



Dr. Pat Smith's NEWSLETTER

DECEMBER, 1973

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KONTUM CENTER HOURS: 9 TO 5 MONDAY-FRIDAY (206) 622-8341

An Invitation

PATRICIA M. SMITH, M.D.

REQUESTS THE HONOR OF YOUR PRESENCE

AT A

SPECIAL HOLIDAY RECEPTION

ON

SUNDAY, DECEMBER 16TH

CAMPION HALL
SEATTLE UNIVERSITY
10TH AVE. AT E. JEFFERSON ST.

THREE TO FIVE P.M.

Dr. Pat is taking advantage of this visit home during Christmas time to meet each of you personally to express her gratitude for the support you have given during her 14 years of service to the Montagnards. (The reception is sponsored by the officers and members of the Kontum Hospital Fund, Inc.)

Christmas Cards

Do you recall the Christmas card with the silhouette of a dove and Montagnard faces of several years ago? It's back in circulation—this time the Junior Federated Women are selling them for \$3 a box of 25 with all proceeds going to the Fund. You can place your order through the Kontum Hospital Fund, 522 Maritime Bldg., Seattle, phone 622-8341. The price includes tax and mailing.



Development Notes

As noted in the newsletter, on the back page in Bill Rose's message, the patients continue to flow into the little Montagnard hospital. Daily activity there surpasses even some of our busiest medical centers here at home.

We desperately need your help to provide Bill and the staff at Minh-Quy with the medicines, supplies and food they require to get the job done.

You have responded magnificently to our appeals through the newsletter and envelopes—we trust you will continue your wonderful habit. Remember, every penny helps—every gift is appreciated.

'We're going to have to do even better . . .'

I am sincerely grateful to all of our KHF supporters for the increased income our financial report shows for October. For the first time in many months, income matched outgo. However, expenses in Kontum are increasing also, so we're going to have to do even better in the future. There are still crying needs for construction and repair at the hospital—e.g., still no running water in spite of all the work that has been put into the plumbing situation.

This past month has been a busy one for me. Keeping up with the children at times seems a full-time job in itself—especially in a month that includes Halloween and Det's birthday. However, I've also been devoting quite a lot of time to speaking engagements with service clubs, colleges, etc. Especially memorable are those at St. Stephen the Martyr Church and all those with Junior Federated Women's Clubs. The women in these organizations have been largely responsible for the increased support of the hospital. Special thanks go to all the Juniors, and to Mary Albrecht of St. Stephen's parish and all who worked with her.

—Patricia M. Smith, M.D.



MEMORIALS

Beth Stuart gave in memory of Mr. Glen Kershner.
Margaret and Nora O'Neill gave in memory of Mrs. Anna C. Marx
Lyman and Marjorie Bosserman gave in memory of Robert Gourley.
Miss Marie Huseby gave in memory of Carol Christenson.
Mayme Buchmann gave in memory of Mr. and Mrs. F. R. Benz.
Grace Gorham gave in memory of her parents.
Bernice M. Simet gave in memory of Helen E. McCormick.
Mrs. T. Ginnaty gave in memory of her husband, Thomas F. Ginnaty.
Marion Cox gave in memory of Dudley Lowell Cox.
Bertha Davis gave in memory of Bertha Dunning.
Mr. and Mrs. Darrell W. Gaston gave in memory of his father, Ambress W. Gaston.
Seattle WOSL Unit gave in memory of Carol Christenson.
Mr. and Mrs. Ainar Johnson gave in memory of Mr. Don W. Fry.
Mrs. James Russell gave in memory of Mr. Eddy Elliott.
Mr. and Mrs. G. B. Vukich gave in memory of John Austine and T. C. Lehman.
Mildred Ceelan gave in memory of John Ceelan.
Alice C. Blake gave in memory of Louis Ostenson.

Robert G. Sullivan gave in memory of Catherine Munro.
Jim and Kathy Fray gave in memory of Dell Thornton.
Virginia F. Shankel gave in memory of her son, Anthony F. Shankel.
LCDR Leroy J. Clemen gave in memory of Cdr. Donald Banewits.
Anne H. Smith gave in memory of Mr. Sullivan Reimer and Mr. Roy Mattock.
Mrs. Roscoe Davis gave in memory of Roscoe R. Davis.
Mrs. Rose M. Yanak gave in memory of F. T. Yanek.
Mr. Roy H. Mohr gave in memory of Patricia Dunn.
Rose E. Alvanick gave in memory of Miss Ethel Anderson.
Elizabeth Grosscup gave in memory of Stanley W. Leith.
Mr. and Mrs. V. L. MacAdom gave in memory of Evelyn Smith.
Mrs. Adrien Boutrelle gave in memory of Mrs. Margaret Boutrelle.
Dr. Edward Toomey gave in memory of J. F. Kennedy.
Dorothy Marx gave in memory of Peter R. Marx.
Elsie McCormick gave in memory of Connie Lynch.
Maureen Harden gave in memory of Mr. Rucey Buseman.
Mary H. McKillop gave in memory of Roger Cross.
J. L. Doyle gave in memory of Mrs. Genevieve Doyle.
Pittsburgh WOSL Unit gave in memory of Jean Coval.

IN HONOR OF

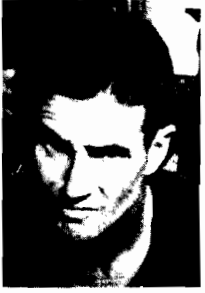
Mr. M. P. Butler gave in honor of W. T. Butler.
Mrs. A. A. Catterall gave in honor of Mrs. Walter McCrory.
Faye Lucile Quaif gave in honor of her parents.
Winifred J. Zwiefelhofer gave in honor of her late husband, Louis.
Jim and Kathy Fray gave in honor of the 40th Wedding Anniversary of Mr. and Mrs. F. Kressek.

Mrs. Hiram Armstrong gave in honor of Mrs. John Wagner.
Loyal Fellowship Sunday School Class gave in honor of Dr. Pat Smith.
Mr. and Mrs. Timothy Sullivan gave in honor of Mrs. George Bammert.
Mr. and Mrs. Bernard Krueger gave a Christmas gift in honor of Mary Edwards.
Hilary A. Smentek gave in honor of Dr. Pat's Special Intention.

Letter from Vietnam...

By BILL ROSE, Administrator of the hospital

Now that the dust has settled from our move back to the new-old hospital site, we of the Minh-Quy staff are seeking to work more effectively with the means available. Faced with an avalanche of work just to meet day-to-day operational needs, we still aim to progress in new directions. It is not enough to provide therapeutic medicine alone where the public health needs are so pressing.



Bill Rose

The Problems

Here are some of our major concerns:

- 1) A shortage of foreign and local staff puts undue pressure on doctors and nurses who handle the out-patient clinics.
- 2) Despite our move to the enlarged compound there is a shortage of beds; our single main ward together with smaller wards for obstetrics and isolation cases provide beds for only 105 in-patients. The others are housed in tents.
- 3) Spiraling prices push our operating costs up drastically. Prices of rice and gasoline in particular are up. The U.S. dollar is steadily losing its purchasing power in Vietnam. We are caught in the dilemma of trying to tighten our belts as prices keep rising—at the same time faced with a larger outlay for fuel and labor in the larger quarters. Furthermore, a physical improvement program is in progress to repair damages from last year's offensive and make necessary structural changes in the hospital plant. Generous support from CARE has facilitated this in past months; but after war damage is repaired there will be more construction needs.
- 4) The most serious concern is that so many in-patients suffer from preventable illnesses. A summary of in-patients for July by Jean Taylor, CARE-Medico researcher, reveals: Roughly 29% suffered from malaria, 10% from various types of tuberculosis, 11% from dysentery and other intestinal disorders, 9% from fevers of unknown origin, 5% were victims of accidents and injuries including gunshot wounds and mine explosions. There were 34 deaths. Average stay in the hospital was 17½ days, and there was a total of 5,444 patient-days. During August there were 409 discharges and a total of 4,969 patient-days. Of the 354 admissions, roughly 47% had falciparum malaria, 5% had plague, 14% had fevers of unknown origin, 4½% had respiratory infections, 3½% had tuberculosis, 3% had dysentery. There were 9 war casualties, 4 victims of vehicle accidents, 3 snake bites and 13 deaths. A disturbingly large percentage of these maladies could have been prevented.

The Solutions

With limited staff and material resources we can only accomplish so much, but we are formulating solutions to the above problems. Our approaches thus far:

- 1) Overcrowded clinics are unavoidable, and there are days when visitors must wait long hours for medical attention. What we hope to do is set up a better screening system so that the most urgent cases receive prompt attention, and also accelerate the more routine cases. (The staff's working efficiency as well as their morale should be boosted if and when we can accumulate the resources to build staff housing adjacent to the hospital compound and eliminate the two-kilometer walk to town.)
Upgrading of employees and recruitment of talented new staff members are planned. We will send five men to Saigon for training at the National Anti-Tuberculosis Center. Our lab technicians are scheduled for further training under the auspices of the New Zealand Surgical Team in Quinhon. After much effort we located three qualified candidates for the one-year nurses' training program at the Evangelical Hospital in Nha Trang; one passed the entrance examination, and is now enrolled in the course.
Our responsibility is to train and deploy more effectively the men and women in our employ, and to find more qualified young Montagnards willing to dedicate themselves to the hospital.
- 2) As for the lack of shelter for patients, improvements are now in progress. We were authorized salvage rights for two prefabricated barracks buildings from the partially-abandoned Marilou refugee camp outside Kontum. One has been reconstructed as a temporary ward next to the main ward and, although it is no architectural gem, will enable us to concentrate our pediatric patients in one area for specialized care while freeing beds in the main ward. By extending the roof on the pavilion that joins the surgery block to the main ward we can provide spaces for an extra

dozen beds for intensive care. The tents that shelter our "walking wounded" and their relatives are worn and weatherbeaten; we are requesting replacements from the government, but they will be used as work areas for carpentry and brick-making rather than shelter for patients. Our damaged workshop area has now been re-roofed and will soon be back in use. Our water-treatment plant now awaits the finishing touches, and we hope soon to have a running water system. A housing unit for our surgical equipment sterilizer is being built, and when this is complete, staff housing will be undertaken, if we get the necessary backing. Does an additional ward to match our present main ward lie within Minh-Quy's fund-raising capabilities? A Saigon building contractor, who had designed a second ward several years ago at a cost of \$21,000, recently revised the figure to \$26,000.

- 3) Concerning the rise in operating costs, there is no easy solution for inflation here any more than in the United States. With the gasoline price up from 60 to 90 piasters per liter we are limiting use of vehicles and generators. The jump in rice prices has affected our employees and we raised wages to offset the rise in their living costs. But we still provide medical care at the rate of 60 to 70 cents per in-patient per day—and we are continually trying to improve the quality of this care. The economic problems should not be grounds for discouragement, but rather an incentive for greater fund-raising efforts by our supporters abroad.
- 4) The problem of preventable illness relates directly to the shortage of staff mentioned above. We are well aware of the proportion of preventable illness present in our wards; but the task remains of surveying the communities around us to determine precisely the background of their health problems, and devising solutions for these. We have hope to recruit trained public-health personnel who can devote themselves entirely to a village-level program in preventive medicine. This would mean an entire new chapter in the history of Minh-Quy.

The War...

Meanwhile what of events in the rest of Kontum Province and the Central Highlands? We of the Minh-Quy staff tend to get so immersed in the day-to-day problems of the hospital that we give little heed to the larger political and economic issues surrounding us. Subjectively we are aware of the ongoing fighting off in the distance—we hear the thumping of outgoing artillery at odd times during the day and night, occasionally we watch as Vietnamese Air Force fighter planes bomb and strafe in the hills north of the city. Saigon papers and the English-language newscasts misleadingly refer to "fighting in Kontum" at times, giving the impression that the city itself is under siege. In actual fact Kontum has not been assaulted by a direct ground attack since the 1972 offensive, and we have undergone no rocket or artillery fire for months, although the anti-government forces are presumably within range.

Civilian war casualties are minimal these days; the communists do not seem to be shelling civilian population centers indiscriminately as they have done in the past. The civilian population has long since fled the Trung Nghia area seven miles to our west, which has been the scene of heavy fighting during recent months, and the few war casualties received at the hospital are more often than not victims of mines, booby traps, and accidents with loose ammunition rather than of direct fire.

The South Vietnamese government claims victory at Trung Nghia. Was this in fact a real victory, and can we now look forward to a period of relative peace and quiet? Or have the anti-government forces simply withdrawn to re-group and resupply, to resume combat later?

The Future

Minh-Quy Hospital has survived the vicissitudes of war for years, and we are confident that we can give undivided attention to maintaining and improving the present program unless Kontum City should come under direct attack. A problem of more immediacy than the war itself is the erratic behavior of the Vietnamese economy during recent months, as described above. We are concerned, but not discouraged, by Vietnam's problematical political and economic outlook. These are times of exceptional stress for Vietnam in general and for the Highlanders in particular. One hopes that international health and welfare organizations will rise to the occasion and bring new assistance to a (theoretically) post-war Vietnam, with a special outreach for the Highland minority groups. Certainly we at Minh-Quy will keep on trying to do our part as long as the means are available.