looms; in the pharmacy where Pea, the pharmacist, pored over his records in a dim and dusty light; in the yard full of patients and defunct vehicles, where a group of mechanics hunkered down in solemn consultation over a dismembered fuel pump; in Central Supply where two young men sat at a table making up sterile packs and a seamstress peddled an ancient sewing machine while her baby slept on her back, wrapped in a blanket. "Oh, hmach ko'ih! Lō'ng jāt!"

Returning through the ward to the nurses' station we were stopped at least a dozen times for Barb to confer on various problems. Our presence seemed to evoke a chorus: "Oh, Ya Barb! Ya Barb! Ya! Ya Barb!" An intravenous infusion had slipped from the vein, a child was suddenly worse, one post-operative patient had pain, another diarrhea.

Barb coped while I watched in confusion and amazement. One of the little Montagnard nuns stopped her at the bedside of a patient in the front ward. "Ya Barb . . ." Her hand was on the child's chest and she looked at Barbara with a questioning, diffident air. "Very hot. Maybe malaria?"

Maybe, Gabrielle. Get a CBC Malaria Smear now from the lab. We'll see if we can find it." She leant over the little girl and swiftly bent her head down so that her chin touched her chest. The child pushed at her hands. "No cerebral involvement anyway," said Barb with relief. "Gabrielle, this is Ya Hilary, nao trūh. She will work here one year. A nurse!"

A quick smile lit the nun's face, displacing the diffident look. "Oh, lō'ng jāt. Hmach ko'ih, Ya Hilary. Is very good you come here."

"Gabrielle's one of our stars," said Barb as we moved on. I looked back. The nun had paused again and the smile was gone as she regarded a patient with a look of abstracted concentration, studying him carefully before moving on to the next bed. "C'mon," said Barb, "Let's get some Kool-aide from Ya Vincent. You must be exhausted." She gestured towards the motley assortment of chairs at the nurses' station and disappeared towards the kitchen, a small efficient figure, as warmly smiling as her Montagnard charges. I waited for her return, dazed with new impressions. It looked so totally chaotic: the jumbled mass of patients, the staff in their strange array of costumes, the dogs, the open tins of food on the beds attracting flies, the smoky little hole of a kitchen, what Barb had called the iks and noms outside. And yet, and yet, the burned baby's wounds had indeed been clean, the boy I watched

at the nurses' station so casually giving antimalarial injections seemed to use sterile technique, the nun called Gabrielle was making rounds with care, in the back ward the aides were vigorously scrubbing down the beds. But would I ever learn to sort it out, to cope with or ignore the chaos, to communicate with staff and patients, to give any kind of care to such an overwhelming mass of sick humanity? I was shaken by the challenge. And fascinated. And deeply moved by the warmth of my welcome.

For the rest of the afternoon I watched while Barb, tireless and frighteningly competent, handled the multiple problems of a clinic afternoon: admissions, a child who vomited his meds ("Just hold his head, Hon, while I get the tube down"), another IV out of its vein, a child with febrile seizures ("Yin! Cold water! She'll sponge him down and Pat can see him after clinic"), an abcess to be opened, yet another IV, more admissions. Around five o'clock two young men appeared with a bundle on a pole between them and a family group trailing behind. "Not a casualty, please God," said Barb. "Over on the stretcher. Here, Hiao, Hiao, oy!" One of the Montagnard staff appeared at her elbow and helped to disentangle from the bundle a young woman, hollow eyed and clearly very ill. Barb breathed a sigh of relief. "Cho'roh-hak. Hiao . . ."

"I know," said the boy. "Ringer's Lactate IV. Intercath." And in seconds the IV was streaming into the vein. "No blood pressure," said Hiao. "I start another IV."

"Good, Hiao. When the blood pressure's eighty stop one and slow the other. Pat can see her after clinic." The girl on the stretcher lay with her eyes closed, panting. No blood pressure: but "Pat can see her after clinic." Her relatives squatted underneath the stretcher. The

boy, Hiao, had disappeared leaving the blood pressure cuff on her arm.

"Barb." I hesitated. "She -- well, she looks bad."

"Hmm? Oh, yes, Hon, doesn't she? She'll be fine. They all look that way when they come in."

Clinic dragged on. Barb and I sat at the table checking over the patient's charts for medications missed and putting in new order sheets. Tom, in the treatment room, was putting a cast on the patient from Bed 81. He had bought us two more cho'roh from Plei Mrong: "God damn it, they need health workers down there," he said. "It's bad."

"Soon, Tom," said Barb. "Now that Hilary's here you ought to be able to concentrate on the villages full time." A wave of anxiety: did Barb expect me to replace Tom in the Hospital?

"I -- Barb, look -- " I groped for words. "I mean, I wouldn't even know where to begin. I can't tell them apart. I can't even talk to them. I can't do any of the things you do -- opening abcesses -- starting IV's -- I -- "

"Oh, but you'll learn so quickly, Hon. I know, I know, it looks awful now but it's really not hard. The language and the skills you can pick up overnight. We all did. Why, I couldn't do half the things I do now when I came, but you learn so fast. And the Yards are good. Really, they are. They can practically do it all themselves. They just need some judgment from us, some supervision. You'll be just fine." She sounded wonderfully confident. I hoped she was right and feared she was wrong. It was too alien. I stared at the chart in my hands, concentrating, keeping anxiety at bay.

Outside the afterglow of the sunset turned the clouds to violent

reds and oranges. The boys, six o'clock medications finished, gathered at the nurses' station to wipe down the carts and chat with Tom and Barb. The sounds of the ward diminished. On the stretcher, the girl lifted her head for a long drink of water from a polished gourd. She looked exhausted but her eyes were open, her breathing slowed. She turned on her side, curled in a tangle of IV tubing and the blood pressure cuff, and pulled her blanket over her head for sleep. "Barbara," I said, "What does it mean, nao trūh?"

"Oh, that you've just come. Trūh means to arrive, doesn't it, Tom? Nao trūh is newly arrived. That's you. Ya Hilary nao trūh."

Pat appeared, weary, moving slowly. She had seen one hundred and thirty-eight patients in four hours. "I think I go home now. Anything I should know about, Barbara? What's on the stretcher?"

"Cho'roh. She's o.k. And the baby in bed 6 had another seizure. Yin sponged her."

Pat nodded. "Put her on two hourly temps tonight. Oh, that clinic. Let's go."

We rode up to the house in the Deux Chevaux. In the dusk a flare hung brilliantly to the west of town. Crickets chirped from the roadside and a gheckoe called with a metallic note: Ghe-koe! Ghe-koe! I contemplated my half packed suitcases and suddenly very tired, decided to let them wait and go see if Barb Silva had indeed bought some scotch. As I crossed the yard between the bedrooms and the living room there was a thunderous explosion apparently at my elbow. "Barbara! Barbara! What is that?"

Corvino and Tom were sitting on the veranda watching the flares.

"Oh Hon," she said, contrite, "I'm sorry. I forgot to tell you. That's outgoing. You'll get used to it." There was another earth-shaking crash. "Listen, hear the whine afterwards? It's going away."

Tom laughed. "When you hear the whine first, hit the bunker!"

"Oh, we hardly ever get incoming these days. Don't listen to him, Hilary."

Crash -- whine. Crash -- whine. In the intervals the gheckoe called again. Crash -- whine. There goes death. I went in search of the scotch, feeling very newly arrived indeed.

Western staff at Minh-Quy lived two blocks uphill from the Hospital on a corner of the road near the Bishop's compound and across from a Vietnamese Catholic school. In back of the house stood a long low church and often in the mornings we would waken to the sound of the gong calling stragglers to Mass and shortly followed by the music of unaccompanied voices chanting hymns and responses. Much of Kontum was staunchly Catholic though by no means all and occasionally the long Buddhist funeral processions would wind past our corner, the mourners dressed in white, leaving the air suddenly scented with incense.

Our house consisted of two one-story buildings set on two sides of a square with the yard between. One held the bedrooms, each with a front door onto a narrow trellised veranda and a back door to the weedy little alley where our bunker was located along with the trash cans (good hunting for the local dogs) and the well. There were four of these bedrooms divided by screens to provide for two occupants: Tom and Dich shared the last of them, then Pat and Det, myself and the two

Barbaras. Beyond the Barbaras' room was a linen room with two bathrooms off it. The plumbing was never more than marginal and the bathrooms bred mosquitoes. Neither in fact had a bath, but one boasted a heater on the shower that would deliver thirty seconds of scalding water before exhausting itself. Someone in a satirical mood had decorated the walls of these strictly functional rooms with pictures from one of the more opulent American magazines depicting the modern bathroom as a leisure living happening. They looked wonderfully out of place. The front room, beyond the linen and bathrooms, was the kitchen, presided over by Giao, the Vietnamese cook. There were two kerosene ice boxes and a gas stove, but the bulk of the cooking was done on wood burning clay pots and the iceboxes functioned only sporadically. The sink was a vast and sinister affair of stone, at least three feet deep: God knows what horrors lurked in its shadowed depth but in fact it was rarely used. Dishes were washed in metal tubs on the back steps and set to dry in the sun on an old wooden table.

Across the yard (a jungle of weeds and laundry poles rakishly aslant) was the big living/dining room and a smaller store room housing rejected furniture, tins of army food, and a miscellany of paint and tools and scraps of old papers. The bedrooms were furnished with spartan simplicity but the living room had more to offer in the way of comforts: summer-house bamboo chairs and a sofa with cherry red cushions, a record player, a number of games and toys from Sears that were shared equally between adults and children, and a vast array of paperback books spilling off their shelves onto tables or the floor. Pat's incredibly cluttered desk and filing cabinets stood in one corner with a handwritten sign on

the wall exhorting us bluntly to "Please keep your crap off this desk!"

The two Barbaras were sociable people and their room vied with the living room as a gathering spot. Here Tom and I would join them for coffee before Giao served breakfast and here of an evening if we had no company we might sit gossiping over the events of our circumscribed world or talking nostalgically of home. On other, more social, evenings the local American military might drop by, or one of the French Priests, or the two young men who worked for Vietnam Christian Service in Dak To forty kilometers to the north. Then the scotch would come out and there would be wonderful tales of the days before escalation or gruesome war stories, invariably told with great gusto and received with roars of laughter. Sometimes the guitar would be brought out and we would sing sentimental old American favorites and, coached by Tom, the pornographic lyrics of the Special Forces. Neither Tom nor Pat could carry a tune, but both sang with great spirit and Pat's fund of med school patter songs was often the piece de resistance.

Thus the pattern of our time away from the Hospital. The long noon hours were usually a time for recuperation, catching up on sleep sacrificed to work by day and play in the evenings. Or, in the bursts of sunshine that punctuated the rainy season torrents, we would pile into the jeep and drive down to the river to swim. The Dak Bla was thoroughly polluted but we paid scant attention to the pollution. In the oppressive heat we could scarcely afford to pick and choose and it was a treat to get beyond the bounds of both house and Hospital.

But the Hospital was the central focus for all of us. It absorbed every ounce of energy we could give it. For me in those early days of

feeling my way it was a mysterious, exciting and rather dreadful place. Often I had the feeling of working in an underwater nightmare, crawling painfully through a world made of cotton batten. Great chunks of state-side routines that had always seemed an integral part of nursing were suddenly revealed as unnecessary or irrelevant and in their place were a whole new series of unfamiliar demands to be met. And over and over again came the exhausting struggle to communicate with people who, for all the good will in the world, still could not understand a word I said. It was endlessly frustrating, often terrifying, and yet ultimately very satisfying work: the tolerance and trust of the Montagnards were an experience new to me in nursing, as was the immediacy of their needs. They came to us so desperately ill, responded so dramatically to our care and throughout our mysterious and often quite painful ministrations remained so dauntless, so gay.

There was little time for the kind of orientation most hospitals insist on for their nursing staff. Within a day of my arrival I was making rounds with Pat: before the week was out I was responsible for large areas of patient care. It was a baptism by fire and at times I doubted my ability to survive.

Rounds with Pat were a revelation. She made rounds on every patient in the Hospital every day including, except on Sundays, the in-outs or walking wounded who slept in old army tents behind the wards or in cluttered plastic and cardboard shelters against the building walls. At times this meant seeing 250 or more patients in three or four hours. None were neglected, none overlooked. I straggled behind her, clipboard in hand, jotting down the myriad orders for transmission to Tom and Barb

or, with desperate efforts to overcome the language barrier, to the Montagnard staff. My hasty handwriting filled pages.

Most of it was requests for lab work or X-rays, issued so rapidly that at times I fell behind and Pat had to wait for me between patients. Or there would be incomprehensible conversations in Bahnar or Sedang with the relatives: Is the baby nursing? Is he having good stools? Was he febrile last night? Does he cough? No, he cannot go home today: if you take him home he will get very sick and die. "Oei et, oei bet" (stay and eat medicine, stay and get shots). Or commentary on the Minh-Quy standard of care: "Hot packs? Call these hot packs? They know damned well I always want moist heat. Get those aides together and go over it again, will you? Now, where's the chest X-ray on this kid. I ordered that two days ago from clinic. Find out why those clinic X-rays aren't being done and give X-ray Hell." Or floods of information for my edification: "There's no falciparum on the smear, but that combination of headache, backache and fever's almost always falcip malaria around here . . . Here, we can cut back on this fellow's antibiotics: we hit the plague's hard in the first twenty-four hours, but once the temp's come down you can usually half the dosage . . . See that little girl? Ko Iē. It means Little Dog. Mother's lost six other kids so she called this one Little Dog in hopes that the spirits would think her too unimportant to take. Infant mortality's so high around here they won't even celebrate a child's birth until he's two years old . . . Pott's disease, T.B. of the spine. You just don't see that in the States any more, but in Kontum any disease is presumed T.B. until it's proven otherwise." It was always an extraordinary performance. Pat knew her patients, knew them all, knew what

they were in for on their last admission, knew what their grandparents died of and why their second cousins were still with the Viet Cong. I never ended rounds without a severe case of writer's cramp and an enduring admiration for Pat's memory and clinical ability.

But rounds were only a minor nursing job at Minh-Quy. Rounds were a time to receive Pat's orders: it remained to put them into effect. Here I came up against the language barrier with a vengeance: how was I to explain moist heat to the aides? What were the words for giving X-ray Hell? I was woefully dependent on Tom and Barbara and the few Montagnards who spoke a smattering of English or French to translate for me. And I was dependent on their skills. My nursing background had been in intensive care: respirators, cardiac monitors, all the myriad esoterica of intensive care nursing held no mysteries for me. But at Minh-Quy there were no respirators or monitors, none of the sophisticated devices of modern Western medicine. Our patients were as sick as any I had ever cared for in America but their requirements were different. From me they needed nursing skills so basic that I had never had to learn them. Thus, on my first day at work, when Pat topped off a long list of orders for lab studies with, "That IV's infiltrated again. You'll have to start a new one" I was stunned.

"I've never started an IV," I confessed.

"Oh?" She looked bemused, and no wonder: intravenous therapy is a simple procedure fundamental to medicine and nursing. "Well, get one of the Montagnards. Hiao or Gabrielle." This was humiliation indeed. I determined then and there to do some fast learning.

It was Luih who taught me to start IV's. He was a cheerful old

fellow with a chronic mild blood loss from the GI tract; nothing dramatic, but enough to require blood transfusions about once a week and for the transfusions he had to have an IV. Like most of the patients at Minh-Quy he saw no reason why an IV should restrict his activities and though he was too weak to wander very far he was in and out of bed a dozen times a day to rearrange his tattered linen or squat over the bedpan or visit with friends. In these little excursions he paid scant attention to the IV and as a result it was frequently dislodged or plugged and had to be restarted.

Barbara went with me to supervise my first effort and we found Luih in great good spirits and delighted to see us. His wrinkled brown face creased into a grin. Ah yes, the IV. And so I spoke French? But that was magnificent, he was enchanted! Carefully he set aside his ancient hand-carved pipe, and cleared a space for us on the edge of the narrow cot that had become his home. "Et alors, ça va bien," he said, extending a sinewy arm for our inspection. Barbara placed the tourniquet and pointed out the vein ("There, Hon, just slide the needle in right next to it and then push over 'til you feel you're in") while Luih nodded his approval. To my surprise and pleasure the needle slipped into place just as Barb had said it would and despite my slowness and a good deal of blood spilled on the bed, we left Luih with a going IV. "A thousand thanks!" I told him, fervent with relief. "Ah, non, Mademoiselle. Thank you."

Thereafter I had the job of restarting Luih's IV at least every other day and sometimes more often. It wasn't always as easy as it had been the first time and I am quite sure my clumsy efforts were painful

to him, yet Luih clearly recognized his role as instructor to the novice and would not let me give up. "Luih," I would say in despair, "I'm going to call Ya Barbara."

"Ah, non, Mademoiselle, il y'a encore un autre," and he would turn his arm to display another bulging vein. "Essayez encore une fois." Try again, he urged me, you can do it. One day I told Pat how impressed I was by Luih's tolerance. "No American patient would stand for it, Pat. It would be, 'Are you sure you can do it the first time? Perhaps you'd better call the doctor.' But Luih seems to take pride in the whole process. He's amazing."

"Ah," said Pat, wickedly, "He probably thinks it's acupuncture. He's an old seizure disorder, you know, a bit brain damaged. Brain damaged he might be, but I was eternally grateful to him for giving me my first small feeling of accomplishment at Minh-Quy.

I had been in Kontum three days when Barbara took a day off. Except for Pat and some of the Montagnards who preferred to work every day we each had one day off a week, usually Saturday or Sunday. Pat, if no other doctor was around, was on call seven days a week, twenty-four hours a day, although on Thursday and Sunday afternoons there was no clinic and at least in theory she could take that time off. In practice more often than not there would be something requiring her attention at the Hospital. And there were night calls, as well. One of the Western staff always slept at the Hospital at night and we were the first line of defense for night time crises, but when the crises were more than we could handle we had to call Pat.

With Barbara off, Tom and I had the Hospital to ourselves, a hair-raising state of affairs. Despite my best efforts with Bahnar my vocabulary was still limited and my comprehension nonexistent. I could count to five, tell patients to give stool specimens, ask them what disease they had (but not understand the answer), and I knew how to say "pill" and "injection" and, as I thought, "Where is . . .?" "Where is" was the leitmotif that day: "Where is Tom? Where is Tom?" It wasn't until the next day that I discovered the word I was using meant not "where" but "who." Throughout the day in moments of crisis I had been turning to the Montagnard staff with the anguished inquiry, "Who is Tom?"

And there were moments enough of crisis. An elderly leper in bed 81 with renal failure went into uremia, a disease with very high mortality even in the best equipped of Western hospitals. In the end he died -- my first death at Minh-Quy which, given an inpatient census of 200 very sick people, seemed remarkable to me -- but all through the day he was a recurrent problem as we battled to pull him through. A lady arrived on the doorstep with bubonic plague. She provided me with a crash course on node aspirations and gave us several anxious hours when her blood pressure dropped and we thought she might be developing plague sepsis, again a disease with a very poor prognosis. A boy with a head injury was carried in on a litter and proceeded to tie us all in knots with the wild behavior of the newly concussed. Tom handled that problem and gave me a graphic demonstration of the value of Minh-Quy's "rooming-in" system. "Here, for God's sake, get him off that stretcher and on the floor. Mother, come here!" And he stationed a parent at each side

and the sister at his feet to restrain his restless thrashing.

Meanwhile Pat made rounds at her usual breakneck pace full of messages for me to relay to the Montagnards: "Get someone to cath this little girl . . . tell them blood pressures every hour . . . make them clean that wound properly . . . tell them to get that burn off his back . . . put this man on measured outputs . . . tell them . . . tell them . . ." Her faith in my language ability was amazing. I scribbled it all down on my clipboard and trusted in Tom to cope. And then Prim arrived.

We had just finished rounds on the patients with beds when they brought him in: a young man whose first action on admission was to squat over a bedpan and produce a moderate amount of bright red stool. Pat took one look, gave him a briskly efficient examination ("Got to be a duodenal ulcer"), and started issuing orders: "Stat hematocrit and blood type, nothing by mouth, IV Ringer's, half-hourly blood pressures, Miller-Abbott to suction and advance it hourly, a unit of blood as soon as you've got it and keep four on hand. Here, Tom, get up to the Seminary and get some of those boys down to give blood. I'll take Gabrielle over to do Walking Wounded. Hilary, you'd better stay here." And she was gone. Prim, with a look of apology, returned to the bedpan. "Christ," said Tom, "If he keeps this up we'll have to medevac him. Here, I'll get the IV going, you see if you can dig the Miller-Abbott out of Central. It's somewhere back there with the NG tubes."

A Miller-Abbott is a rather complicated version of a naso-gastric tube, longer, since it is meant to pass beyond the stomach into the duodenum, and made with a special lumen for the insertion of mercury

designed to give it the necessary weight to go through the pyloric sphincter between stomach and duodenum. When the passage of such a tube is required the nurse's role is clear cut. You call Central Sterile Supply for the tube, the orderlies to bring the suction, the intern to come and put the tube in place. You put the NPO (nothing by mouth) sign up on the door and remove the water pitcher from the patient's room. The IV team has to be notified and the lab informed to keep four units of blood ahead of the patient at all times. And of course you monitor the vital signs, reassure the relatives, and explain each procedure to the patient in simple terms designed to keep him calm and confident. I had never passed a Miller-Abbott tube in my life.

Nurses don't.

I located the tube after some searching through the dusty shelves of Central Supply and returned to find Prim off the bedpan. His IV was going and Hiao, the boy who had coped so cheerfully with the cho'roh-hak on my first day, was taking his blood pressure. "Who is Tom? I said in my best Bahnar.

Hiao grinned. "Bok Tom go get blood," he told me. "Blood pressure o.k. Eighty."

Nglau, a fierce little hippy and our star lab technician appeared at my elbow. "Ya Hilary," he said, "Hematocrit is o.k., nineteen." Eighty? Nineteen? The books tell you that normal systolic blood pressure for an adult is about one hundred and twenty, the normal crit forty to forty-five. Prim's position sounded precarious to me, yet neither Nglau nor Hiao showed much concern and Prim himself was lying back on the stretcher smoking a hand-rolled cigarette and apparently haranguing

his wife. From the look on her face, his wife was used to it.

I wasted another ten minutes searching through pharmacy for mercury ("What medicine is that?" asked Pea, the pharmacist) before I finally found it crowded onto the back of a shelf between activated charcoal and KCl elixir. What, I wondered, was happening to the other two hundred odd patients while I grubbed around the pharmacy shelves in this frustrating search? Back at Prim's stretcher I found that Hiao had disappeared and Tom not yet returned. There was no point in delaying. Prim's blood pressure was holding at eighty, but I was clearly going to have to learn how to put down a Miller-Abbott tube. "Un, Prim . . ." I touched his nose, indicated the tube, and made exaggerated swallowing movements. Prim regarded me with lively interest. So much for explaining the procedure: I picked up the tube and went to work. Prim's look changed to one of sheer amazement. He gagged once, swallowed convulsively, let out a gargled protest, swallowed again and the tube was down. I breathed a sigh of relief: Prim was a model patient. "Don't touch it," I said uselessly in English and returned to Central Supply in search of suction.

Ten minutes later I was back to consult with Tom who had returned with a jeep full of nervous Vietnamese blood donors from the Bishop's Seminary. I had found nothing remotely resembling a suction machine in the clutter of Central Supply. "Hmm?" said Tom as he ushered his Seminarians into the lab. "Oh, it's back by that pile of crutches and traction equipment. A big tin drum -- looks like an industrial vacuum cleaner. That's it." I returned to my search and found the drum, but setting it up required further consultation and more searching for

missing parts. In all it was perhaps an hour after Pat had given the order before we had Prim in a bed with his Miller-Abbott tube hooked up to suction.

"Tom," I said, "What about the other patients? I haven't even looked at them for an hour."

"Don't sweat it," said Tom. "If there's anything wrong they'll come and tell you."

It was incidents like this that gave me that curious nightmare feeling of working under water. It had taken me an hour to admit one patient and I knew already that Minh-Quy often had as many as twenty admissions a day and sometimes more. Granted, some were a simple matter of giving out medication and sending them off to sleep in the tents, but how many of them might require the same confused searchings for improvised equipment, the same struggles to communicate? And while I fumbled around in my underwater world, what of the other patients? They'll come and tell you, Tom had said. Perhaps they would. But would I understand them? And what could I tell them in return? I thought it over during the long afternoon of clinic admissions while Tom arranged for an American helicopter to take Prim to Pleiku for surgery, while bed 81 received last rites, while the boy with the head injury finally fell into restless sleep and the lady with plague, no longer shocky, gossiped with her neighbors on the ward. What I was doing wasn't economical. It made no sense. Much of it could be done by the Montagnard staff if only I could talk to them, tell them what was wanted. Learning the skills, starting IV's and putting down Miller-Abbott tubes, was fun, but learning the language was the first requirement. Communication was the only way

out of the nightmare.

Two days later I managed my first complete sentence in Bahnar. "Go to Ya Callixte and have your blood drawn," I told a patient, "And afterwards come back here."

"Aah!" The Montagnard staff broke into cheers and laughter. "Ya Hilary ro'gei! Ro'gei jat!" The patient, all smiles and obedience, trotted off to the lab. It was a moment of triumph and the Montagnards, generous in their praise, recognized it as such.

"Gabrielle," I asked her later that afternoon, "What's ro'gei?"

"Oh," she said, "Ro'gei is smart. Is . . ." she searched for words. "English say, clever. Ih ro'gei jät po'ma Bahnar."

It wasn't true. I was not yet very clever at speaking Bahnar. But I was learning, and that evening I walked home in the gathering twilight with a real sense of achievement. The gheckoe called from the roadside. A Montagnard family passed me, barefoot in the dust, even the children laden with woven baskets full of firewood. They bowed their greetings: "Hmach ko'Ya." It had been a good day. For the first time since my arrival it seemed to me that this odd and alien place might some day come to have the familiar feel of home.

Po'lei: Villages

The first Montagnard village I saw was Paradis, a resettlement village on a bluff over the Dak Bla to the east of town. There were several resettlement villages around Kontum. Over the years war as a pretext or as reality had moved the Montagnards from their traditional lands and out of their established villages. Some were bitter. Tom used to quote a Jarai friend: "The Vietnamese have always taken our land. When I am dead I will not own the land I lie in. The Vietnamese will take it from over my body." The majority, however, were surprisingly unperturbed. Generations of experience had taught them the virtue of adaptability, and in the face of deprivation and dispossession laughter was their great resource. There is a wonderful book by Eleanor Smith Bowen in which she points out that when you have nothing, you must have laughter. I often thought of that in connection with the Montagnards.

Still, resettlement was beginning to have its effect. As Pat pointed out, they were becoming Vietnamised. There were beginning to be instances of petty thievery and promiscuity, practices virtually unheard of in the old established villages. Traditionally a thief is punished with the loss of his right hand and a promiscuous woman ostracized, deprived of community and family support though her illegitimate child is cherished as are all children. Montagnard society is too closely knit, too interdependent to tolerate transgressions. The real sign of deterioration in the villages close to town and the resettlement camps was the beginning of such tolerance. I never learned of transgressions

at Paradis, but Kontum Ko'nam, across the street from the Hospital, held a number of unwed mothers and one family that I knew of in Kontum Ko'nam practiced extortion when they had the opportunity. They remained charming people and we used to party with them occasionally, but what the New York Times reporter had called the pressure of civilization was being felt in Kontum Ko'nam, and its effects were not attractive.

We sometimes swam just downstream from Paradis, and it was coming back from one of these swimming trips that Pat, Det and I stopped to take a look at the village. Originally it had been a retreat for the local Catholics, a few pink stucco buildings looking out over the river. It must have been a pretty spot in those days. Below the village a jagged rock rose out of the river and the current, particularly fast at that point, piled white water against its base. Across the river rose green hills thick with the tangled foliage of the Highlands as Paradis itself must once have been. Over all hung the dramatic Kontum cloudscape. But Paradis when I saw it was a cramped and barren circle surrounded by concertina wire, a narrow plateau housing perhaps a thousand people. The buildings themselves were raised on stilts in traditional Montagnard fashion and leant against each other in staggering rows of one-room dwellings. The walls were woven out of sticks, leaving gaps open to the wind and rain and mosquitoes, the roofs were rusty tin sheeting, the floors thin half-logs all aslant. Beneath the houses were tangled piles of firewood, old bicycles, mud-stained pigs rooting through the piles of trash and excrement, silly chickens full of alarms and excursions. Each room housed an extended family and the largest could not have been much more than ten feet long by six feet wide. There was no

space for furniture even if there had been money to buy it. At night thin plastic mats, like beach mats, were rolled out on the bumpy floor and one wrapped oneself in the blanket that by day served as coat and purse and baby carrier and slept. A smoky fire on an earth bed in one corner served for heat, light and cooking, and such possessions as a family had -- baskets, a knife, gourds -- hung from the low ceilings. In the center of the village was a clear square of dusty ground out of which rose a concrete watch tower: its supporting buttresses served as slides for the children, the only plaything they had apart from what they found or made themselves. Paradis was by anybody's standards a slum but it was the slum of all the old romantic cliches, cheerful, bustling, friendly, full of people taking pleasure in what little they had; the gleams of sunshine, the river, children, friends to gossip with. Always there was laughter.

They all knew Pat. She was Ya Tih, the big Ya. Many in Paradis had been her patients at one time or another and several of our staff lived there, although they kept the names of their original villages. Thus a person would be, say, Hnai of Kon So'mluh who lived at Paradis, not Hnai of Paradis. Village ties were much too strong to be broken by mere change of place. The village might be irretrievably lost to the VC or in the hands of a Vietnamese speculator, but it was still home. In the Hospital our patients would gather together by village: Kon Ro'long slept in this tent, Plei Xar in that, and to locate a patient one had only to stand in the middle of the yard calling out his name and village. I never got over a feeling of being both foolish and conspicuous when calling a patient, but the Montagnards took it as a matter of course and

would bellow cheerfully to all and sundry: "Gir, Kon Xo'lal! 〇ă năng Gir, Kon Xo'lal! Gir, Kon Xo'lal!" And in due course Gir would appear, a little breathless, to answer the summons.

At Paradis Pat gave me a quick tour, as usual dispensing information. "Now that log set on end, you'll see them in front of most of the houses -- Hmach ko'ih, Bok --; it's hollowed at the top, like a bowl. The women pound rice in that hollow once a day for the main meal. They've got three words for rice, depending what stage it's in, and one for food in general: show's you how important the rice is. Hmach ko'ih, Mĕ, hâm oei lă'ng akau? You'll see our cooks pounding the rice down at the Hospital. They use a heavy pole to do it -- the whole thing looks like an overgrown churn. Of course the women really do the bulk of the heavy work. That's why it's the aides at the Hospital who tote the water. It's women's work. Hmach ko'ih, Bok. Hmach ko'ih."

Everywhere we were met with giggling pleasure: Oh, hmach ko'ih, hâm oei lă'ng akau? Greetings, does your body go well? The children clung to their mothers' legs and stared in wide-eyed wonder. They were pushed forward to give us reluctant bows, their arms crossed on their chests. "The poor kids," said Pat. "You can't expect them to like me. Half the time I see them it's associated with pain. They're mostly old patients and the mothers want me to see how well they're doing." We crossed the dusty square and crawled into a low-roofed room to watch a man weaving a basket. The strips of wood, some brown, some black, lay on the floor beside him and he worked with deft efficiency. "Lă'ng jăt, Bok. Ro'gei jat. Weaving baskets is men's work but the women prepare the materials. And of course the women weave all the cloth. Have you

noticed the borders? Dugouts and drinking the jar and fish and the gongs and palm trees -- it's a record of their lives. We're seeing some now with rockets and choppers and M-16's worked in. Our girls haven't learned the patterns yet and I don't know as I want them to, but I suppose they will."

We moved outside again. The wife of the basketmaker followed, holding in one hand a circlet of yellow metal. "Ya . . . "

"Hey," said Pat. "That's a nice one." She saw my puzzled look. "It's a bracelet. Don't you remember her? Her kid was down in bed 18 last week."

Bed 18? Dimly I recalled a little boy with a measles rash and bad pneumonia. Had he been discharged already? His mother had been just another in the indistinguishable crowd of little brown figures that bustled through the ward. Was this her? "What does she want?" I asked Pat. "Does she want to sell it?"

"Good lord, no. It's a gift. A sign of friendship. She wants to give it to you."

Thus I received my first Montagnard bracelet. Some were simply a length of soft metal bent into a ring, others had simple designs stamped on them. They got in the way of sterile procedures, but with a little dexterity one could usually pull a sterile glove up over them. None of us ever cared to take our bracelets off. Their intrinsic value wasn't great but they meant a lot to us. That first bracelet was always a reminder to me that the Montagnards were not simply an amorphous group of primitives but individuals in their own right. "Thank you," I said in inadequate English. "Bo'nê," Pat supplied, amused. "Yes, Bo'nê, Mĕ.

Bo'nê ko'ih lo'." There was a little silence and I grabbed Det by the hand and pulled him over to the concrete watch tower, needing action to cover my confusion. "C'mon, Det, let's slide!" Det, hitherto shy in the village, shrieked with laughter as we slid down the buttresses of the watch tower and a small crowd gathered to watch. Had the woman made the bracelet herself, I wondered? What had I done that she should remember me? Why had I not remembered her?

"What a life," said Pat when we finally rejoined her. She looked around the ramshackle village. "This is what they always want to come back to. Minh-Quy's luxury by their standards, but the village is home. We're constantly having people uih kle, go home to the village. Not so many now as in the old days, but there are always a few who either decide they're cured or else can't tolerate being away from the village and just take off. Well, seen all you want to?"

The villagers saw us off calling cheerful good-byes: "Bôk mă  
Qc well. "Oei, mă lă'ng,"  
lă'ng,"<sup>A</sup> Pat answered them, may you stay well. At the gate was a tangle of concertina wire and a roughly sandbagged bunker. A young man in ragged uniform sat against the sandbags, his M-16 beside him and his children tumbling in and out of the bunker. "Village defense," said Pat. "They roll concertina wire across the gate in the evenings and keep an eye on the perimeter, but security doesn't mean that much around here. "Oei mă lă'ng, Bok."

"Bôk mă lă'ng, Ya!" he called with a grin. The children stared. We started the jeep and drove off, scattering pigs and chickens before us.

It was several weeks later and under rather different circumstances that I was introduced to Kontum Ko'nam. Glen Booth, a young man from Minneapolis who had served with the Navy at Qui Nhon, had joined our staff as chief of construction, handyman, boss mechanic and scrounge artist. Tom was delighted: "Don't get me wrong. You girls are o.k., but it sure is nice to have another guy around here." Partly to celebrate Glen's arrival Tom arranged for a party at Kontum Ko'nam and invited me to attend along with a visiting representative of Catholic Relief Services, Joe Maillet. Tom picked up some beer from the P.X. and a couple of bottles of Vietnamese rice whiskey from the local market and we drove down to Kontum Ko'nam after supper one warm and hazy evening.

Kontum Ko'nam was, compared to Paradis, an old established village. The houses were built with adobe-type walls and board floors and some could boast of two or even three rooms. Tom led us to the home of a family who clearly had money, not a common commodity amongst the Montagnards. The son in this household worked with the American military at CCC. He was somewhat Westernized and had managed to provide his family with furniture (one bed, one table) and with a battery operated cassette-radio combination that looked as if it had come from the P.X. By Montagnard standards this was affluence, although the room was lit only by a single kerosene lamp sans chimney and in the corner burned the usual smoky fire. We climbed the notched log that served as stairway to the broad front porch and settled ourselves on the floor of the main room. Tom broke out the beer and whiskey.

The party got off to an ominous start. We had brought our guitar and encouraged by Tom and Joe I started in to play some of the old

American folksongs that always made a hit with the Montagnards. This was an event: the better part of the village climbed onto the porch to listen and watch and the porch, never designed to support such weight, collapsed with a mighty crash. There were shrieks of pain and surprise, roars of laughter. We crowded to the door to assess the damage and in my best Nurse-Smith-surveys-the-disaster voice I called out, "Is Tom down there with the injured?"

"Injured, Hell!" said Tom's voice at my elbow. "Play some more music." I played some more music.

Meanwhile the bottle of rice whiskey circulated freely. It was a yellow, smoky liquid with a sickening taste and a powerful kick. Choking it down posed problems, but once swallowed it had a potent effect. Voices rose, the music became wilder, I passed the guitar to Joe and sat back to watch.

Joe was a big fellow: better than two hundred pounds at a guess and all of it solid. He was built like a football player and he thumped out the rhythms by bouncing vigorously against the floor. I had visions of the entire house going the way of the porch. He was having a marvelous time, flushed, sweating, flirting outrageously with a delighted and evidently experienced lady of the village. "Do you believe this? I mean do you believe it?" he muttered between songs. "Pass that bottle. I mean, do you really believe it?" Glen, meanwhile, had quietly disappeared with one of the daughters of the house to fetch water. He re-turned with an air of mock bewilderment and held his wrist aloft for us to see the bracelet gleaming in the lamplight. "Gee," he said, "I don't know what happened, but I think we're engaged." Tom roared. "More

whiskey, Tommie!" cried the boy from CCC and the bottle circulated again. "Et xik xoai lō'ng jāt!" To drink alcohol and get drunk is very good. Someone had found a battered cup for me to drink from and with typical hospitality it was constantly refilled. The room, hot and smoke-filled, began to blue at the edges: I lay back on the dusty floor and our hostess instantly produced a block of wood for me to rest my head on. The music throbbed, the party grew increasingly less inhibited. In one corner Glen was flirting with a group of enchanting five-year-olds. Joe, still bouncing, played on and on. Tom was on his feet, belting out Special Forces numbers off-key but con brio:

Riding through the night in a black Mercedes-Benz,  
Shooting all our foes, saving all our friends:  
Machine guns all ablaze, oh what a glorious sight --  
Oh what fun it is to have the Mike Force back tonight!  
Rat-a-tat-tat, rat-a-tat-tat, mow those bastards down,  
Oh, what fun it is to have the Mike Force back in town!

And (to the tune of "My Bonnie"):

My mother was a Montagnard princess,  
My father was an LLDB,  
And every night around midnight  
They'd turn into hard-core VC

"Hey Tom! Tom!" I managed to get his attention. "What's an LLDB?"

"Lousy little dirty bugger," said Tom with a ferocious grin, and "ARVN!" cried the boy from CCC.

"C'mon," said Tom, "'Mary Ann Barnes'!" and he launched into the

foulest of his Special Forces repertoire. The Montagnards loved it. The little room glowed with laughter. "Et xik xoai lō'ng jāt!" The great big joyous Americans had come to town and were holding a Frat party right here in Kontum Ko'nam. Wasn't it wonderful?

Eventually we all moved outside, the men shedding shoes and shirts, all of us dancing in the dust and cow dung. Tom, mock-sinister with curling beard and husky voice, came on very Me-Tarzan-you-Jane, running down the local girls who fled from him shrieking but returned to dance with only a show of reticence. Joe was sobering but still ebullient: "Do you believe it?" Glen watched with the air of a curious observer, willing enough to participate but observing also his own participation. I thought him a little soberer than the rest of us. There was a ring around the moon and the night was warm with massed gray rain-clouds and choking dust. The music rose wild and insistant, one of the Montagnards playing the guitar with an accomplished hard rock beat. Joe, gyrating and dripping sweat, shook his head: "I mean, look at them dance! Look at her shake it! Play, Hoss, play! Do you believe it?" Tom and Glen went into a good natured floor show routine: A-one-and-two-and-kick with cheers from the Montagnards. The entire village, aged crones, bent old men, babes in arms, lined up on logs around the square watching and laughing. A skinny grandmother, face alight with mischief, pushed a small but energetic youth in flying khakis out to dance with me and the audience shouted their approval. "Tommy, more whiskey! Et xik xoai lō'ng jāt!" Time stood still.

In the end we must have danced most of the whiskey away. By eleven the music had slowed and we stood, drained and exhausted, while

the dust settled and the Montagnards sang for us in the moonlight, gentle songs on a night grown quiet. The air was heavy: it would rain before morning. The villagers began to drift towards their houses in little groups, some calling softly back to us, "Bôk mă lõ'ng! Bôk mă lõ'ng!"

"Bo'nê ko'ih lo'" Thank you very much.

"Bôk mă lõ'ng. Et xik xoai lõ'ng jăt!"

"Bo'nê lo'. Oei mă lõ'ng."

Somehow we found our way back to the ambulance. Somehow Tom drove us home with single-minded determination and elaborate care. Somehow I found my way to bed and instant oblivion. Had we been ugly Americans, naive Americans, benevolent Americans down there in the village? I didn't know. Driving to work the next morning I passed a dozen Montagnards by the side of the road. I failed to recognize them but they knew me all right. Tolerant people: they burst into cheers and laughter at the sight of me calling out, "Oh Ya my, bôk mă lõ'ng! Bôk mă lõ'ng, haw!"

One other trip to a village sticks in my memory from those early days. It was noontime and we were leaving the Hospital to go home for lunch when an ageless man in a loincloth arrived on foot. "Apinh xe. Kon inh oă lôch," he told us: I ask a car, my child wants to die. Tom grabbed up some supplies and he and I went out in the ambulance with the man giving us directions. His child, he told us, had cho'roh-hak.

I never learned the name of that village. It was West of town on a pock-marked road lined with rolls of concertina wire that ended at the village gate. Here again was the jumble of houses on stilts, the

milling crowd of Montagnards, women, naked children, a few old men with gap-toothed smiles gathering to watch us while pigs and chickens scuffled at their feet. We followed the man into a dark and tiny room where the child lay wrapped in a blanket and his mother squatted at his side watching, waiting. Tom carried him outside, set him down in the dust, ripped off some tape, stuck an 18 gauge needle into a vein and started the IV. The child, a boy of eight or ten, watched motionless and silent. The villagers crowded around. "Not too dry," said Tom, "But he's got a chest full of crap. I could feel it through the blanket when I carried him out. Here, hang onto the IV. I'm going to see if there's anyone else around."

I stood holding the IV while Tom made a quick tour of the village. The Montagnards eyed me and I eyed them. Tentative smiles on both sides. I had been in Kontum only a few days and spoke no Bahnar. I was light-skinned and immense by Montagnard standards and wore one of the inappropriate white uniforms I had brought with me and would shortly discard. What they made of me, lord knows. Had any of them seen an American woman before? Eventually Tom returned, half carrying an old lady and with a small crowd at his heels. "She's probably got falcip," he said. "Those two kids, too. And that one's another cho'roh." We loaded the patients, their families and their possessions into the ambulance. I tried to dissuade one woman from climbing in: I thought she was cadging a free lift. Tom looked at me in amazement. "For Christ's sake, she's this kid's mother. Let her in. Hell, even if she weren't a relative we'd give her a ride if we had the room." I retired abashed to tend my IV. Driving back, swaying over the rutted road, we

had nine people in the back of the ambulance, five in front, and a jumble of baskets and rusty tea kettles and firewood littering the floor. We bounced into the Hospital yard and delivered our patients to the Montagnard on duty, Tom issuing orders in Bahnar: blood work on everyone, another IV on the second cho'roh. "Tom," I asked as we drove up to the house for our belated lunch, "Would they all have come in if we hadn't happened to be there with the ambulance?"

"Probably not," said Tom. "It's a long way to walk. We need health workers in these villages. God damn, we need health workers."

A Ko'mang: Nights

"Well," said Barb Silva, "How did the night go? I didn't hear you come up to the house at all."

"The way you sleep," said Tom, "You wouldn't hear the last trump," and Silva made a rude gesture in his direction.

We were sitting drinking coffee in the Barbaras' room on a rainy Saturday morning. Corvino had just arrived at the house: it was her week to sleep at the Hospital. "Ooh," she said, "It was pretty quiet. There's a new cho'roh-hak on the stretcher and I think you'll have to do a cutdown on that baby with congestive failure today, Tom. He's got no veins left at all." She yawned. "One more night to go." There was silence. Tom and Barbara, I realized, were both looking at me. "Do you think you could do night duty this week, Hon?" Barb asked. "I don't want you to start until you feel you're ready. It's entirely up to you. What do you think?"

I could hardly say no. In any case it seemed to me that I would always be as unready as I was then. I had been in Kontum a little over a week: the Hospital remained mysterious, confusing, challenging. Barbara was mad to think that I could cope with the place at night. "Sure, Barb," I said. "I'll give it a try."

"God damn," said Tom in approval. "Every third week on. That's all right." Thus I started night duty at Minh-Quy.

Sunday began quietly. There was mass at the Hospital in the morning, staff and patients singing unaccompanied hymns in close harmony reminiscent of the Missa Luba and a short sermon by the elderly French

priest whose domain included Minh-Quy. All but the most necessary activity stopped during mass. I kept an eye on the IV's and listened to the music filling the Hospital. Chu Deo, the clinic registrar, led the singing in a strong baritone surprising from such a little figure and one of the nuns sang a descant over the hymns, clear and pure. Afterwards Pat made rounds on the sickest patients, IV orders and minimal lab work only. Walking Wounded were not seen on Sundays. If someone took a turn for the worse during the day they would come and tell us about it.

At noon time, in an interval of bright sun, we went down to the Dak Bla to swim. The river was alive with peaceful Sunday activity: children swimming naked, women fully clad, old men walking solemnly into the water with one hand cupped over their genitalia, Vietnamese in dug-outs casting graceful nets for fish. Two little Montagnard girls paddled their dugout upstream, giggling and swaying perilously against the current. Their inevitable capsizes surprised no one, and they rose laughing and dripping from the water, casting shy looks in our direction, and paddled on. Det and Dich splashed in the shallows finding stones for Tom to skip. "Actually," said Tom, very deadpan, "I used to skip stones in Korea for the CIA . . . " It was a perfect imitation of one of our recent visitors, a doctor who had regaled us ad nauseum with tales of his heroic exploits in the more esoteric branches of the military and given us innumerable little lectures on the eye of Washington upon us ("They're worried about you, Pat. I just want you to know that they're looking out for you in Washington -- the highest level -- can't reveal my sources, of course, but they're concerned. Did you think I came here just to practice medicine?"). Pat had been remarkably tolerant. "It

takes all kinds," she said. "Some people come over here just to do their thing. Figure they can get away with it in Vietnam. We've had some real artists. But this guy seems to know his surgery, so I guess we'll have to put up with him." Our visitor, however, had only one operation at Minh-Quy to his credit. A rocket, landing not far from the American Military compound where he slept, shook some plaster off his wall and the next day our CIA hero was on the flight to Nha Trang. We never saw him again. Now Tom continued his devastating parody: "There are some interesting customs attached to skipping stones in Korea, though not perhaps as significant as amongst my friends the Manchurians -- the world is not yet ready for that story -- but when I returned to Washington, Dick -- no, as you were, no names, no pack drill . . ." The two Barbaras, hooting and jeering, attacked and Tom disappeared in a flurry of splashes to emerge downstream shouting, "Richard Helms is worried about you!"

Back at the Hospital the patients were drowsing, no crises. Perhaps Barbara was right, perhaps I could cope with night duty. Then, suddenly, at five-thirty we had half a dozen admissions: cho'roh-hak, falciparum malaria, a plague and a woman having a very tough time indeed in childbirth. Pat disposed of all but the woman in labor in short order, but about her she was troubled and concerned. "That child's just too high. Wish she'd get it down. I wonder if we ought to do a Cae-sarian (surgical delivery through the abdominal wall). It's a Hell of a thing to do to a woman in this society. You've got to tie their tubes if you do it: can't afford another pregnancy out in the village -- or in a POW camp. Wish she'd get it down." We ate a hasty supper and then

Pat and I returned to the Hospital, she to sit at the nurses' station and worry, I to watch our pregnant mother. During my training I had seen in all two deliveries and been very much the observer. Now it seemed I was going to be responsible for a particularly complicated childbirth. I wasn't even sure I knew a contraction when I felt one. "Well," said Pat finally, "She might as well have some morphine to get her through the night and we'll decide in the morning. But I want her watched. Check the fetal heart tones (i.e. the child's heartbeat) every half hour and call me if there's any trouble. She's a set-up for cord prolapse and if by any chance she does deliver tonight -- I don't think she will -- we'll have a depressed baby on our hands. But I don't think she'll deliver. She'll sleep with the morphine." And so I settled in with a textbook of obstetrics, feeling more and more dubious about the whole business as I read up on the dangers of cord prolapse (happily a rare occurrence in which a section of the umbilical cord is caught between the baby's head and the mother's pelvis, thus shutting off the baby's oxygen supply). Fortunately Gabrielle was also sleeping in the Hospital: presumably she would know what to do. The Hospital lights flickered and went out for the night. Biong, the aide on night duty, brought me a smoking kerosene lamp and set it on a mayo stand at the foot of the delivery table. The mother slept, the baby's heartbeat remained loud and clear. So this was night duty. It began to look potentially boring.

At which point Gat, the youngest of the nurses on duty, appeared, his face a picture of apprehension and concern: "Ya! Ya!" and a flood of incomprehensible Bahnar. I followed him to our only isolette to find

that our little two pound premie had died. This came as no surprise: two pound babies have been known to survive, but usually only with the most modern equipment available in Intensive Care Nurseries. No one had expected this poor little mite to live. We baptised the child and that was that. But, "Ya! Ya, nam to'âu! Ji deh!" another cry from the ward. What now? Rising above the calls for my attention came a grunting moan. I tracked it down to the front room where the mother of a little boy with advanced T.B. crouched in one corner of her child's crib, large as a house and in labor so marked that even I could see it. "Ji deh!" (bad pain) repeated her husband, pointing out the obvious. Biong went for Gabrielle, the woman with another moan or two followed me into the treatment room, and five minutes later with minimal fuss gave birth to a healthy little boy -- reassuringly simple.

I returned to my other mother, but I was uneasy. In my toings and froings I had noticed a patient on one of the stretchers. I had no memory of there being a patient left on the stretcher at the end of the day but there was one there now. The plague? No, she had been put to bed. I couldn't find the unknown patient's chart and she appeared to be sleeping comfortably, but only the critically ill spent the night on stretchers and tonight it was all my show. What was wrong with the woman? "Hrong, Lung, Gat!" I called the night staff together and in muted tones suitable to a hospital at night managed somehow to get across the idea that I wanted to see her chart. There were blank looks. "Well," I asked "What's she got? Quelle maladie? Ji kikio'?" "Ah!" said the boys, and before I could stop them they had shaken the patient awake and were carrying on a loud discussion of her symptoms in rapid-fire Bahnar.

five minute agony -- whee, here we go! and . . . had her baby. So much for textbook theory. Gabrielle shot a quick glance at the blue and breathless infant and took over. "Oxygen!" Her hands were busy with the child. "You call Pat." I went to call Pat.

I had, however, neglected to find out how to turn on the jeep headlights. "Lights?" I asked the night staff. "Lumière?" They shook their heads and Lung helpfully handed me a flashlight. I wondered briefly what the trigger-happy town guards who watched the roads by night would make of a jeep driven by flashlight. They had a reputation for shooting first and asking questions later. Still, there was that baby. I made it to the house, climbed in over our locked gate, and called Pat. "Well," she said, her voice full of sleep, "I guess I'd better come down." But Gabrielle had lived up to her reputation for skill: we arrived to find the baby pink, enraged and screaming lustily, while the mother regarded us all with bleary eyed benevolence. "Bo'nê ko'Ya," she said to the world in general and went back to sleep. I returned Pat to the house and stumbled off to bed myself in Silva's little back office.

That was at two-thirty. At four came a resounding knock on the door: "Baby very sick." This was a little one who had arrived during the day severely dehydrated. Now he was hyperventillating, retracting, and crying in the high-pitched meaningless, cerebral fashion of a child with meningitis. And yet his neck was too supple for meningitis and his lungs too clear for a primary respiratory problem. Obviously the Montagnards were right, he was very sick, but I couldn't psych him out at all. So back to the house for Pat. "Hmm?" she said yawning. "Oh,

five minute agony -- whee, here we go! and . . . had her baby. So much for textbook theory. Gabrielle shot a quick glance at the blue and breathless infant and took over. "Oxygen!" Her hands were busy with the child. "You call Pat." I went to call Pat.

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sure. I know that one. Electrolytes probably off. We'll give it some potassium. Put 5cc's of KCl in the IV and 10cc's of Bicarb. Run it at 15 drops a minute -- make sure it is running -- and give it some oxygen if it looks dyspneic." Another yawn and silence. Was that all? The child had looked bad to me. Had Pat been properly awake? Should I wake her again? And yet the orders had been given with the usual decision. I returned to the Hospital and put them into effect. And went to bed.

At six-thirty the boys informed me that the IV on the lady with plague was infiltrated. She was due to get her IV push chloramphenicol and they couldn't find another vein. Would the Ya like to take a look? I wouldn't, but I did. As usual they were quite right: the lady appeared to be veinless and the struggle to get an IV going got me up for good. The dehydrated baby, I noticed, was no longer crying. His breathing had slowed and he slept with one fist curled at his mouth. Damn it, she'd been half asleep with no lab work to go on: how had Pat known the answer? Eventually we got a precarious scalp-vein needle into the lady with plague and I left for the house and several badly needed cups of strong black coffee. So that was nights. The sounds of the patients coughing, spitting, hawking, the babies crying as I turned on my lumpy mattress in the stuffy little office. The dogs barking until the roosters took over and began to greet the morning. The sharp noise of gunfire from the guards outside coming in staccato bursts. The scufflings of rats when dogs, roosters and guards fell silent. The interrupted sleep. All that and the tropical sky arching over Kontum on my journeys to and from the house, a sky awash with brilliant starlight, achingly clear and beautiful.

Night duty, unless so hectic as to leave no time at all for sleep, did not entitle one to rest by day. The day routine remained the same, but most nights, fortunately, were comparatively peaceful and there was always the lunch hour in which to catch up on lost sleep. In time I came to enjoy night duty: almost always there was something going on, but the chaotic daytime activity subsided at night and the Hospital could be a pleasant place to be: mysterious, alien, but friendly. Frequently there was music, a guitar or the home made instrument the boys called a ting-ning which produced an atonal oriental sound, full of swift repetitions like the music of the sitar. Or one of the boys would bring a tape recorder to work and play cassettes that ranged from Simon and Garfinkle (with the Beatles, great favorites) to local songs and chants recorded in the villages. Once I arrived to find Ya Fran<sup>ç</sup>oise teaching Ya Vincent to play the guitar. There was a gentle rain falling and they sat under the overhanging eaves of the kitchen building burning IV cartons for light and warmth and picking out the simple melodies in little flares of light from the fire, while the dogs slept at Vincent's feet. "Oh, hmach ko'ya!" they greeted me, and perforce I had to play a couple of folksongs for them before I was allowed to go to bed. "Ro'g-i j<sup>ä</sup>t! Bo'n<sup>ê</sup> ko'ih lo'!" with hands softly clapping and faces glowing in the firelight. That night I wasn't called at all.

I generally arrived at the Hospital around nine, and my first chore was to check over the elevated temps: 101 and already on antibiotics and falcip treatment, nothing to do; 104, a wound infection with a very high white count and getting antibiotics -- aspirin; 103 and on chloramphenical for typhoid so no aspirin -- temps every three hours

tonight and sponge if he goes to 105; 102 and getting all the meds -- nothing there; 105 on falcip treatment -- sponge her; 104 and I can't remember this one -- have to take a look; 101 -- nothing; 102 -- chloroquine (our routine antimalarial) and have to remember to check a CBC Malaria Smear in the morning. And so on and so forth. Then IV rounds: were they running at the proper rates? Were there bottles enough to last through the night? Did any need restarting? And then, unless there was a new admission or a crisis pending, my work was finished. I could sit over hot sweet tea at the nurses' station while Biong, the lame aide, crooned over the babies at their nine o'clock feedings and the boys sorted the med carts or made their own rounds.

Sleep was at best an intermittent thing at the Hospital. Even on the nights when there were mercifully no calls there were always the night sounds. By six I would usually be up again, circling the IV's, checking with the night staff for problems. My vocabulary was improving: "Are you sure nobody wants to die?" I would ask Hrong or Lung. Hrong, whose grin was irrepressible, would answer cheerfully, "Uh ko'dei bu!" Nobody. Lung's response was always more cautious: "Inh lui uh ko'dei," with a sober glance around the ward. I think not.

Then home for coffee and Pat's invariable greeting to the person on night duty. "Well, everyone survive the night?" She would stand surveying the breakfast table, clad in an elderly bathrobe and scuffs, a brown melamine mug of steaming coffee in one hand, the inevitable Vietnamese cigarette (Gaulloise are mild by comparison) in the other. "Everyone survive the night?" I would give her a quick report, an expected death here, a to me miraculous recovery there. "Hmm," a

nod, unimpressed, as she sipped her coffee, apparently sunk deep in deliberation over the choice of boiled duck eggs.

Pat in those days was an enigma to me. She was obviously a superb physician (the half-asleep and wholly accurate diagnosis of electrolyte imbalance on the little dehydrated baby was a case in point) and she had built the Hospital itself from scratch and kept it going all these years. Surely there was pride and commitment, interest and involvement there. And yet when I commented enthusiastically on the work done at Minh-Quy her response was casual, almost bored. "Really?" she would toss it off with a shrug. "It's just routine to me."

And so it sometimes seemed as she moved through the Hospital, apparently taking it all for granted: the care, the staff's devotion, their ability to execute the endless series of orders. Perhaps then it was routine, even at times a burdensome routine, and she scarcely saw the activity around her. But that could be a dangerous assumption. It was no sooner made than some minute detail would catch her eye and she would flare up in a passion of involvement, of caring: "My God, that floor is filthy! What do they think this is? A pigsty? A Vietnamese hospital? Where's Vincent? Where are the cleaners? What the Hell do we pay these people for? Get someone in here dang ei and get that mess cleaned up. Dang ei! Now! What do they think this is?" And so on. The explosion would trail into grumbles, kindle again, and then subside as a new problem caught her attention. It might be a dirty floor. It might be the night staff using too many flashlight batteries. It might be a patient left unturned, poor dressing technique, a change in vital

signs unreported, a malfunctioning vehicle, an infiltrated IV, anything. No detail escaped her notice and if she suspected for one moment that the Minh-Quy standard was dropping she made no bones of letting the entire staff know exactly how she felt about the matter at whatever the cost to her vocal chords and blood pressure. It was no accident that Minh-Quy was the best civilian hospital in Vietnam. It was going to stay that way.

I found these pyrotechnic displays shattering, although in time I would come to adopt a similar technique. The message got across, but life had never been like this at home and I used to emerge from one of these sessions with the sensation of every nerve stripped bare. The Montagnards by and large let the storm wash over them, sometimes indeed concealing smiles of -- what? -- amusement? Appreciation? They knew she cared. It took me months to recognize that Pat's tongue-lashings were a form of caring: about people the Montagnards were often instinctively wiser than I. Then one day I overheard Callixte, the lab tech, comparing notes with Françoise: they were laughing together as they listed the names Ya Tih had called them. Finally Callixte's voice rose in triumph: "But," she said, "She's never yet called you a dumb broad!" I listened amazed. I had seen Callixte reduced to tears by one of Pat's rages, but the quality I heard now in her voice was unadulterated pride.

Nights were a time for learning. To some extent this is true in any hospital: the nurse on night duty carries considerable responsibility and is faced with frequent decisions. Chief among them, of course, is the decision to call or not to call a physician and the safe

rule of practice is when in doubt call. Pat, so quick tempered about some things, was remarkably equable about night calls, and yet I hated having to call her. Unlike a member of the house staff in an American hospital, Pat was on duty not one night out of every two or three but every night and every day. It was therefore undesirable for us to call her for the things we could learn to do ourselves, the simple suturing, the aspirin or chloroquine for elevated temps, the post-op pain meds, the IV orders for cho'roh-hak. At home the nurse's role is limited by many things: standard hospital procedures, state nurse-practice acts, the philosophy of local physicians, the always present possibility of malpractice suits. At Minh-Quy the only limit was one's own competence as felt by oneself and acknowledged by Pat. And of course this was a limit: in those days, for instance, Pat would not have sanctioned her Western nursing staff diagnosing and prescribing without supervision. Nevertheless our responsibilities were far greater than would have been possible or necessary in a Western hospital. In some ways this made nursing simpler at Minh-Quy: if it had to be done, you did it. It also provided the excitement of learning new skills. And it could be purely terrifying. That first week on nights I spent many hours frantically searching the textbooks of tropical medicine and Shirkey's Pediatric Therapy for advice and assistance.

A patient with plague had a sudden shaking chill and became markedly confused. Should I call Pat? Was he going septic? Or was this just part of the disease? Should I sit it out? A little girl with a high temperature convulsed. Was it just a febrile seizure? Should I sponge her, give her some aspirin and go back to bed? Or was

she developing one of the more dangerous diseases that caused convulsions, cerebral falcip malaria, for instance, or meningitis? Should I call Pat? A young man arrived limping and with some difficulty managed to convey to me that his problem was caused by contact with the hairs of a local centipede. Centipede contact? Centipede contact? Somehow that ailment had not been included in the course outline of good old Med-Surg. II. As was so often the case, it was Gabrielle who bailed me out on that one. Seeing my indecision she offered, with a nice air of diffidence, "You want Prednisone? Darvon?" She was for all the world the experienced nurse gentling along the raw new intern and we gave Prednisone and Darvon although the next day Pat issued a mild rebuke: "Prednisone for the bad snakebites only, Hilary. You don't really need it with the centipedes." A boy arrived with a scalp laceration welling blood. Should I call Pat? But Gat was already shaving the boy's head and "Suture set!" Hrong cried cheerfully and I found myself suturing. A woman arrived with salt and pepper punctures of her lower leg. "C'était une mine," said Lung and held a brief conversation with her in Bahnar. Could she walk? Could she wiggle her toes? She could and did. "Po'hlâm uh ko'si ji deh," said Lung: perhaps it's not serious, and he went to get the tetanus antitoxin. That night I learned to probe wounds. Should I have called Pat? The decision-making process was endless and exhausting and all too often dependent on the expectations of the Montagnards. Hrong expected me to suture: I sutured. Lung expected me to probe wounds: I probed. When their behavior expressed confidence we carried on, but when a slight hesitation on their part conveyed doubt I knew we were all in trouble and went for Pat.

I was lucky in my staff that week. They weren't our most brilliant night crew (that honor belonged to Hiao's shift and directly reflected his own competence) but they were perhaps the most solid and reliable. The Montagnard staff rotated nights every four weeks and each night crew consisted of one senior nurse experienced in medications, IV's, vital signs and most treatments, one second-in-command similarly skilled but usually less experienced, one novice responsible primarily for temperatures, blood pressures and morning weights, and an aide to feed the babies, answer to calls from the patients and help the boys as needed. Lung was our senior nurse, an inscrutable village elder type, slow, thoughtful, and very conscientious. Hrong was a striking contrast to Lung, a wild-haired irrepressible youth who looked no more than eighteen and was the improbable father of four children. Hrong was an eager learner and worked hard but he lacked Lung's solemnity. On the other hand, his reactions were quicker than Lung's and the two made a good team, complimenting each other. The rule for night shifts was that when the work was done one person could sleep so long as the other remained awake to watch the patients. When Lung and Hrong were on, however, both stayed awake: they took their work too seriously to sleep. Gat was the third nurse, a slim young man and a relative newcomer who always wore a look of abstracted concentration as he worked. When I arose in the mornings I would generally find Gat shepherding patients to the standing scale by the nurses' station, muttering to himself all the while a little review of Things To Do. Gat was clearly compulsive, a trait I'd not yet encountered in the Montagnards. I thought he might turn out to be a very good nurse indeed. Biong was the

aide (all the aides at Minh-Quy were women, the nurses men), young but lame and with her eager face twisted by a scar that lifted one side of her upper lip. She was far from the brightest of the aides but wonderfully willing: the slightest request sent her off in a limping run to fetch whatever was wanted with ooh's and ah's and an apologetic smile for her necessary slowness of movement.

During the daytime I still found it almost impossible to distinguish staff from patients, let alone from each other, but at night with only the four Montagnards on duty it was easier and I came to recognize Lung, Hrong, Gat and Biong as individuals in their own right. Even in the moments of nightmare I enjoyed working with them and I took great pleasure in the quiet times when we sat over our paper cups of tea and listened to tapes or discussed semantics. Everyone was eager to instruct me in Bahnar and anxious also to learn English. Gat had picked up one curious phrase, "I go outside to play," and this he repeated for me one night with shy pride. My efforts to explain the difference between "I go", "I will go", and "I went" brought a look of worried concentration to his face and when I told him that instead of "I will" one could also use the ellision "I'll" he was clearly baffled. "High-ull. High-ull." The pronunciation was too much for him and he shook his head, bewildered. "English anat jät," he announced: very difficult. Lung rarely participated in these discussions, but having just finished a round of the ward he joined in at this point to ask my help in pronouncing a word he found particularly difficult. Since Lung spoke French he and I had some basis of communication. I found, however, that I could not understand his French pronunciation of the

word he wanted to learn: Onde? Honde? Was he perhaps talking about motorcycles? "Ah, no, Mademoiselle. Perhaps M. Hrong . . ." and he turned to confer with Hrong. The Bahnar was "ko'dō'"; what was the English? Hrong, as always full of good intentions and high spirits, tried to act it out with much shrugging of shoulders, cringing and downcast looks. Lung's response was critical, a Broadway director at dress rehearsal. Hrong, writhing in place, gave it his all. Biong giggled and Gat's eyebrows shot up in a comic look of astonishment. Clearly it was desperately important to get the word defined and when half an hour later we finally tracked it down in Pat's English-Bahnar manual there were sighs of relief from all. "Ah," said Lung. "Assamed. Bo'nê ko'Ya. Merci, Mademoiselle. Assamed." He resumed his rounds, repeating "assamed" to himself at intervals with a serious and scholarly air and I went off to bed pondering over a people whose English vocabulary consisted of "I go out to play" and "ashamed." It was an endearingly childish combination.

During my week on nights I came also to know the nuns better. They were always about the place, petite and energetic little figures with their brown faces set off by white coifs and habits. Vincent alone, since she was not directly involved with patient care, wore blue. They belonged to a Diocesan order, the Sisters of the Miraculous Medal, a community of perhaps sixty Montagnard women housed in the convent across the street from the Hospital and presided over with loving despotism by a French superior, Marie-Renée. They <sup>had</sup> all graduated sixth grade: none of them had their secondary certificates. They were all excellent at their jobs.

Gabrielle combined the functions of head nurse, supervisor and director of nursing service. The military doctors who sometimes helped us out in clinic referred to her with considerable respect as the Sergeant-Major. She was the smallest and most active of the group, with the potential energy of a coiled spring. She had had some training in anaesthesia in Qui Nhon and it was Gabrielle who intubated and gave the ether anaesthesia we commonly used in the Operating Room. She also ran clinic in the afternoon, organizing the amorphous crowd of patients with apparently effortless skill, translating, dispensing medications, writing requisitions, chiding, cajoling, scolding, getting things done. In the mornings she patrolled the ward, restarting IV's (with Hiao and Françoise she was highly skilled at pediatric IV's), chivying the aides, examining the patients, turning, suctioning, pushing them towards health by sheer effort of will. I had no idea of her age: certainly over twenty, probably under forty. Her face was unlined and she moved with restrained and easy grace. I never saw Gabrielle run or raise her voice, but where she was things happened. I by contrast seemed to spend much of my time galloping from patient to patient in disorganized frenzy, a source of amusement to staff and patients but not to myself. Gabrielle seemed to tolerate my clumsy incursion into her world, but there were times when her tolerance only made me feel the more inadequate. In theory at least one of my jobs was to teach the Montagnards: instead it was Gabrielle who daily enriched my knowledge.

Gabrielle was Det's aunt and this made her Pat's unofficial sister-in-law. She was the only one of the staff who called Pat by

her Christian name and her attitude towards Pat was at times protective, almost maternal. Gabrielle, I think, respected and admired Pat immensely. She was also quite clear about Pat's human needs and weaknesses, tolerant of them, and even amused by them.

Françoise's area was the nursery, particularly high-risk infants; premies, tetanus neonatorum, meningitis. She was a less assertive person than Gabrielle, quiet, gentle, rarely emerging into the bustle of the adult world on the ward, but marvelously capable and conscientious with her babies. She also circulated in surgery and was responsible for stocking the O.R. In the afternoons she generally disappeared to the back of Central Supply where she could be found counting instruments and checking sterile packs. Françoise was one of the very few Montagnard civilians to have been to America: she spent several months working and studying at St. Vincent's Hospital in New York. Getting her out of Vietnam was evidently a monumental task and the culture shock must have been overwhelming. She spoke very little of her time in New York but once she told me that she had been to see Bear Mountain and on another occasion she asked me to write out the words to a song popular some years back. The thought of gentle Françoise, ten stories up in a Manhattan apartment, gray snow falling, the incessant New York traffic whining below and the radio tuned to WABC bewildered me. The actual experience must have been more than bewildering to her.

In the lab there was Ya Callixte, Sister Bedbug as she sometimes signed her lab reports. Callixte was painfully shy and seemed to find her isolation in the all male lab at times almost intolerable,

particularly when sharp little Nglau acted the arrogant hippy as he did all too frequently. Callixte had no defenses against this behavior and would retire into stubborn moodiness, but a little mild teasing generally restored her to good humor. "Callixte," I would tell her, "Today Ya Tih wants two hundred sputums for AFB -- and they're all stat!" "Oh -- " with heavy irony, "Thank you." When work in the lab was slack Callixte would organize her boys into cleaning squads and tackle the shelves of chemicals and specimen containers in great clouds of dust. Or she might sit on her lab stool, feet tucked neatly under her long skirts, embroidering bright and complicated trimmings for the Montagnard blouses and skirts the weavers made. Once, looking for the results of some blood work, I found on one of the lab shelves a Barbie doll dressed in a perfect replica of the Montagnard blouse and skirt trimmed in brilliant red, yellow and green, Callixte's work.

Marie-Thérèse worked with Hnoi, the X-ray technician, all morning and translated in clinic in the afternoon. She was tall for a Montagnard, slim and graceful, and obviously competent at her job. Yet Marie-Thérèse had vague emotional needs and dissatisfactions, at times a burden to her. Perhaps she had joined the convent in an effort to cope with or avoid these problems: if so she had apparently not succeeded and indeed the restrictions of convent life may have added to her dissatisfaction. Much of the time she functioned well and in a crisis, the arrival of mass casualties, for instance, she was outstanding, possibly our brightest and most efficient nurse. At other times there would be emotional storms and she and Barbara Corvino would retire to Vincent's little back office for weepy sessions from which

Barbara would emerge looking harassed to comment that Marie-Thérèse was the only neurotic Montagnard she knew. One day (she spoke good English, as did both Gabrielle and Francoise) Marie-Thérèse asked me when I would get married. I countered with "When will you?" I thought she would be amused but she was not and she retorted very firmly that of course she could not marry: she was a nun, the bride of Christ.

Christian and Veronique were our youngest nuns and newest nurses. I could never tell them apart. Both were round, cheerful, dauntless, busy, and both responded to almost any stimulus with laughter. Christian was in charge of dressings while Veronique worked with the babies under Françoise's supervision and helped out on the ward. The two were close friends, supporting each other in their work, teasing each other when things were slack. Both had round childlike faces, all eyes and giggles, and their gaiety was contagious and lightened the days.

If Gabrielle was director of nursing service, Vincent was the Hospital administrator. She was our bursar, supervising the kitchen, shopping for house and Hospital, advising on hiring and firing, watching over the aides and weavers, dispensing cut rate rice to the employees, distributing what care packages came in from overseas friends and relief organizations, looking after the other nuns if they fell ill and helping Barb Silva with the monthly payroll. Silva's affection and admiration for Vincent were boundless and wholly understandable: she was reliable, stolid, completely dependable, and independent. I suppose that like the others she saw herself as a bride of

Christ, but in fact she was married to the Minh-Quy Hospital. Vincent slept at the Hospital every night while the others rotated a week in the Hospital for three in the convent, and whatever time was not occupied in obligatory prayer Vincent spent on the job. Her domain was the elongated shed next to the ward building where several store rooms, pharmacy and the smoky kitchen were housed and where the weavers sat in their hip looms on the floor of a barren room lined with shelves of diet supplements, spare tires and mechanics' tools.

This was a kind of informal common room, a meeting place where one or two staff members were usually to be found taking a break and chatting with the weavers. Often someone would bring in a guitar and the weavers would sing over their work, practicing hymns for mass. Whenever I passed through I would be met with the cheerful Bahnar greeting, "Does your body go well?" "Yes, thank you," I would answer and in a kind of triumphal chorus I would be told "Thanks be to God!" God was thanked many times in the course of a Minh-Quy day: "Bo'nê ko'Ba Iang" was the response to all good news, from a successful delivery to cancelled surgery. Did you get mail from home? Bo'nê ko'Ba Iang. Is it a light clinic? Bo'nê ko'Ba Iang. Is the jeep running today? Bo'nê ko'Ba Iang. The pronunciation was rather like that of Biong's name and for several days I thought the lame aide was inexplicably receiving credit for all that went well at Minh-Quy. Then one day I overheard Gabrielle telling a grief-stricken woman that Ba Iang had taken her husband and realized my error.

The nights slipped past. There were few moments in which I felt genuinely in control of things at the Hospital; there was always the struggle to Be Competent. On the other hand, the nightmare times

came less frequently. Gabrielle was always available that week of night duty (I think Barbara had warned her in advance), and I came to rely on her very heavily. Her competence was undeniable.

One evening she asked me if Minh-Quy was so very different from American hospitals and I found I was able to answer that Minh-Quy was indeed different but that I liked it better. "Is good you like it here," said Gabrielle. "You stay help Pat." I told her I could only stay for one year, that then I had promised to return home. I told her how much I was learning at Minh-Quy: the IV's, suturing, probing wounds, node aspirations, deliveries. Gabrielle looked puzzled. "And in America?" she asked. "Oh . . ." I thought of that other world of machinery and equipment, diplomacy and red tape, proliferating paper work and diminished responsibility. What could I answer? "In America?" She asked again. "What do nurses do in America?" I shook my head. I could only tell her that it was different in America.

Saturday came, my last night on duty. I arrived at work that night to find the Hospital quiet. Chroh, one of Callixte's cohorts in the lab and a paraplegic, had brought in his tape recorder and was playing Jarai songs recorded at Plei Mrong, weird, wild, primitive music, women wailing for their demon lovers, chants. Hlip, the mechanic, had wandered in to listen, my night staff was there, a few patients attracted by the music, some hangers-on. Hrong was sorting meds in his Ben Casey jacket, flashlight hung around his neck in lieu of stethoscope, his wild mop of hair all disarrayed, an aureole around his grinning face. Lung made rounds, pausing at our table from time to time to assess and evaluate the conversation, offering an occasional correction,

a rare smile lighting his mahogany face. Gat frowned over his list of temperatures, mumbling reminders to himself. We sat at the nurses' station and Biong poured pre-sweetened tea from a rusty kettle. The single kerosene lamp, wick untrimmed and smoking, cast odd lights and shadows. Much of the conversation escaped me: it seemed a retelling of customs and events, cementing them in fact, making them real -- who does what at Mang Yang, at Kon Klor, at Kon Ro'bang and Plei Mrong. Hlip set facing the lamp, features illuminated in profile, eyes shadowed in their sockets. Hlip was big for a Montagnard, slow in thought and speech, dark-skinned, serious and primitive. His voice was low-pitched and guttural and as he spoke he turned his right hand, palm up, palm down, palm up, palm down. The words that came through were counting words. Some score was being tallied with grave deliberation. I caught the Bahnar "thing" word, pôm, and the numbers one and two. "Miñ pôm" -- a turn of the hand -- "Bar pôm" -- a turn of the hand: "Miñ pôm, bar pôm." The ward was silent. A woman's voice wailed thinly from the tape recorder. Hlip counted on. "Miñ pôm, bar pôm. Miñ pôm, bar pôm." Lung nodded in sober agreement. So surely Montagnards had deliberated together for centuries. It was a strange, primeval moment, all the stranger for occurring against a background of modern medicine with an uncomprehending Western observer. This too was part of the richness of Minh-Quy, the "difference" that I could never explain to Gabrielle who was herself a part of it, and one factor in my impulsive statement that I preferred Minh-Quy. My departure for bed went unnoticed. I was not an intruder in that conversation, only an irrelevance. Montagnard culture would often appear fragile and vulnerable to me but that evening I thought -- and hoped -- that it had the strength and dignity to endure.

Linh My: The Military

The fact of war was a constant background to our lives. The outgoing was a nightly affair and perhaps once every two or three weeks we would have incoming. There was always a handful of civilian casualties in the Hospital, people shot in VC raids on villages, people who had trod on VC mines, or -- and these were much more common -- people whose firewood had happened to include unexploded bullets and children who had seized upon a new toy only to find it was a live rocket or grenade. Initially the reality of war was overwhelming: the early pages of the journal I kept in Kontum are full of notes on the ways in which war manifested itself in our lives. Coming from a middle-class, idealistic, post-war (World War II) American background I was deeply shocked to discover that war existed. It was not a Hollywood or journalists' creation. It was here. People killed one another.

Very quickly my awareness of the war faded. It became a "given" of life in Kontum and, in the Hospital setting, not one of the most important "givens". We were far more concerned with the medical problems of the Montagnards. "About suffering," writes Auden, "They were never wrong./ The Old Masters: how well they understood/ Its human position; how it takes place/ While someone else is eating or opening a window or just walking dully along . . ." For us war took place while we were sorting clinic admissions or drawing blood or opening an abcess. Some aspects of the war were useful to us and these we exploited. If the American military would transport patients for us,

scrounge medications, loan us doctors, then we were more than happy to accept their services. When war got in the way of what we were trying to do we cursed it out. Much of the time we ignored it. Probably we were all doves, but we seldom had leisure for pronouncements. We were pragmatists: war was here; it would be nice if it weren't; what were the odds on picking up another jeep from the military and how much could we scrounge from the closing down of Cam Ranh Bay?

With the American military our relationship was casual. We were grateful for their assistance, by and large enjoyed their company (the doped up, amoral death merchants of my imaginings were not apparent in Kontum), and appreciated the protection their presence afforded us and our Montagnard friends. We had no illusions about the benevolence of NVA and VC intentions towards us. In theory, of course, American withdrawal was desirable. American involvement had been a tragic error. On the other hand, when the Americans left Kontum would be all the more vulnerable and the VC made it quite clear that its role as a civilian hospital was no guarantee of safety for Minh-Quy. Our house was marked as a target on VC maps of Kontum. In the villages they told the Montagnards that when they took Kontum they would "get" the nuns at Minh-Quy. Thus I found myself in the contradictory position of an antiwar liberal grateful for American military protection.

MACV (Military Assistance Command Vietnam) was the installation we knew best. The P.X. and post office were located at MACV and here we would sometimes go for an evening to watch the movie, shoot pool, or simply sit over drinks and gossip with the guys. Twice our easy

friendship with the boys at MACV suffered setbacks. Once when a newcomer to our staff, a young man with shoulder length hair and a missing right forefinger (in fact the result of an old accident with a power saw), was put on the roster, denied base privileges apparently on suspicion of being a draft resister. We were enraged and stopped all but the most essential dealings with MACV. We still had to pick up our mail there, but the movies, pool, drinks and gossip came to a halt. Several of the boys were distressed and apologetic: "It's just this one guy -- he's real bitter, see. Don't think it's the rest of us. Just play it cool for a while." We played it cool and the storm passed. The other occasion was less serious. Barb Silva, deeply outraged, reported to us one evening that the MACV scuttlebut had it the Minh-Quy nurses were different. They couldn't be had for a few drinks, a good time, or even cash. At Minh-Quy the price was a stove or an icebox for the Hospital. Silva clearly considered this an insult to the honor of the Hospital and the fact that I was amused and laughed at her didn't help. "No, no, Silva," I told her, "It's sinks we need now. Hold out for a sink." It was not, she informed me, a laughing matter. "Aw, c'mon, Barbara," said Pat. "They're just a bunch of old women in that compound. What else have they got to gossip about?" That, said Barbara firmly, was no excuse for talking filth and for the rest of that month she staged a one-woman boycott of MACV. In fact the American community in Kontum was too small to tolerate much intensity in its relationships and in any case sex came low on our list of priorities at Minh-Quy.' The scuttlebut was unfounded.

MACV was only one of the military installations in Kontum. The others were CCC (Comand Control Central), Mike Force (Mobil Reactionary Force) and the ARVN (Army of the Republic of Vietnam) compound with which we had few dealings. CCC was the largest of the installations: no one could or would tell me how many Americans were there and it swarmed with Vietnamese soldiers and Montagnard mercenaries. It occupied a large chunk of territory on both sides of the Pleiku road just across the river from town. It was here that the missions went out to Cambodia, Laos and North Vietnam and driving past we would sometimes see the mercenaries boarding the CCC choppers in NVA uniforms and carrying AK-47's, the North Vietnamese equivalent of the M-16. Tom had friends at CCC and through him we would sometimes hear rumors of these missions. "Oh no, Tom," Pat would say, all innocence. "You must be mistaken. Our Leader says it isn't so." CCC had a dispensary with perhaps a dozen beds and a doctor, Mike Dwyer, who often leant us a hand with clinic and who, when we had exhausted all other sources of blood, could usually produce a G.I. or two to donate in a crisis.

Mike Force, located next door to MACV, was a small compound with a barren, stripped-for-action look to it. It was all sandy soil, trenches, bunkers, and weather-beaten wooden huts housing the Montagnard mercenaries, their ARVN Ranger C.O.'s and the five American Ranger advisors who worked with them. None of the five was particularly happy about being a Ranger: they had been the Green Berets, Special Forces, toughest of the tough, but with Vietnamization their name had been changed and in theory at least their role had become

strictly advisory. They were bored and bitter, deprived of the function they had trained for in the changing war. The wall of the Mike Force barroom was decorated with an ancestor of the M-16 automatic rifle in a glass case and a plaque inscribed with a Special Forces motto: "Yeah, though I walk through the valley of the shadow of death I will fear no evil because I'm the toughest son of a bitch in the valley." One of Tom's Special Forces songs celebrated their transformation to Rangers to the tune of "Pop goes the Weasel."

I never go with the girls any more,

My middle name is danger.

I stay at home and play by myself --

Whee, I'm a Ranger!

Both CCC and Mike Force made use of mercenaries, primarily Montagnards, although Mike Force worked closer to home, operating against the local VC. Just what the effect of their position as mercenaries had on the Montagnards is difficult to say. It taught them upward mobility, but the value of that lesson is hard to assess. They earned money with the military, but they also learned to spend that money on motorcycles and whiskey (a poor combination) and gadgets that were of questionable value in the village. It taught them to kill and in some few instances to lie and steal. It did not teach them the value of education or of good public health practices, two lessons they needed badly to learn. It probably increased the incidence of psychosis. They got on very well with their American mentors, far better, for instance, than did the ARVN. They also became remarkably dependent on them. The Linh My (American soldiers) became for many the givers of all good things and the solution

to many a crisis was "Apinh de Linh My," ask the Americans. Since inevitably the Americans would go home and the gifts stop, this attitude would probably do them more harm than good in the long run.

I never really managed to sort out the relationships of the various military groups in Kontum to one another. It was probably not designed to be understood by the civilian. USAID came into the picture somewhere and the senior American in II-corps, John Paul Vann, was a USAID civilian. We saw little of Mr. Vann although he did on one occasion take Pat out to dinner. She had her hair done in honor of the occasion and we all waited up for her return, excited by the thought that at last the powers-that-be were turning for advice to someone who really knew the score. However, Pat was oddly subdued when she got back and informed us the next morning that it had been a dull evening. Mr. Vann had talked non-stop: she hadn't been able to get a word in edgewise.

Perhaps the most valuable service the American military performed for us was transporting patients. Few Montagnards had money enough to pay bus fares. They walked to the Hospital. When discharged they walked home. If their villages were very far away or pocketed in VC territory and hence inaccessible by ground we would give them a note stating that they were discharged from Minh-Quy and any assistance with travel would be appreciated. They would then move to the airstrip and camp out there until they found a chopper going their way. Within a day or two they were usually home. Service to the Montagnards was one of the few things in Vietnam about which the American military could feel unequivocably good.

We had our own chopper pad behind the kitchen and it was here that casualties arrived for us. Chopper comings and goings were always mysterious to me. They would arrive in a great swirl of dust, unload a handful of injured Montagnards, and be off again while all the Hospital children screamed in delight and Noir, the household dog, leapt and barked, snapping at the rotors. A chopper was always a big event and ranked high on the list of local entertainments.

The 14th Med, later 67th Evac Hospital, in Pleiku was the nearest American military hospital, and a major resource for Minh-Quy. Over the years Pat had acquired considerable skill as a surgeon, but she was realistic about the limitations of that skill and in any case no surgeon wants to do an abdominal exploration or a thoracotomy (opening of the chest) unassisted. These were the cases we sent to Pleiku, always on short notice, often at inconvenient times. Pleiku rarely let us down. Sometimes a change in command would necessitate an extra diplomatic effort on our part, but we generally found that if we could get the staff of 14th Med up to see Minh-Quy they rapidly became converts. When they became 67th Evac they adopted an insignia that displayed the Montagnard crossbow in its center with the legend around it in Latin "Bring me your wounded -- serving the Montagnards."

It was usually Tom who called dust-off when we needed to send a patient to Pleiku, but one wild and raining Monday in September a patient arrived vomiting blood while Tom was in Saigon and I got my practical education in locating choppers. We had, of course, no phone. Periodically the boys at MACV would install one for us but always within twenty-four hours the wires would be gone, stolen by the Vietnamese.

Telephone wire was visible and valuable and as Americans we were always fair game, the assumption being that like all Americans we were filthy rich. The temptation was too much for our neighbors. The telephones never lasted long. So all communication had to be done in person and was a time consuming and often frustrating business. Sometimes we could send Hlip or one of the other Montagnard drivers, but not when the problem involved use of the military phone on an American base.

"Listen," said Pat, once we had started the first unit of blood on our patient, "He's pretty stable. I don't think we need to get dust-off up, but why don't you go on over to CCC and see if one of their choppers can stop by on the way back to Pleiku this evening?" It was pouring rain and the Hospital yard was awash with six inches of standing water. I waded out to the truck with its broken windshield wipers and permanently open window and drove to CCC, only to find that their choppers had left for Pleiku twenty minutes earlier. The corpsman at the CCC dispensary suggested that I try MACV and we put in fifteen minutes with the recalcitrant army switchboard before getting through to MACV some three miles away. They were very sorry, they only had one chopper and it was up north. Well, then, did I want to go ahead and call dust-off? Pat had said no, but I thought that by this time she might have changed her mind, so I returned to Minh-Quy for consultation. Yes, Pat said, call dust-off. Once more out to the truck and the underwater drive to CCC and the hassle with the military phone: "Sorry, sir," the Vietnamese operator told me, "That line no good. You call tomorrow." "God damn it," said my friend the corpsman, "Give me that thing. I'll get them." I yielded the phone to him gladly. I was feeling harassed

and frazzled, wondering again, as on the occasion of Prim's admission, what was happening to all our patients while I traipsed around town on this fruitless search for helicopters. Eventually we got through to the 14th Med Emergency Room. Yes, they would gladly accept the patient and would try to send dust-off, but the ceiling was non-existent, the pass socked in: they couldn't promise the chopper would get through. "Oh, Hell!" I said, and burst into tears. The corpsman rose to the occasion. "Look," he said, "You go on back and see if they make it. I'll get Dwyer and clear some blood donors for you. If the chopper's not there by six-thirty, c'mon over here before the bridge closes for the night and I'll have some donors lined up for you to draw. One way or another we'll get him through the night."

Back I went to the Hospital, wet through, thoroughly frustrated, but comforted by the support of the corpsman. Clinic was over and the charts were piling up on the nurses' station for me to check. "Well," said Pat when I told her my story, "If they can't get here they can't. I think he'll make it through the night but make sure you've got blood for him." I started in on the charts, gloomily contemplating yet another trip to CCC to draw blood. Of course they wouldn't make it. Outside it was very nearly dark and the rain continued to pour down. I would give them another fifteen minutes and then head back to CCC. Oh for a blood bank, I thought, for a telephone, for a surgeon, for freedom of movement after dark, for peace.

"Ya Hilary! Ya Hilary!" Hiao, standing by the patient's stretcher, cocked his head, listening through the rain. "I think chopper!" Yes? No? I grabbed up a flare and ran for the chopper pad.

Behind me, Hiao was bustling the patient onto a litter. It was there, the utterly beautiful sound of a chopper coming in. Out went the flare, in seconds they were down, in seconds lifting off again through the rain, bearing our patient off to the waiting surgeons. Help dropping from the skies on such a night had a real touch of the miraculous about it. One could not but be glad the Americans were there.

The Americans also kept us informed of the military situation. I had been in Kontum for a week when Tom announced casually at lunch that there were 13,000 NVA and VC massed near Dak To for an attack on Kontum.

"Oh yeah?" said Pat.

"Mmm." Tom stretched a long arm for the peanut butter. "They say over at MACV they've got a sandplot and someone's intercepted a radio message. It's all set. Saturday night at 8:30. Christ, I wish Giao wouldn't use so much grease on the food."

"Well," said Pat, "I guess we'll have to have a party."

"Neat-oh," said Silva. "Maybe Ron and Bill can come. I'll make a P.X. trip tomorrow."

I stared at them in stark disbelief. Only the day before Pat had told me the story of Tet of '68: five days of nursing on hands and knees with the patients on the floor and bullets coming through the windows. The bodies, she said reflectively, had posed a real public health menace and until the Bishop organized a burial detail they'd had dogs and chickens fighting over the entrails. And now it was coming again. They were coming to Kontum, they were going to try to kill me, and Pat, Tom and Barbara were planning a party. "Maybe," said Silva in eager anticipation, "I can scrounge us some steaks."

"Hell yes," said Tom. "And butter. Try the mess sargeant at Mike Force. We never hit them for anything." Steaks? Butter? What were these extraordinary people talking about?

In fact, as I later learned, most military rumors had to be taken with a grain of salt. Had there been a real threat we would have urged to move to the bunkers at MACV. But at that time I was very new, very naive, very much impressed by the war and totally terrified. Corvino teased me: "I wonder what it'll really be like living under a Communist regime?" Just so long as we live, I thought grimly.

And of course there was no attack, although Saturday did bring my first experience of incoming, an earth-shaking crash that set all the living room lamps swinging and knocked a few flakes of plaster from the walls. It was vastly unreal. Road blasting? Sound effects from an amateur film crew? Incoming? Again the crash, preceded as Tom had said it would be, by a sharp whistle that seemed to come directly over the house. What does X do now? In theory one dropped to the floor and crawled to cover. I thought I would feel remarkably silly doing anything of the sort. Outside I found Dich playing on the kitchen steps ("Boom-boom," he commented cheerfully, flicking a rubber band in my direction) and Vincent discussing meat prices with Giao. "Vincent," I asked, "What's happening? What's going on?"

"Oh," said Vincent, pausing to find the English words, "Oh, they get busy." There was an angry buzzing of helicopters from the airstrip, three more crashes in rapid succession, and then silence. The sun shone brilliantly, the sparrows chattered in the eaves, the Vietnamese school children across the street filled the air with excited comment.

"How everything turns away/ Quite leisurely from the disaster . . . "  
Evidently that was that.

Later we had our VC attack party. Ron Ackerman and Bill Rose, the two young men who worked for Vietnam Christian Service in Dak To, came as did Père Dujon, one of the French priests. Dujon was a flamboyant, Conradesque figure, our professional POW as Pat called him. He had escaped from Vichy France to serve with the Canadian air force, been captured by the Germans, escaped, been recaptured, survived the war, gone into the Priesthood, been twice captured by the VC. He was a big man in a tattered black cassock and thongs and he smoked incessantly, stabbing the air with his cigarette and scattering ashes when he talked, emphasizing all his arguments with the full range of Gallic gestures. Bill brought up the name of Bernard Fall and Dujon launched into a tirade, typically intolerant of what he regarded as the naivete and innocence of that distinguished writer. "Dujon," said Pat, "What will you do if the VC come for you again." "Oh," he replied expansively, showering cigarette ash, "I shoot them. So I help them to Heaven -- or to Hell -- a little quicker. Que voulez-vous? C'est mon métier."

The scotch circulated, the guitar was called for, 8:30 came and went, Corvino reported that Noir, our household dog, was having puppies in the linen room and we trooped over to watch the process, Pat rather annoyed by Det's lack of interest in biology in action. The VC were silent. Bill and I continued the discussion of Bernard Fall, Ron the agriculturist gave Pat earnest instructions for the cultivation of the popcorn he had brought us as a hostess present. We assured him that there was little chance the popcorn would survive to be planted.

Back in the living room Pat trotted out her fund of med school lyrics and Tom improvised to the tune of "This Old Man": "This VC, he played one/ He put bamboo shoots under my thumb/ With a nick-nack paddy-wack, wish I was back home . . ." It was after midnight when we ended the evening with a vigorous if slightly off-key rendition of Kontum Christmas:

I'm dreaming of a Kontum Christmas  
Just like the ones I used to know;  
Where the rockets glisten  
And children listen  
To hear Claymore's as they blow.  
I'm dreaming of a Kontum Christmas;  
With every wound I suture tight --  
May your flares burn merry and bright  
And may all your casualties be light.

Jou'n: The Vietnamese

"What do you think this is," asked Pat in blunt Bahnar,  
"A Vietnamese hospital?"

It was staff meeting time, and we were crowded together in Central Supply, Western staff seated around the wobbly table where Dan made up our sterile packs while the Montagnards ranged themselves on home-made stools amongst the shelves of equipment or hunkered on floor around us. Western staff had met the night before in preparation. We had several items to discuss with the Montagnards, chief among them Tom's imminent departure from the Hospital. He would work full time on training teams of health workers for the villages, concentrating at the start on the areas around Pleiku to the south and Dak To, north of Kontum. The trainees would come to Minh-Quy for their instruction and Tom would be available for emergencies, but Barb and I were to share the routine work on the wards between us. This was the program Tom had come to Minh-Quy to start and it would be his primary responsibility from now on.

Also on our list were Glen's complaints of vehicle misuse and a general slacking off amongst the workers maintaining and repairing the Old Hospital. And there were nursing matters: too many dressings were being used, the cleaners were getting sloppy, IV problems were not being referred to Western staff as they should be, too many thermometers were being broken. Pat had concluded our evening briskly: "Well, last month I told them they were pretty good. Guess it's time to give them Hell again." And give them Hell she did. Comparison to the Vietnamese

was the meanest insult she could issue and as she embarked on her brief but stinging lecture on the apparent Vietnamisation of the Hospital I looked around the room, watching reactions.

I had expected the embarrassed head-hanging of scolded children: instead I saw alert interest as each point was raised, occasional boredom if the scolding lasted too long. The thermometer problem drew a quick response. No one was going to meekly accept responsibility for something not his fault: it was the patients who broke the thermometers. "Yes," said Pat, "But . . ." and she paused for a ten minute dissertation on the finer points of taking temperatures. They listened, nodding. Yes, perhaps if it were done that way there would be fewer broken thermometers. I noticed Gat in his baggy white jacket taking mental notes while the workers from old Minh-Quy looked entertained, apparently enjoying this haranguing of the nursing staff. Their turn came next. Why, Pat demanded, was the new water tower progressing so slowly? Why were people taking days off without telling Bok Glen? That was a Vietnamese trick! And why was it taking so long to get the laundry done? (All Minh-Quy's dirty linen went out to the old Hospital daily to be boiled and hung to dry in the cleaner air of the country.)

At this point came a buzzing reaction from the old Minh-Quy workers: they disliked laundry duty and blamed Chuuh, their straw boss, for assigning it unfairly. They wanted a change in administration. "Thought this might come up," Pat told us. "Chuuh told me about it yesterday. Chuuh!" She singled him out, "Do you want to speak?"

Chuuh rose to his feet, a tiny fellow dressed only in a loin

cloth, wiry, gap-toothed, ageless and in the face of this challenge as full of speech as an embattled red squirrel. He fairly danced his denial, emphasizing each point with sweeping gestures of his hand carved pipe and concluding with a dramatic appeal that his accusers rise and speak. Instantly a fiery young fellow clad in tattered black rose to answer the challenge and the debate was under way with a vengeance. The two men faced each other in the dim light of a damp afternoon while the rest of the staff crouched on the floor at their feet, listening gravely, interjecting an occasional approving "Hâm, Ya!" or an emphatically negative "Uh!", the gutteral "no" of Bahnar. Outside the autoclave hissed and sputtered and a crowd of patients gathered at the window to watch the action. Pat was clearly having difficulty maintaining the impartial demeanor of judge and arbiter and one could hardly blame her. It was a wild and wonderful scene. And a genuine grievance. She let them air their views for something close to half an hour before finally gathering them into her control: all right, laundry duty would be rotated more frequently and we might consider applications for full time permanent laundry staff. In the meantime Bok Glen was in charge of all matters pertaining to Old Minh-Quy and future disputes should be referred to him (an unexpected statement at which Glen looked distinctly wan). Was that fair? "Hâm, Ya!" Was there anything else? "Uh!" Then there were sick people waiting: let's get to work. And remember, Minh-Quy is not a Vietnamese hospital: here wo do work!

We trailed out of Central Supply and returned to the wards. The meeting had been a stimulant. The boys put in a superb afternoon's

work, very much on their toes. No one, especially not Ya Tih, was going to have any cause to compare Minh-Quy to a Vietnamese hospital.

Traditionally Montagnards and Vietnamese do not mix well, but Minh-Quy was a hospital for the sick poor whatever their background and we generally had from twenty to forty Vietnamese patients in the Hospital. We never turned away a patient in need of emergency care and we never refused admission to the poor Vietnamese of Kontum. The rule for the clinic registrars was simple: if they have money (if, for instance, they wear an expensive wrist watch or expensive clothing) and if they're not obviously ill, refer them to Province Hospital or to a private practitioner. In return Province Hospital and the private doctors tended to refer their poor Montagnard patients to us. And we would sometimes get patients from Province who had simply picked up and left, dissatisfied with their care. As a medical institution Province left a lot to be desired and Minh-Quy's local reputation was excellent. There were increasing numbers of Vietnamese willing to put up with the humiliation of physical care by Montagnards for the sake of their health. Indeed, had we admitted all the Vietnamese who came to us we would have had neither time nor space for the Montagnards whose needs were far greater.

Pat never attempted to conceal her preference for Montagnard patients. "I'm not prejudiced," she would say. "I don't prejudge. I'm experienced." Certainly many of our Vietnamese patients tended to be more difficult and demanding than the Montagnards. Mindful of the advice of the Saigon press corps I tried hard to maintain a neutral attitude and I always found Pat's brusque and outspoken approach

to the Vietnamese embarrassing at best. But the Vietnamese themselves made it difficult to remain impartial.

There was, for instance, the girl I called Minerva because of the cast of that name to which we finally resorted in her care. She had suffered moderately severe burns of her chin, neck and upper chest in escaping from a burning house and she arrived on our doorstep in a state of hysteria with at least half a dozen hysterical attendants. They circled the yard like maenads with weeping and moaning, rending of garments and gnashing of teeth, before lighting on the stretchers, and the noise of their cries brought me to the nurses' station. "Ta," I called to one of the nurses, "What is it?"

"Jou'n," said Ta, who was accustomed to this kind of behavior from the Vietnamese and paid it scant attention. "Hap nhâm," he added unnecessarily. It was quite obvious that she nhâm. Nhâm is the Bahnar word for "cry" but it implies specifically the fretful, unnecessary crying of a very young child or spoiled adult. Minerva nhâm with a vengeance while all her relatives, equally distraught, gathered around in a suffocating crowd, stroking my arms in supplication, entreating American miracles on Minerva's behalf. In fact, her burns were not that extensive, but childlike panic in the face of injury was a characteristic we often saw among the Vietnamese. "Oh, lord," I sighed. "Give her some demerol, Ta. And tell the relatives she isn't going to die. Tactfully."

We admitted Minerva and settled her in a bed in the back ward, where she remained nhâming for close to a month. Meanwhile the relatives installed themselves in deck chairs and cots brought from home, thereby

blocking the aisles and making access to other patients around her virtually impossible. Daily we explained to Minerva and her family that her prognosis was excellent, daily they besought our attention, dragging us away from sicker patients because it was clear to them that death was imminent. We reiterated our assurances and put Minerva on massive doses of the tranquilizer valium, to which she seemed to be remarkably resistant. Dressings, required once a day, were a particular trial. Long after narcotic medication was necessary Minerva demanded demerol, protesting her fate with an emotional abandonment that would have shamed a babe in arms. In the end I told Ta, to his great delight, to try her on injections of sterile water as a placebo, and, since her pain was by then psychogenic, these at least made it possible for Christian to do her job.

Now certain burns are undeniably painful - for a time. But the pain does subside and during much of her hospitalization there was no physiological basis for Minerva's behavior. Yet she clung to it to the bitter end. When, for instance, we grafted her, to prevent massive scar tissue formation, she proclaimed her conviction that we were trying to kill her and tore the dressings -- and the grafts -- off. This sort of behavior on the part of a patient for whom you are doing your very best is always hard to take. The Montagnards were philosophical about it -- she was, after all, a Jou'n and the Jou'n were like that -- but I found myself rapidly developing an attitude towards Minerva that would have made Florence Nightingale spin in her grave. Instructed in exercises to prevent her new skin from tightening into contractures and distorting her whole neck, Minerva responded with more outbursts of hysteria.

Thumbscrews, she implied, would have been preferable. Ta reported that there was no way she could be induced to move her head a fraction of an inch. "She is very strong," he added when I implied that perhaps he had not tried hard enough. That did it. We had spent hours in patient reassurance and comforting explanations to no avail: now we were going to have action. Recruiting Ta and two other boys, I descended on Minerva ready for battle and while Ta sat on her feet, another clasped her knees and the third embraced her waist, I straightened Minerva's head. Her piercing shrieks and howls of rage could be heard all over the Hospital and a crowd of patients gathered to watch, apparently convinced that this was about the best show Minh-Quy had ever put on for their benefit. "You see?" I panted, as Minerva, with incredible strength, kicked Ta off her feet, "She can do it." Ta gave me a reproachful look. It was clear that he thought this an uneconomical and uncomfortable approach to the problem.

So we decided to give her a minerva cast (a structure rather like a Valkyrie helmet which would hold her head at the appropriate angle) and have done with it. And at that point, the girl gave in. Once casted, Minerva became cheerful, relatively cooperative, and an outrageous flirt, glancing coyly around the edges of her bizarre head gear and responding with delighted giggles to the taps on her helmet that Ta, her friend by virtue of the long struggle, administered from time to time. It was an overnight transformation and clear proof, had we needed it, that her previous activity had had no physical justification. She could, I thought, have adopted this attitude a little earlier. There were more than a hundred and fifty other patients needing care and Minerva's behavior had

absorbed a disproportionate amount of our time and energy.

Minerva had, however, provided me with amusement at least equal to my irritation. One rainy afternoon I encountered another Vietnamese whose egocentricity was far from amusing. At the time I was struggling with a Montagnard child of two or three in acute respiratory distress. She appeared to have both pneumonia and a very severe asthma and neither disease yielded to our treatment. In despair we had taken her to the operating room and performed a tracheotomy, a surgical incision creating a hole in her neck through which she breathed. Thus the air had less distance to travel to and from her lungs and less effort on her part was required to suck it in and push it out. We also gave her massive doses of antibiotics for the pneumonia, aminophylline and epinephrine for the asthma, and the last of our precious oxygen to support her in her struggles to breathe. Still she remained breathless, gasping through the hole in her neck, struggling for air. Her parents knelt by the bed, restraining her hands, watching with grave patience. They could hardly have understood the reason for our seemingly brutal surgical intervention nor for the obviously painful business of suctioning by which we removed secretions from her lungs through the tracheotomy. And yet, all their efforts were aimed helping us. Their trust was extraordinary, particularly in view of the fact that for all our labor she got no better. We knew and had told them that she would die shortly if we could not get the asthma under control. This they accepted. You work hard, her father told me, you try: perhaps it will not be enough. His wife nodded, her face all melted in tears. It was at this point that a young

Vietnamese man appeared at my elbow and announced he had nosebleeds. I gave him a quick glance: he looked remarkably healthy. I pointed out that at present his nose was not bleeding. "Oh no," he told me in French. "It bleeds at night. And I can't sleep when that happens." I shrugged and turned back to the gasping child. I was engaged in giving her a cautious extra dose of IV ~~aminophylline~~, watching her closely for any reaction, positive or negative. "My nose bleeds," insisted the Vietnamese boy. The implication was clear. Why should I waste my time with the life of this little savage of which there were far too many anyway when he, a civilized Vietnamese, required my attention. The child with a sudden spasm vomited a thin rusty fluid. This was an acute emergency in her case as she could all too easily breath the stuff in through her tracheotomy and drown in it. Hiao began to suction the fluid out. The child's heart stopped beating.

We worked on the little girl for another half hour but there was no calling her back. Her mother crouched at the bedside, touching one foot with longing, the tears streaming, the ancient mourning chant beginning softly. The father watched, still gravely attentive. "I am sorry," I told him finally. "We cannot heal her. I am sorry."

"Yes," he said, "She has died," and he bent over the sad distorted body. Then incredibly he raised his head to thank me: "Bo'nē ko'Ya. Bo'nē lo'." The Vietnamese boy gave an impatient sigh. Surely this comedy was now played out. "During the night," he said, "My nose bleeds and I cannot sleep." It was more than I could bear. "Hiao," I said, "Get this God-damned Jou'n out of here. Give him some vitamin pills. Get him away from me." The Vietnamese boy bowed a servile thank-you and

I turned away seething with rage: He had only wanted free medicine and he was going to get it.

It would be unfair to represent such incidents as typical of the behavior of all our Vietnamese patients but it was a pattern we saw frequently. We were Americans. By definition we were therefore a wealthy, arrogant, critical people, interlopers in Vietnamese society, capable of giving all good things but exacting in return for our gifts recognition of our superiority in all things. The fact that the Americans at Minh-Quy preferred to give their gifts to an insignificant group of savages did not help. We put the Vietnamese in a humiliating position and they reacted by increasing their demands. Or they resorted to an awful ingratiating subservience, beaten dogs whining for a pat on the head. This behavior was humiliating for them and invariably struck us as false and disgusting, a role played to placate and thereby get more out of us. They also stole. Why not? We seemed to have an inexhaustable supply of valuable items and to take them from us was one way to salve the pride so constantly wounded by Americans.

In downtown Kontum was a photographer's shop to which I took my films to be developed. The walls were covered with samples of the photographer's art and I used to study these with considerable interest. They formed a sociological comment on the predicament in which the Vietnamese found themselves. Many of the poses were Westernized, all were wildly romantic. There were fierce young men wrestling one another, dreamy poets pictured with quill in one hand and manuscript scrolls in the other, hunters keenly alert against a painted landscape, virginal girls all starry-eyed with improbable bouquets, boys in Elvis

Presley garb poised over their guitars, tiger-suited soldiers with knives between their teeth, gray-bearded sages circled by worshipful youth. To me it was all false, a sad display of fantasized aspirations. Surely the poet's verses were doggerel, the starry-eyed virgin a MACV bar girl, the soldiers cowards, the hunters paunchy businessmen, the sage drooling and senile. I found the photographer's shop embarrassing, but it was precisely my puritanical Western inability to sympathize with all these fantasies that made me just another insensitive American and fair game.

And yet there were exceptions. There were the boys at the Bishop's Seminary who donated blood. They were all in training for the priesthood, although probably less than half would in fact be ordained, and many of them were young idealists. Once, making small talk as I drew blood, I asked one of them what he hoped to do as a priest. "Oh," he answered in French, "We want to do as you do, to help the Montagnards." It might have been a reply calculated to please me, but I chose to believe it was sincere and was touched by his concern. There were occasional children, patients or the children of patients, who needing playmates, would play with the Montagnard children in the Hospital. The sight of such groups at play always gave me great pleasure. And there was Lieutenant Hunh.

I met Lieutenant Hunh on a desperate foray in search of oxygen. Normally our oxygen was flown in from Nha Trang, ten to sixteen tanks at a time, but it was never enough. Silva had managed to achieve some rapport with Province Hospital and very occasionally we could get an extra tank from them. More often we borrowed from CCC or from Pacific

Architects and Engineers, the contracting and construction firm with offices throughout Vietnam. Once in a while Glen, who was rapidly becoming a scrounge artist of the first water, would liberate a tank of oxygen from Pleiku. On the day I met Lieutenant Hunh we had exhausted all these resources. We were on our last tank, running the oxygen through a Y connector to two babies, both with severe pneumonia and congestive heart failure. We calculated that we had perhaps four hours of oxygen left and neither child was showing improvement.

Oxygen crises were immensely frustrating for Pat and therefore triggered some of her most dramatic storms of wrath. In fact it was more a desire to forestall her rage than devotion to duty that made me decide to try to brave the ARVN military hospital. Nothing else could have sent me on such a mission: I was terrified of ARVN. Not only were they Inscrutable Orientals but they were trigger-happy Inscrutable Orientals with a reputation for real hatred of their American benefactors, mentors, and, in the eyes, deceivers. Thus I set off on what I thought would probably be a hopeless mission in a state of panic fear.

The ARVN compound was immense. At the first gate I came to my way was blocked by a fierce little Asiatic who whipped his gun around and stood foursquare in my path. "Hospital?" I essayed. "Hôpital? Hnam Po'gang? Bình viện? Bać-sý?" He shook his head in one fierce gesture, eyes fixed on my face, gun raised. Clearly I had not communicated. I pointed to the red cross on the jeep. "Bać-sý? Bình viện?" Again the head shake and a jerk of the gun. I retreated. At the next gate I encountered more of the same. Surely, I thought, they wouldn't shoot. What threat could they see in a harassed and unarmed woman on

the edge of tears? And yet they looked as if nothing would give them more pleasure than to use their guns. Any tentative step forward was met with the levelling of the gun in my direction. I thought of the wrath of Pat and persisted. At this point Lieutenant Hunh appeared.

"You American?" he asked. "You speak English? I" -- this with great pride -- "I speak English." I explained my problem to him. "O.k.," he said, "You help poor people. I help you. I show you hospital." And he climbed into the jeep to show me the way.

Hunh, it transpired, had worked with Mr. Luce's International Voluntary Services in Saigon. This may have partially accounted for his helpfulness: he was not a native of Kontum and apparently did not see the Montagnards as exploitable savages. And his spell with IVS had exposed him to the idea of service and to service oriented Americans. He was clearly delighted to discover one of this breed in Kontum, and a woman to boot. He himself, he informed me, had an American girlfriend in Nebraska. It was, he explained, very cold in Nebraska: "Much snow!" He would like to go to America and, in particular to see the snow in Nebraska. Now he worked with the big guns: "You hear my guns at night?" he asked. I assured him that we did. He nodded, complacent. Perhaps when there was peace he could go to America, until then he would work with the guns.

Lieutenant Hunh introduced me to Y-ta Gonh, the chief nurse at the ARVN hospital who fortunately spoke French. "O.k. I go back now," said Hunh. "He will help you. And perhaps," he paused, considering, "Perhaps I can get some food for your hospital. You need food?" We did indeed, I told him, and added profuse thanks. "O.k. I try,"

said Hunh. Gonh and I proceeded on a tour of the hospital. It was a big place, apparently clean, surrounded by handsome landscaped gardens, but oddly silent and desolate. The patients languished on the wards, the nurses sipped tea in offices. No one stared at me overtly, but everywhere I encountered quick, sullen glares, and compared to Minh-Quy with all its activity the place had an eerie, grave-like quality of stillness and despair. We walked through miles of echoing wards and in the end Gonh found me a tank of oxygen and detailed two orderlies to carry it out to the jeep. I thanked him with real gratitude but I was in a hurry to get away, astounded by success but oppressed by the atmosphere of the place. For all its Western appurtenances it was far more alien than the overtly foreign villages of the Montagnards. I drove home in cautious haste, expecting all the while shouts and gunfire behind me.

A week later Lieutenant Hunh sent us several cases of army canned goods, fruit and vegetables to be divided between Minh-Quy and the orphanage. "Do you mean to say," said Pat, "That a Vietnamese gave us this stuff?" Yes, I told her. She shook her head. There had to be a catch. "Well," she said finally, "He could have included some meat." Nevertheless I was proud of my contact with Lieutenant Hunh. One day he brought us the mother or a close friend of his who suffered from a bad back. We admitted her and she turned out to be a model patient, gentle, warm and undemanding. I would never feel at ease with the Vietnamese and would continue to regard them with suspicion as they would me. But at least once both sides had behaved with a semblance of disinterested friendship and had helped one another. It was nice to know that it could happen.

Bo'ngai Ji: Patients

There were always more patients than I could keep track of at Minh-Quy. In the month of September we discharged three hundred and thirty-nine in-patients of whom only a handful stay in my memory: Ko Iě, the man with centipede contact, my first plague, a boy with a head injury. Prim was not discharged. From a highly cooperative pre-op patient he had become, as sometimes happens, a most demanding post-op. In the weeks after surgery his long suffering wife was constantly at my elbow meekly relaying messages and questions: "Prim, hâm go'h et Coca-Cola? Hâm go'h xa banh my?" Yes, I would tell her, Prim can drink Coca-Cola and eat bread. Minutes later she would be back: "Ya, Prim ji deh!" Prim has bad pain. This form of identification by name was, incidentally, standard at Minh-Quy. In Prim's case it posed no problems since I knew him well, but often a stranger would appear to announce that On or Ler or Gir or Ban or some other unknown had developed a new problem. "Which Ban?" I would ask.

"Ban!"

Everyone but me, it appeared, knew Ban. I would try again: "Ban who sleeps in which bed?"

"Down there," and a vague gesture towards the back ward. In the end I would usually have to drop whatever I was doing and be guided to the bedside before I could identify the problem.

Prim's aches and pains generally turned out to be minor, but he ran the full gamut of post-operative complaints. He had incisional pain, he had hiccups, he wanted to vomit, he had constipation, he had

diarrhea, he had gas. Prim, I thought, would most likely make a life time career out of his ulcer surgery. Pat agreed. "He used to work for CCC," she told me, "But I doubt if he'll ever go back. It's probably where he got his ulcer in the first place." Then one evening, walking through the back ward, I passed Prim and his wife closely entwined on Prim's bed. The next day I asked him if he would like to go sleep in the tents and he leapt at the chance. There was perhaps no greater privacy in the tents than on the ward but there was more room to maneuver. "D'you mean to say Prim agreed to go sleep outside?" Pat asked in astonishment. I explained the situation. "Oh." She laughed. "Well, I guess there's hope for him yet." So Prim moved to the tents but continued to feel himself far too fragile for discharge and it was months before we finally persuaded him he could survive in the village with a large supply of Gelusil.

Of the three hundred and thirty-nine discharged in September, one hundred and fifty-three were under the age of ten and only forty-nine over forty. Our pediatric census was always very high in direct contrast to the geriatric census. Montagnards consider themselves old in their forties and the numbers who live into the fifties, sixties, or beyond were relatively few. To some extent our hospital census reflected the general population around us. It also reflected the incidence of serious disease among the children. We discharged forty patients under age ten with malaria, thirteen with tuberculosis, nineteen with FUO (fever of unknown origin), twenty-two with some form of respiratory tract infection (pneumonia, bronchitus, etc.), sixteen with diarrhea and vomiting, and forty-four with miscellaneous complaints

ranging from tetanus neonatorum to diphteria. Four children died of dehydration due to diarrhea and vomiting (either simple cho'roh-hak or amoebic dysentery), a disease which accounted for seven of our nine deaths in September. The other two were patients with advanced tuberculosis. It is worth noting that of our one hundred and fifty-three discharges under age ten, sixty-nine might never have required admission and our mortality rate might well have been zero had there been in our area an effective T.B. program, decent sanitation, and adequate spraying for the mosquito which carries malaria. These are all basic public health practices, but they are difficult to achieve when governmental indifference pays scant heed to a fluid population caught in the midst of war.

These people were the bo'ngai ji, the sick people. Despite my best efforts to distinguish them as individuals, many remained for me an anonymous background mass. The malaria and cho'roh-hak patients were often in and out of the Hospital too fast for me to learn who they were. The T.B. patients stayed longer, some indeed becoming a part of the Hospital and joining the staff, but their disease was not dramatic and although they were always present they rarely forced themselves upon my attention. It tended to be the patients with the dramatic diseases dramatically cured who stuck in my memory. Or those, like Luih, from whom I learned. Some of the lessons were negative.

When I first arrived at Minh-Quy there was a little girl in one of the front cribs with both her legs in traction. I can no longer remember what her problem was, but I do remember Tom spending endless hours adjusting that traction. She would play with it, loosen it, and

then it would have to be set up again. Finally he devised a fool proof, play proof rig. That night her parents undid all of her traction and took her home. She was Vietnamese and they may have been weary of life in a primarily Montagnard hospital. Or they may not have understood that even children's bones take time to heal. In any event, one morning we arrived for work and she was gone. "Oh, Barbara!" I said. "What do we do now?"

"Hon, what can we do?" said Barb. "The parents wanted her home, they took her home. If we tried to track down every patient who uih kle'd (went home undischarged) we'd never have time to look after the patients who stay."

Tom was blunter. "We've got a hospital. You can't stop the whole operation for one patient," he said. "Don't sweat the small stuff."

At the time I accepted what they told me. You did what you could, I thought, and to agonize over one small tragedy in a world filled with tragedies was worse than pointless. That way lay madness. Later I would be less sure and the image of that child growing up a cripple in such a society would haunt me, but at that time I still saw very few patients as individuals. She was one of the mass, not a person. I would not sweat the small stuff.

One patient whom I did see as an individual was another little Vietnamese girl, a nine-year-old named Anh. She arrived shortly after I did in late August or early September of 1971, a little sleep-walker, eyes glazed and unseeing, head shaved Buddhist-fashion. We sat her on the edge of a bed and there she froze, unblinking, unswallowing, a thin trickle of saliva trailing down her chin. Anh was a catatonic

schizophrenic. Pat knew her from previous admissions and was enraged at the state she was in. "This time," she said, "She's not going back to the family. I'll get the Bishop in on this. It's criminal. Her uncle molests her, I know he does. Comes on religious -- religious! -- and then does this to her. Look at her. She was a happy little girl the last time we sent her home. Look at her now." She sat down beside Anh and spoke to her, very gently, in limping Vietnamese. Anh remained motionless, unresponsive. "Well," said Pat with a sigh, "See if she'll eat. If not she'd better have a nasogastric tube. And I want people to spend time with her. Tell the aides. Play with her, show her pictures. See if Vincent's got a toy or a doll she can have. I'm going to check pharmacy, see what we've got for schizophrenia."

Anh was a discouraging patient. In her first month at Minh-Quy she deteriorated. She had walked in, unsteady and automatic, but still walking. Within a week she had to be carried on the little trips we arranged to stimulate her interest. We took her outside to see the monkeys caged by the clinic building to amuse waiting patients. We introduced her to baby Phin, a boarder whose mother was only just beginning to respond after a desperate battle with meningitis. Phin, fat and healthy and as bald as Anh herself, chortled at her and reached clenched fists towards Anh's face, laughing. Anh stared past him. We encouraged Vincent's suite of dogs to visit at her bedside and guided her hands in patting gestures. This she permitted but would not do herself: the hands unguided froze in mid-air or fell to her side and the dogs departed.

We had put her initially into Bed #1 in the front room where we could watch her and she could, if she would, watch us. Then we had a run of severely ill medical patients and Anh had to be moved to the quieter back ward. She had been with us for nearly two months and I began to give up on her. But the aides did not. Rang, motherly and comforting, gave her a wonderful mixture of TLC and brisk lectures on her behavior. Gonh, Ai and Akloi, the youngest aides, teased and giggled at her. They thought her extraordinary and were endlessly amused by the odd postures she assumed and her lack of interest in the world around her. Yin, Hiao's wife and our most capable aide, spent hours coaxing her to eat. Day after day the food remained unswallowed or dribbled down her chin but Yin persisted. I became preoccupied with other patients and paid little attention to Anh beyond replacing the nasogastric tube when it came dislodged or calling for someone to clean her up when she soiled her bed. Then one day in January as I guided a clinic admission to his bed I heard an unfamiliar sound in the ward, a strange, high-pitched, bird-like cry. Anh was laughing. She was lying in a bed smeared with excreta while Rang gave her Hell, and she giggled back at Rang like a baby.

"Rang!" I said. "Listen! She's laughing!"

"~~H~~am, Ya," Rang answered. "She can laugh. And she knows not to ik in the bed. She is very naughty." Rang spoke with mock severity, pulled Anh to her feet and, scolding all the way, led her to the little washing-up and linen room that ran behind the wards. There she was given a sponge bath while all the aides gathered around her, scolding and laughing, and over it all rose Anh's high-pitched giggle.

Her nasogastric tube was discontinued and soon she was running up and down the ward, spoilt, pert, willful and very engaging. Gabrielle had found for her a little sailor dress and a red plastic purse into which someone would put a few piastres every day or two. Anh would then run out to the Vietnamese peddlers who camped outside the Hospital gates and buy ices. Occasionally she wandered further afield. Sergeant Demmie, the MACV medic, returned her to us one day riding in triumph in the American jeep and delighted with her excursion. "You know," said Demmie, "She's going to get into trouble running around town like that. Do you think she knows what she's doing?" She didn't yet, but the town knew Anh and looked after her. Sooner or later, when Anh disappeared, she would be returned to us, sometimes by the Vietnamese, sometimes by Montagnards, often by Sergeant Demmie who took a real interest in her progress.

In some ways Anh's closest friend at Minh-Quy was Phin's mother, Bang. About the time Anh started to respond, Bang began to take her first slow, cautious steps, walking with a stick, very weak, very wobbly and not at all sure she liked this business of recuperation. Anh fell into the role of Bang's guide and mentor. Perhaps she saw something of her own situation in Bang's slow and puzzled return towards health. Or perhaps Bang, still dazed from her battle with meningitis, posed less of a threat than the healthier aides and nurses on the ward. One would see the two of them traversing the Hospital yard, Anh leading the way with Bang clasping her hand and limping painfully after with her stick. The little girl, laughing and chattering, would tug at the hand she held: "C'mon. Come on!"