

Many adventures commence by happenstance and so it was in 1967 that my Southeast Asia adventures began. I was idly thumbing through the Journal of the American Medical Association and came upon an article about the Volunteer Physicians for Viet Nam, a program sponsored by the American Medical Association.

In 1964 our oldest son had died and our family had recovered from the acute pain of that loss. My medical practice was doing well. I suppose I was in the mood to inject some excitement into my life. With characteristic acceptance and support my dear wife, Gwen, allowed me to write off for information and soon I was in the process of filling out forms, not realizing that this was to be the start of a very significant part of our future life.

Several years prior to this I had developed an interest in mountain climbing. To Gwen's expression of concern over the dangers of this activity I had replied, "All I want to do is climb Mt Rainier". There followed a number of years of climbing adventures including four climbs of Mt. Rainier, and climbs of the other major mountains in Washington. When I departed on my first tour to Viet Nam, in all innocence, I really felt it was to be a one time experience, but it was not to be so. I went to Viet Nam four times. Under the guidance of Dr. Pat Smith I worked with the Montagnards in the Central Highland, met some wonderfull co-workers and sensed the wonderful satisfaction of working in what we then called the "Third World".

In 1975 our daughter, Peggy, a newly graduated nurse, followed in her father's footsteps, and also worked with Dr. Smith. Peggy experienced the fall of South Viet Nam and also developed an interest in and a compassion for the Cambodian people. Little did we realize how these experiences would affect our future lives.

The pages which follow contain excerpts from a journal I kept of my experiences and observations during nine trips to the refugee camps on the Thai-Cambodian border during the years 1981 to 1989.

Summary of Vietnam Tour, March 31 to June 1, 1967

My trip to Vietnam started many years ago with the hunger for what I have termed life's great adventures. The opportunity to travel, to meet new and interesting people, to be exposed to a modicum of danger in the performance of a worthwhile task, to see tangibly the things about this war that have bothered me as an American, all these facets of experience were offered.

For one of minimal world travel experience the trip across the Pacific was a long unfolding of vistas about which I had only read. From Saigon I traveled to Kontum in the Central Highlands where I was assigned to the local Province Hospital and to Dr. Pat Smith's Ming Quy Hospital. The work here was demanding, but not overwhelming. I found it challenging and refreshing to practice medicine in a situation where the ancient art of physical diagnosis was the primary diagnostic tool due to the absence or scarcity of ancillary diagnostic services. There are no criteria for determining what one American Doctor accomplished in two months in Vietnam. Suffice it to say I personally felt the program eminently worthwhile.

I returned home by way of Europe. Judging on the basis of my limited experience I conclude that the program is well handled by the AMA and USAID, that America can be proud of its effort in Vietnam and that I am a fuller and more complete person for having been there. It was in truth one of life's great adventures.

VIETNAM JOURNAL #12

12 May 1967—Of Eyes and Hats

In our western culture one important consideration in the physical layout of a medical office is provision for privacy. Here in Vietnam this is not a factor. Except where extraordinary means are taken I have yet to examine or treat a patient here without being watched by interested onlookers. In my little office at the outpatient clinic there is a large window which is always open. It is about four feet from the ground so that many times as I look to the window sill I see a row of interested Oriental eyes surmounted by a variety of picturesque hats. With our too common lack of tact Orientals are sometimes referred to as slant eyed. This term is not only objectionable, it is also I believe not anatomically correct. The orbit, by definition being round, cannot be tilted and the slant we refer to is the soft tissues about the eyes and the marked epicanthal fold characteristic of Orientals. At first glance this row of eyes which greet me over the window sill all appear the same. But closer inspection reveals the bright eye of a youth seeking to learn. Next may be the eyes of age, scarred by injury and disease and dulled by the site of too much suffering. Next may be the mischievous sparkling eyes which could only belong to a child being held up to the window by a compatriot. Some of these eyes are observing the foreign doctor and the beholder may leave the window and go to the waiting room, others will leave and go to their native practitioner who behaves in a way with which they are more familiar.

The headgear is also interesting and gives some clue to the thoughts of the wearer. The conical woven grass hat, so efficient for shade is very common. Next one may see a cloth visored cap copied from the military. It is not uncommon to see a head covered with a towel, for this is the traditional garb to denote illness. Variations of campaign hats, reminiscent of the prospectors with sagging burns, are in my experience, often worn by Vietnamese, who present themselves with long dramatic tales of their aches and pains. Vietnamese youths with Western type narrow brim hats often have vague complaints whose recital frequently with a request for excuse from work. A beret may indicate a Montagnard, influenzed by the French.

Eyes and hats may be mundane objects for observation, but one begins to get the feel of a country when the stimulus of the obvious becomes less and we note the smaller and more subtle indications of the life of a people.

13 May 1967---- A Child Dies

Dr. Smith told me of a conversation with a Vietnamese Physician who expressed surprise that Western Physicians and Nurses are emotionally disturbed when a child dies. This is a reflection of the native acceptance of death and illness as inevitable and is perhaps easier to understand when one considers that it is estimated that more than half of the babies do not live thru childhood.

This morning at four thirty I was called to see a child in extremis. This little girl was admitted some thirty six hours previously, her body bearing the physical stigmata of mal-nutrition. Last night her condition seemed slightly improved, but during the night hours the flame began to quiver. Her father, a VC returnee, is rather large in physical stature and dressed in other clothes he might well pass as an American truck driver. Dressed in his black pajamas, he had scarcely left his child's bed and lovingly cared for her every need in the best way he could.

A photograph of the scene would show a small group gathered around this bed. A kerosene lantern at the nurses station penetrates the darkness with rays of insufficient light interspersed with long black shadows. The father is squatted on the head of the bed, gently supporting the child. The American Doctor and Nurse stand at the side, futilely thinking of what might be done. The native nurse, a catachist, comes with a small paper cup of water and softly intones in foreign tongue the words of baptism.

The scene fades away. Outside the dawn is breaking, the roosters crow, the monkeys stretch and the Montagnards are starting their morning fires. There is a bigger and more difficult battle to be fought here than that which is waged with guns and mortars.

15 May 1967

With Dr. Smith away this has been an extremely busy time. We have admitted a number of seriously ill patients including three children with meningitis and a number of adults with what is locally called troa hac by the natives and cholera by the French. This condition is marked

VIETNAM JOURNAL II
28 November 1968

Seattle - Portland - Random thoughts --

The incongruity of leaving our familiar kitchen filled with the odor of roasting turkey and baked pies. -- The unreality of the realization that when my loved ones sit down to this Thanksgiving meal I will be in Hawaii. -- The anguish of parting. -- The acute conflict between the intangible reasons for going and the very tangible reasons for staying.

Above a thin cloud layer primarily covering the river valleys we flew at 14,000 feet, and I was treated to a beautiful panorama of the Cascade Mountains, highlighted by Mt. Rainier, Mt. St. Helens and Mt. Adams. As we flew by, even these dim eyes could perceive on the top of each peak a group of familiar and well-loved faces.

The flight to Hawaii was smooth and uneventful. We flew at 28,000 feet and for five hours there was nothing to see below but an unbroken field of white clouds until we descended and below was Diamond Head and Pearl Harbor. En route the steward, from Guatemala, sat and talked. He has been flying for 23 years and was the threatened victim in the first Cuban hijacking incident. He was very talkative, so much so I could hardly get a word in about mountain climbing.

It was hot and humid at the airport, and by the time I arrived at the hotel a drenching rainstorm which was to last twelve hours started. Despite the rain I enjoyed a swim on Waikiki Beach. Further out I could see graceful surfers and then in the distance there appeared a long Hawaiian outrigger canoe propelled by paddles. You can imagine the disillusionment of discovering it manned by tourists and constructed of fibreglass.

Later in the evening I toured Honolulu by bus. A typically friendly, elderly Hawaiian engaged me in conversation. He told of his boyhood on Waikiki Beach when there were no hotels, they beach-walked every day to salvage what treasures the sea had brought in, and instead of plastic surfboards rented for 75¢ a day, they built their own of wood and weighing about 80 pounds.

29 November An early morning run on the beach, a delightful swim and now I must pack. On to Tokyo and Hong Kong. James Michener has made popular the history of these islands, and certainly they have witnessed their share of dramatic moments. Currently Hawaii is repeatedly the scene of great human pathos, for this is the site of R and R reunions of our fighting men and their wives. Riding on the bus to the hotel there was a young wife, encumbered by luggage and a fretful infant of perhaps three months. At the R and R center she quitted the bus with great difficulty and there was greeted by her army sergeant husband. The intense happiness of their meeting could not dim the vision of their soon parting, he to return to the wars and she to her struggling existence without him.

On boarding the plane I carefully scrutinized the other passengers and picked out two men who looked like physicians, and they

proved to be part of our contingent. Altogether there are five of us on the plane, a pediatrician, an ophthalmologist, a pathologist and one other general practitioner besides myself. We range in age from about 30 to 60 and come from widely separated parts of the country.

1 December 1968 The flight to Tokyo and on to Hong Kong was routine. There is something about the configuration of an airplane seat which allows me to almost but not quite get to sleep. Nevertheless time passed quickly enough since in Dr. John Mulloy I found a chess player of about equal development, and we had some excellent games. The routine of debarkation, immigration and transportation was quickly accomplished by excited, hurrying and voluble Chinese attendants, and soon we were ensconced at the Peninsula Hotel. By Hawaii time it was 5:00 A.M. and I was tired, by Hong Kong time it was 11:00 P.M. and I wasn't quite ready for bed. Dr. Mulloy and I walked down the main street for about an hour, and thence I was off to bed. My sleep was disturbed only once by the yowls of a nearby cat fight which made me feel right at home.

As usual I awakened early, and after some coffee and juice walked the few blocks to the water front. Warmed by the welcome early morning sun I beheld a fascinating panorama. In the background were the apartment studded hills of Hong Kong made luminescent by the rising sun. In the bay there was constant motion of ocean-going traffic ranging from ancient to most modern. Immediately in front of me there was a constant parade of small graceful motor-driven junks which were being continually skillfully maneuvered to the dock to pick up passengers. These were apparently laborers who seemed to face the day ahead with an air of happiness and camaraderie not always seen at home. Surrounding me were hundreds of Chinese young people who to judge by their parcels of athletic equipment, hot dog roasting sticks, pack sacks and Boy Scout uniforms were off somewhere on a Sunday holiday.

The balance of the day was spent in going to Church, purchase of a camera and a short ferry boat ride. By 4:30 in the afternoon both Dr. Mulloy and I were filled by an acute case of "jet lag". I lay down for a short nap and awakened five hours later.

2 December 1968 Flying in to Saigon this time was a unique experience for me. Our group, now enlarged by the addition of Dr. Henneman from Seattle and a 72 year old radiologist from California, was seized by a feeling of excitement and anticipation, all except me. Despite the shortness of my previous experience here a year and a half ago, I felt like I had just been away for a few days and that nothing had changed. The coolness of Hong Kong had not prepared us for the blast of heat as we debarked. At the airport we were met by Mr. John Miller and Dr. Larry Wilson, USAID administrative aids who very efficiently got us through the airport maze. The balance of the afternoon was spent in getting settled at our quarters in the Miramonde Hotel and filling out endless forms which are a part of life here. A good chess game (I was beaten), an excellent dinner, and then off to bed.

3 December 1968 It is 3:00 A.M. as I write this. Having slept soundly for six hours I awakened refreshed and mosquito bitten. In

the distance there is a distant roll of artillery. A nearby dog barks and is soon joined by his friends in a short chorus. As background music there is the steady hum of fan and air conditioner. Our little group which gradually gathered from a variety of origins in the United States will soon disperse into widely separated parts of South Vietnam. These are interesting people. All but one have spent time in previous volunteer service such as the Hope and various missions. Dr. Mulloy, whom I know the best, is about 50, a bachelor and a qualified pathologist. He has spent his professional life alternating between a few years of hospital work in the States and then off to some far flung post of service. He speaks fluent French and already I feel my facility with that elusive language coming back.

4 December 1968 We are riding in a WW II vintage C-47 transport as this is written. Stripped of all nonessentials, equipped with pipe-rail and canvas seats and crowded with a mixture of the humanity of east and west, it is a far cry from the relative luxury of Pan Am.

Yesterday was spent primarily in briefing. We were taken on a tour of the army medical school where we were addressed by a young colonel who in very excellent English expressed his appreciation for the sacrifices America has made in this land. Later during lunch we were paired off with other military doctors. My partner for the meal was about my age. With my broken French and his broken English we conversed and he told of his flight from Hanoi in 1954 rather than live under communism. Hearing such experiences first hand lends some substance to some of the idealistic explanations of why we were here. The lunch they served us was genuine Vietnamese. There were a variety of rice dishes prepared in various ways and delicately flavored with chicken or shrimp. These nuances of flavor were quickly dispelled with the addition of a sauce called "nukmom". This is prepared from rotted fish and a variety of peppers. Like many such things in small amounts it is tolerable but in large amounts tastes like a combination of fuel oil and hydrochloric acid. This was quite a test for our stomachs.

Whoops-- In our hot, crowded little cocoon there are no view windows. We became aware of landing shortly after take-off and to our surprise found ourselves back at Saigon -- engine trouble, you know. We wait now while a second plane is readied.

Following the second take-off the trip was without incident save being long, hot and noisy. We were met at the Nah Trang airport and there followed the inevitable briefing. Dr. Henneman and I are now together, he awaiting transportation to Qui Nhon and I to Pleiku. We are temporarily quartered in the Nah Trang Hotel and were able to get in a short swim at the nearby beautiful beach. Later we encountered a young GI infantryman who, being slightly inebriated, gave us a vivid description of life on a long range reconnaissance unit. The disturbing thing was what these months appear to have done to this young man. Fortunately I do not believe he represents the majority of the GI's here. It's early to bed tonight and more briefing tomorrow. I will be glad when I reach my duty station.

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5 December 1968 Today I made rounds at the Nha Trang Hospital with Dr. Barbara Kenyon. She is a pediatrician from Buckley, Washington, whom I had met on my previous tour and she is now here on a long range contract with USAID. Seeing these little children, of serious mien, with their sunken faces, protruberant bellies and pipestem arms gave rise to that familiar feeling of the urgency of doing something. Even in a fairly well equipped hospital the problem is all but overwhelming as many of these children do not appear for treatment until their disease has progressed to the point they have sustained irreversible changes. There are some victories, some suffering is alleviated, concerned parents are comforted. Without these I doubt that persons such as Doctor Kenyon and the others who have come from all over the Free World could go on.

6 December 1968 My assignment is Pleiku, in the Central Highlands, about 30 miles from Kontum. This is a major military center and the landing at the airport was accented by the roar of jet fighters taking off and World War II light bombers loaded with rockets taxiing. My assignment is with the 447th Medical Detachment, and I was very favorably impressed with the personnel who met me. Capt. Dunington is a young medical officer who has one year of surgical residency and will soon start his specialty residency in urology. Dr. Geizeman with whom I will work for the most part is an internist. The weather here is great - two blankets at night they tell me. Our quarters are an old Vietnamese Villa and quite comfortable. I'm ready to go to work.

7 December 1968 Sitting down to write tonight my mind is filled with thoughts of the variety of experiences of the day, of startling sights, of challenges, of minor victories and defeats, of interesting conversations. One of the frustrations of the men who work and sacrifice here for long periods of time is the difficulty of communicating the whole picture to the people at home. This morning I went with a small group to a nearby Montagnard village to help effect transfer of a young seriously ill mother to the hospital. This afternoon, being Saturday there was no professional work so I joined a group of officers and men in carrying sandbags to reinforce a nearby bunker. It is part of the unique situation here that as we worked at this rather menial task, members of the local Vietnamese military group, dressed in U. S. uniforms and bearing U. S. weapons and equipment stood by and watched. Perhaps of greater significance is the fact that under these circumstances the camaraderie between officers and men of our forces revealed none of the chasm which formerly separated these groups on the basis of rank.

8 December 1968 The young mother we admitted yesterday is improved. Along with her to the hospital came her mother and also her one month old baby who appeared to be dehydrated and in malnutrition due to the illness of the mother. Since there are no food or nursing services in the hospital we have made several trips to the hospital to provide fresh milk in a nursing bottle which we had to teach and persuade the grandmother to give. Such is medical practice in Vietnam.

9 December 1968 Lt. Col. Bauer appears to be about 45 years old.

Slim and athletic in build, he is attractive in appearance and very personable in speech and behavior. As I sat in his office along with an officer and a non-com and listened to his briefing I thought how similar this was to a situation in the States where an executive of a large company might be briefing his new employees. The difference here is that this man's company is spread out over primitive provinces populated by people characterized by the whole gamut from ignorance to extreme intelligence, from friend to deadly enemy, from dependency to indifference to violent opposition. His mission is to kill some and to make friends with others. He is backed by a great nation whose people are divided into those for and those against, the vast majority having very little concept of the situation here.

10 December 1968

Mission: Immunization of Montagnards at village Plei Do

Personnel: Two doctors - 1 civilian

1 Puerto Rican Army Captain

One nurse - American civilian

Four enlisted men - white and negro, all experienced
in similar missions, some veterans
of considerable military action

Equipment: Two open trucks, immunization equipment, small arms for security.

The village appeared empty as we drove in, but shortly small black haired heads with bright curious eyes peaked out from the front doors. In a few moments we were surrounded by the attractive Montagnard children. In the background stood the mothers, many cuddling their latest born. Gradually young men appeared and finally the few ancients of this village. The villagers were lined up and with admirable discipline were recorded and then received their injections. Like children the world over, some were stoical and others resisted manfully. All this transpired in the hot sunshine. After our work was done we broke out C rations and ate picnic fashion surrounded by our friendly Montagnards who shared in the abundance.

Tour II Letter 3 for 1

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11 December 1968 Surely the Vietnamese language must be the most difficult in the world. Not only are the letter arrangements difficult, as in the common name Nguyen, but there seem to be an infinite variety in tonal inflection which totally alter the meaning. A doctor frequently asks a patient to breathe deeply. The Vietnamese words are tau mcine (?) which doesn't appear too difficult. However, only about one half of the patients understand me when I attempt these simple words but respond promptly when the interpreter utters them in what sounds to me as only a very minor variation. Such are the smaller problems of American life in Vietnam.

12 December 1968 This afternoon we drove out to the site of a new Montagnard resettlement village. Here on a hot dusty field some forty of an expected 500 families were in army tents and gradually becoming accustomed to a new way of life. For many their first truck ride was from their jungle village to this new place by the side of a busy highway, never long free of the roar and dust of armored convoys on their way to and from Kontum.

Driving home, we Americans were somewhat depressed and unsure that this policy of transplantation was a humane action. We asked our Vietnamese interpreter what he thought of it. He paused for several minutes and then, his limited American vocabulary failing him, said, "It is un action humanitaire." He went on to tell us that for as long as he can remember there has been war and that five close members of his family have died in the fighting. He expressed his appreciation of the help America has given in this struggle against communism and his continued determination that despite the cost we cannot yield.

rc Kontum
13 December 1968 Coming back to Kontum was almost like a home-coming. As we approached in the chopper familiar landmarks appeared. MACV compound seemed little changed, and I looked in vain for familiar faces amongst the military personnel. The Ming Quy Hospital is now located in a former Catholic School within the city of Kontum. The large front yard is a tropical garden with banana trees and lush verdant plants typical of this area. We found Dr. Smith working in her out-patient clinic. A few moments of greeting and there I was, happily working along with her. The people here have done an excellent job solving the physical problems brought on by the enforced move of the hospital at the time of Tet. Even more remarkable is the emotional and nervous adjustment they have accomplished. A year and a half absence gives me a different perspective, and one can sense that in place of the previous feeling of relative immunity, there is the realization that no one is immune to indiscriminate rockets, mortars and unaimed rifle fire. Despite these problems Dr. Smith has assembled a remarkable staff of dedicated helpers, and the long line of Montagnards and Vietnamese continue to file in and out of the hospital with the hope, and for many the realization of healing.

14 December 1968 My arrival in Kontum yesterday was fortuitous, for knowing only that her birthday was sometime in December, Dr. Smith's co-workers had planned a surprise birthday dinner for her. The living room of the Vietnamese villa where this group lives makes me think of a Spanish hacienda. It is large with white plaster walls, timbered

ceiling and tile floor. Picture us gathered around a long, flower decked dining table. The soft light from the kerosene lamps is reflected from the freshly scrubbed suntanned faces. It is a happy group, the only incongruous factor is the background noise of artillery and occasional crack of small arms fire. Humor is provided by the nurse who very seriously asks us each how we would like our steak done and then is embarrassed when the Montagnard cook brings in slices of canned beef.

Today literally flew by. In the morning I made rounds with the Milphap (Military Public Health Advisory Program) doctor at Province Hospital. At noon Dr. Smith took me sightseeing, and this afternoon I helped her with outpatient clinic. I had planned to take the group to the steak cookout at MACV, but our plans were disrupted first by the arrival of two traffic accident victims and then by five incoming VC rockets which I am told struck various military installations in town but did little damage and caused no casualties. This was my first taste of incoming fire, and while it was only sufficient to shake the windows a little, it wasn't the same as the more familiar sound of outgoing shells. With the military on the alert there was no cookout, and we made do with C rations.

15 December 1968 Perhaps the most cherished experiences of a tour like this are the opportunities to meet such interesting people in unusual circumstances.

Kathy, 22 year old nurse with Ming Quy performs her nursing chores like a veteran, but otherwise alternates between risky Honda rides in VC country and huddling in the bunker when she diagnoses incoming from outgoing.

The chaplain in the helicopter, armed with a carbine and expressing his satisfaction with Spooky, the plane which can deliver 6,000 rounds per minute.

Sister Rosemary who refused to leave her seat beneath the hair drier when the rockets landed on the airfield a few hundred yards away.

Sister Elizabeth, nonplussed by the words of the public safety officer who explained that VC are indistinguishable from other Vietnamese and are not necessarily malevolent in appearance.

The young Vietnamese woman interpreter replies to the question "What does Christmas mean?" with "baby Gesu comes at 2400."

The People In Between

In the Mission at Kontum, all is quiet; it is night;
Then the guns behind the house begin to pound, and in their
light
The many huts of straw, the frightened faces can be seen
The faces of the People In Between.

They have left their mountain dwellings where they could no
longer stay;
They are sick, and they are weary, and their children die
each day,
For there's little rice to eat, and no way of keeping clean -
No comfort for the People In Between.

These people are not fighting men, they're laborers by birth.
They only wished for peace, to share the good things on the
Earth.
But their cattle disappeared, and their crops were brown,
not green --
No living for the People In Between.

What do they know of politics, the clash of East and West,
Both promising the people that 'Our side can serve you best'
But while the war drags on, it seems that neither side is keen
To stop and help the People In Between.

The hospital is crowded, and the orderlies are few;
They carry on because they know they have a job to do,
Last week another priest was killed, a Man of God's who'd been
Just trying to help the People In Between.

When fighting is the order, then the money's always there.
But those who offer comfort find that Government don't care.
It's up to you and me to help, and show them that we mean
Our pity for the People In Between.
Have pity on the People In Between.

(Written by an undergraduate of Clare College, Cambridge
University)

VIETNAM JOURNAL II-4

17 December 1968 Frequently in the past few years I have read accounts in the papers of an outpost being hit or overrun. I had little concept of what an outpost is until today when we visited Pleido Lin, immortalized in the Ballad of the Green Berets. Physically this little fortress from a distance looks like the stockaded settlements of pioneer days in our country. Situated on rolling plains this outpost is the blocking force between VC valley and Pleiku. Our host was Major Pastrano, an officer who typifies the qualities which this conflict requires. His staff is made up of one other officer and three to five enlisted men. These Americans serve as advisors to their Vietnamese or Montagnard counterparts. Four companies of Montagnards are stationed here. Several times a week groups of these soldiers deploy from this fortress on search and destroy missions which may last for several days and lead them over many miles, through rugged hilly country, across rivers and over hills. The walls of the little mess in this outpost of America have heard many tales of valor and with men like Major Pastrano, there will be more.

18 December 1968 We are disturbed today. Two representatives of the Committee of Responsibility have visited us. Ostensibly this committee has concluded that transporting severely injured Vietnamese children requiring prolonged reconstructive surgery is a worthwhile endeavor. There are others in the medical field here, who admit that comparable sophisticated treatment is not available here, but nevertheless believe that local care is preferable. They point out the traumatic effect on the child of such a major environmental change, and also maintain that our mission is not only to treat the child but also to help the Vietnamese to develop a medical facility which will be here when we leave. Up to this point there is merit to each position, and it resolves itself to a matter of opinion. The thing that upsets health workers here is an added factor of propaganda. These representatives blatantly declare they are only interested in war injured children who can be used as propaganda ammunition. They were taken to our surgical ward and shown a four year old girl suffering from severe burns of chest, neck and face. Swathed in bandages with only her puffed cheeks and dulled eyes showing, there was no question that her wounds would provide suitable challenge to the sophisticated medical care and paraphanalia. These two men were properly interested and sympathetic until they were told the cause was an accident with a mundane kerosene lamp. Their interest ceased at this point. All of us have difficulty in understanding the oriental mind at times. I may not fully understand this American situation, I can only say that as an American physician I am ashamed. The emotional impact of this experience already is passing, for as I made rounds with Captain Dunington and observed his compassionate struggle with all of the besetting difficulties I once again began to feel pride in being an American physician.

19 December 1968 Captain Dunington is on R and R to Bangkok for one week, and during his absence I am filling in on the surgery ward. This is the busiest section of the hospital. The majority of

the patients are injured in traffic accidents. I suppose that each country has its own traffic personality. Here extreme congestion made up of many small, low-powered vehicles interspersed with the occasional huge machine of war is characteristic. The pedestrian never has the right of way. As a result of the low power the speed and acceleration is low. We see many injured, but relatively few die. Fractured femurs, relatively rarely seen at home, are common. Soft tissue lacerations abound and complicating it all is the tendency for infection.

20 December 1968 Last night I joined with the Barbershop Chorus in their Christmas concert which was held in an outdoor theatre. In the fading tropical night we sang "I'm Dreaming of a White Christmas" and "Jingle Bells". This paradox was exceeded only by the distant thunder of bombs falling from B-52s which accompanied our rendition of "Silent Night."

21 December 1968: The members of this MILPHAP obtained a 200 pound pig in trade from a local Montagnard Village and as our contribution to Christmas observance invited all of Advisory Team 36 and their VN helpers and counterparts to a pig roast Puerto Rican style under the direction of Dr. Guzman (corrected spelling, I think). The pig roast went off very well, and all the guests seemed to have a good time. One of the interesting episodes was to hear a big negro sergeant tell a group of us what it is like to be a negro in the South. He made several significant conclusions. Despite its problems, the United States is still the greatest country in which to live. He spoke of his conviction that things are changing, the past generation grew up considering the negro as a form of life intended for servitude, the present generation considers negroes as a group who will burn the cities if they don't get their way; but, he looks forward to a soon coming generation which will consider the negro as a human being. Lastly he admitted that prejudice is not confined to the white race, most negroes are also prejudiced against the white race. He spoke of his determination to try not to hate the man but rather the circumstances which have led to hate and prejudice. My words do not adequately convey the impact of the message he brought. Perhaps the greatest significance is that here is a man who believes in his country sufficiently to extend his service here and who I am told having only a high school education is helping to see that brothers and sisters have a college education.

22 December 1968 From the vantage point of my corner chair in the back row of the choir I surveyed the congregation and beheld as in the simple little Sunday School song "Red and yellow, black and white." The conformity of military clothing was broken here and there by civilian attire, a few women from the local missionary groups and in the back row a young GI turbaned in the stark white of a head bandage. Despite the contradiction between the Prince of Peace and the role of the military the presence of these supplicants reassured me that there is hope.

23 December 1968 The human species is certainly adaptable. Every night I easily go to sleep to the sound of distant artillery and the occasional crump of B 52 bombing in the distance. Last night at 2:00 A.M. a different sound brought me to instant wakefulness, and in the

darkness of my room I was madly struggling into my laid out clothes by the time Capt. Goodspeed gave the alarm and the siren went off. It is reported that five rockets struck the Pleiku area, all at some distance from us. The major damage was to an Air Force hobby shop and happily there were no casualties. Such is life here.

24 December 1968 This morning I found a new patient on the surgical ward. His chart bore sketchy details in mixed French and Vietnamese which poorly prepared me for the sight which greeted me when I pulled aside the thin woolen blanket which covered him. He had apparently been struck by fragments from a grenade, and the front of his abdomen and chest was speckled with the ugly landmarks of this explosion. He had a major surgical wound badly in need of dressing change. This young man of slight build characteristic of his race and with pallor and weakness showing in his skin was still able to master a most engaging smile. I spent considerable time and effort through my interpreter trying to help the VN nurses to understand the needs and challenges of this case. It will be interesting to see the results.

25 December 1968 To write about Christmas in Vietnam with originality would require more ability than I possess. The commanders and the Public Relations services attempted to speak the words which would soothe. Greetings of "Merry Christmas" were general, but it was obvious in moments of quiet our minds were far away.

26 December 1968 Today we went on a field trip to immunize one of the nearby villages. During one of the now familiar roadside waits I hunkered down by the side of the road and reveled in the pleasant warmth of the morning sunshine. Then along the road in front of me came a long line of Army trucks loaded with Vietnamese troops bearing all the accoutrements of war. These men on the way to a nearby operation and some probably soon to place their lives in balance waved and smiled as they passed. It reminded me of a few lines from a famous poem of World war I: "We are the dead, short days ago
We loved, felt dawn, saw sunset glow"

27 December 1968 By helicopter Sgt. Mitchell and I have flown to Phu Nhon about 40 miles from Pleiku and near the Cambodian border. This fortress with its perimeter of sandbags and barbed wire is manned by about ten Americans and two companies of Vietnamese troops. Largely due to an energetic and capable district chief this outpost in the middle of Charlie land is one of the most secure in Vietnam. It has not received enemy fire since November 1967. Tomorrow morning we will try to immunize the troops and all their dependents against plague and cholera. An example of this peculiar war was provided by the Lieutenant with whom I ate dinner tonight. He had spent the afternoon flying in a small single engined Birddog airplane trying to drop grenades on fish traps operated by the VC in nearby rivers.

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28 December 1968 Learning about a foreign country is often gained through humble little experiences like my trip to the village barbershop today. There being nobody else needing a haircut I walked by myself to this little shop recommended by the Major. Unlike stateside establishments of glass and gleaming chrome and cleanliness this shop was open to the street on three sides. Measuring about ten feet square it held two tubular steel patio type chairs. When I arrived the two barbers were already occupied. One spoke some American and without losing a stroke with his straight edge razor kept turning to talk to me. I was glad

I wasn't there for a shave. When it came my turn I thought I could detect a gleam of challenge in the barber's eyes as he confronted my near bald pate with its graying edge, so much in contrast to the abundant black hair of his usual customers. The neck towel bore the soil of many previous uses, the clippers were hand powered and the scissors employed with typical Oriental patience and artistry. When he had finished cutting to his satisfaction he stood back to survey, and I made a move to get up. But I wasn't to get away that easily. With hands clasped in a fashion that gave off an odd clacking sound with each blow he began to pummel me about the neck and head. Not wishing to offend local custom I tolerated this treatment. Next he grasped my head in a chiropractor's grasp and slowly turned it to right and to left. Suddenly he gave it a sharp twist to right which it seemed to me bid fair to separate my cervical vertebra. At this point my concessions to local custom ended, and I stood up prepared to flee. All of this was watched with good humor by the other customers. I am sure they had a good laugh watching me as I left with my head slightly askew, for I'm sure I should have let him give me the opposite twist in order to balance things up.

29 December 1968 Today I went with a small group to a small outpost to pick up a suspect VC prisoner. This typical Montagnard man had been picked up carrying about 60 pounds of salt in his back pack basket, an unusually large amount for a native to have in his possession. Riding back in the jeep this primitive man hunkered on the floor of the jeep loosing the occasional grunt as we bounced from rut to rut. The prisoner confessed to transporting for the VC but denied any other significant information. A young Lieutenant explained to me that at this point it was impossible to tell whether this man had simply been impressed by the VC to carry his load from point A to point B or whether behind his aboriginal facade there exists a hard core VC.



Friend (not barber) not identified

12

29 December 1968 Major Foster is 34 years old, born and raised in Georgia, has spent 16 years in the army and is typical of a long line of men from the South who have contributed so much to our military efforts in this and previous eras. Lt. Gosset, in his early twenties, is soon to leave for home and civilian life. He and his wife will move from the East to the Seattle area where he will do management work for Boeing. Sgt. Johnson at 55 is nearing retirement. He has been a medic since before World War II and can spend hours telling of his experiences. Bruce, a young noncom, grew up in the crowded streets of an Eastern city, is slowly fitting the necessary mold of the military life although his Bronx accent clearly identifies his origin. Lt. Mills, a serious officer, is making the most of his tour here. Twelve weeks in language study and two hours study every night have given him a speaking knowledge of Vietnamese not often encountered in Americans here. These men and others are the American complement in this outpost, what is sometimes referred to as the fighting edge. No matter what our feelings about the moral rightness of this war are we must admire these men for several times a week they sally forth on operations where they lay it on the line.

30 December 1968 At first there is no sign of life, and then you see those bright eyes peeking out of a dark door of a little grass hut or hiding behind a vine covered fence. We stand by our jeep and prepare our needles and syringes. A sudden turn to look and this little Montagnard scampers back to his haven. Curiosity is strong and gradually he inches closer. Finally when we turn to look at him he no longer runs, but rather stands there with serious look on his face. He has dark hair, our little friend, and most times his face and body are dirty beyond Western understanding. He may be dressed in only a loin cloth or perhaps in some ragged and dirty remnants of clothes which some kind woman has sent from a far off spot in America. Up until about six years of age he has a protuberant belly suggestive of malnutrition and parasitism. If he survives beyond that age he will likely develop a most admirable musculature with broad shoulders. If we are patient he will slowly approach closer and finally his shyness overcome will respond to our beckoning. Most of these children sustain the momentary prick of the needle stoically and then proudly run to tell family and friends. Soon others are coming and then our great reward. We pause in our work and survey the large circle of our little friends. A smile is answered with the most engaging returning smile that needs no interpreter nor common language to convey its meaning. Despite the apparent squalor and poverty of the life these people lead one must wonder if in exchange for the benefits of modern civilization these people may not lose the spirit that shines through those smiling faces.

31 December 1968 The French have an expression that fits -- "plied a terre", each person must have one. In the short time I have been in Pleiku my little room there has temporarily become my home, and I was glad to return from Phu Nhon. It is the custom here, perhaps at all such military posts, to welcome home each traveler with a warm handshake as if we had been lifetime friends.

1 January 1969 The New Year here was ushered in with small arms fire, machine gun staccato and tracers lacing the sky. Had this occurred at any time other than at midnight it could have meant nothing but combat. As it was the firing was almost solely by Vietnamese

guards. Charlie certainly missed an opportunity. The men here greeted the New Year with surprising reserve and quiet; perhaps the most common remark was, "At last I can say I am going home this year."

2 January 1969 Dr. Guzman is off to Kontum for two weeks and I now have the medical wards. We have a number of interesting cases including cerebral malaria, possible typhoid fever, pulmonary tuberculosis and a variety of intestinal parasite infestation. My Vietnamese interpreter gets a little miffed when we make rounds in Ward 2 for the male nurse there speaks French and in order to practice I try to carry on our conversation in that language.

3 January 1969 Some days, says Capt. Dunnington, are filled with satisfaction and a feeling of progress. Other days are quite the opposite. And such was today for our team. All of us in our various assignments seem to have run into a frustrating brick wall of Vietnamese passive imperturbability. As we prepared to leave the hospital tonight our mood was "what's the use." And then I had to run back to the surgical ward, and there I saw the charming young Vietnamese soldier so gravely ill a few days ago, now up and walking. That warm smile on his face erased the negative feelings which had plagued me.

4 January 1969 The scene is a Montagnard Village south of Pleiku. The MILPHAP team is holding a Medcap. Using the hoods of their two jeeps as counter tops to hold their supplies, they are surrounded by a semicircle of standing and squatting natives who watch the proceedings with interest. Occasionally one of them leaves his cohorts and stands in line to get his plague shot or if he is sick to see the Bac Si. Conversation is carried out between patient through a Montagnard interpreter who has a restricted vocabulary including considerable GI idiom. The doctor has just examined a seriously ill three year old boy and speaks to the interpreter:

Bac Si: "Tell them their boy is very sick. He has pneumonia and should go back with us to the hospital."

Interpreter: "The father says they cannot go."

Bac Si: "Why?"

Interpreter: "They have another very small baby in their hut whom the mother cannot leave. The father cannot take the boy because the boy does not like him."

Bac Si: "Tell the father the boy is very sick and we can do more for him at the hospital."

Interpreter: "I told him, he says no, cannot go."

Bac Si: "Tell him that the boy is very sick, and if he does not go to the hospital he will probably die."

Interpreter: "Father says no sweat, if he dies at home."

5 January 1969 Sunday morning and church service at the Air Force Chapel. I'm afraid my mind was sent far afield when the minister read the scripture from Isaiah -- "Go ye up into the high mountains."

6 January 1969 Dr. Harold Wilson, internist and in country supervisor of the VPN program was our guest today. He made rounds with me and observed the outpatient clinic. It was like being in medical school again and most enjoyable.

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7 January 1969 Making a house call in this country is somewhat like at home only more difficult. Word of the problem usually arrives through several communications, word of mouth to radio to telephone. Identifying the locality is often done by map coordinates. Besides the usual equipment one must assemble an interpreter and often a security guard. The drive may be short over hard top roads or long, bumpy and dusty. By prearrangement there is usually someone at the edge of the village to guide us to the hut. Arriving there we climb up a narrow chinked log that serves as a step and stoop to squeeze our way through a narrow door. In the pungent smoky semidarkness of the hut we detect someone lying still. The history is taken through the interpreter. Despite the difficulties an examination is done. The patient may well have a serious or even terminal disease in which case we try to persuade the patient to go to the hospital. The patient may turn out to have a minor condition and all the effort for naught.

8 January 1969 Many times I am asked about the strange diseases we see here. Today amongst the more routine I saw anthrax, malaria, leprosy and a variety of fungal infections of the skin. I myself am suffering from a slight sore throat, nasal congestion and running eyes. I think the proper name for it is a cold.

9 January 1969 Today we held a Medcap outpatient clinic in a Vietnamese Village. In contrast to the Montagnards the vast majority of the patients had multiple functional complaints and very few positive findings. One of the political problems here is the tendency of the Americans to befriend the Montagnards in preference to the Vietnamese. The simple appeal of these mountain people is obvious, however, we must remember that the tendency for the Vietnamese to develop such complaints as tiredness, dizziness, headache, backache seems to be in direct relation to their contact with us Westerners.

10 January 1969 One of the problems in dealing with the Montagnards has to do with the conflict between modern medicine and their tribal beliefs. They believe there is some merit in dying in their own village. As a result when we find a seriously ill native and seek to encourage him to come to the hospital we dare not stress the seriousness of his disease for if he thinks he may die he will stay at home. A few days ago we succeeded in bringing one of these seriously ill into the hospital. Unfortunately his far advanced tuberculosis rapidly claimed him. It will be difficult to do any work in that village for a while. In contrast, today it was my privilege to bring a grand old man back to his village, happy and smiling. We had found him a few days ago practically moribund in the dark recesses of his little hut. His lobar pneumonia responded dramatically to antibiotics and his malaria to chloroquin. He will be a good advertisement for us in his village.

11 January 1969 Surgical rounds today with visiting surgeons from the 71st Evacuation Hospital were very interesting. Evacuation Hospitals are strategically located throughout Vietnam to provide initial life saving treatment for American servicemen borne there by helicopter. When a push is on they are overwhelmed, but during the merciful calms many of the medical personnel have time on their hands. It

is during these times that many of them devote their skills to care of patients in the Province Hospitals.

12 January 1969 For the first time this tour tonight it is hot and humid. Even just sitting ones skin feels as though it were about to shed great drops of perspiration. In the mornings it often gets down to 60°, and I still am amazed to see Vietnamese all buttoned up in woolen sweaters and obviously suffering with the cold. This is quite a contrast to what I hear from Seattle.

13 January 1969 After being here for a few weeks one develops a vocabulary that should be left here when we go. Home is called back in the world. Our table waiters, who are young Montagnard men are greeted at meal time with "Eat now, eat now" and we frequently indicate our choice by pointing at what someone else is eating and saying "Same, same."

14 January 1969 This afternoon Dr. Guzman and I drove to a nearby village to check on one of our recently discharged patients. This woman required maximum persuasion to come to the Hospital despite the severity of her illness. Her malaria yielded to chloroquin, her hookworms were eradicated with tetrachlorethylene, and her blood restored with several transfusions. We found her in her hut happily weaving the beautiful cloth which identifies the Montagnards. Her little baby who was nurtured with milk scrounged from our mess hall looked like a suitable advertising symbol for infant formula. The patient's mother, obviously the matriarch during the hospital stay, greeted us with warm affection. This experience has some significance in view of the fact that this is a Cheu Hoi (sp?) village, one that has recently transferred its allegiance from the Viet Cong.

15 January 1969 Often I get up early in the morning. Except for the hum of our generator, the occasional thump of distant artillery and the occasional bark of a dog, all is quiet. This is in sharp contrast to the day time and evening noise of men who are busy with tasks at hand or perchance pursuing some activity which makes the day pass more rapidly. Through the window I see the darkness rapidly change through velvety shades of dawn. This is thinking time, and often I try to preview the day ahead, an impossible task. The war, the army and this intriguing country make every day unique.

16 January 1969 A busy day. Several of our team members are ill with minor respiratory and intestinal problems. We lost a little boy today. Multiple shrapnel wounds had caused a fractured femur, compound fractured humerus and multiple intestinal perforations requiring a partial bowel resection and colostomy. One of our aid men who had participated in our struggle for this boy's life asked me why he died. Science answers some technical failure in his operative procedure or in his postoperative care, but perhaps there is a philosophical answer closer to the truth, for this boy's first words on admission to the ward were, "I'm going to die."

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17 January 1969 I saw too much of the war yesterday. Early in the morning I went to the 71st Evacuation Hospital to pick up four units of blood. In the pathology department there I came across a litter bearing the broken and bloody remnants of a serviceman shot by a sniper during the night. Later I spent four hours in the waiting room of a Dust Off Company trying to get a chopper ride to Kontum. Dust Off signifies the helicopter transfer of wounded from makeshift landing zones on the front lines to modern stateside type surgical facilities at the hospital in a very few minutes. The waiting room was immediately adjacent to the radio room, and as I sat patiently waiting I vicariously participated in what to me was a most moving auditory experience. The cold factual voice over the radio reported an operation some 20 K. away in which there were three KIA and twenty WIA. A helicopter was dispatched and shortly radioed that it had sustained damage from a round through the transmission and made a forced landing. Another flurry of activity and another group of young Americans manned a second chopper to meet their moment of testing. It was quiet for a short time, and then the young radioman's voice came through loud and tense "We're taking enemy fire from 20 meters around the LZ, Charlie's been hit, head injury, we can't land, we're still flying and headed back to the hospital." Another flurry of activity and a third chopper dispatched to escort its wounded colleague home. There was now no chance of a chopper to Kontum, so I left, wondering about those wounded on the ground and the bravery of these American youths who without hesitation had ridden forth to try to help them.

to Kontum
18 January 1969 Yesterday I flew to Kontum via Special Forces Chopper. For two hours I sat at the landing zone, and before me was a constant parade of tough and competent appearing Green Berets, the occasional Montagnard counterpart who with similar dress and armament appeared to be a dark miniature replica. Arriving in Kontum I found Pat Smith and her staff in good health and spirits and working as hard as ever. One of the valued additions to this group of fine people is Geoffrey Bulley, a young, jolly man as English in speech as his name. He now handles maintenance and new construction and has such an appealing personality that he is already a great favorite with troops and natives alike. This accounts for his success in scrounging, one of his most important jobs.

19 January 1969 My two days in Kontum were filled with making rounds at the Province Hospital and at Minh-Quy. There is a lot of good work being done here. Pat Smith's fame has spread through the country, and as a result many westerners make it a point to visit her hospital during their tour in Vietnam. As a result Dr. Clark, a young English surgeon will take over the hospital for two weeks while Pat gets some well deserved rest, if catching up with correspondence, trips for supplies and tending other unfinished business can be called rest. There are many plans for additional equipment and buildings here, but her prime need is additional personnel.

20 January 1969 Capt. Case is typical of the young officers who play such an important part in our military effort here. After two years service as an airborne enlisted man he returned to school only to find an impelling desire for further service in Vietnam. He lived in

quarters immediately adjacent to ours and was a frequent and welcome guest at Milphap house. Two weeks ago he enthusiastically packed his gear for a three week operation with his ARVN troops for whom he was an advisor. A few days ago he developed a sore throat which required his medical evacuation. A day or two of treatment here, and he was pleading for transportation back to his troops in the field. Last night he shook my hand in parting, for arrangements had been made for his return, and I would not see him before my departure. Tonight comes word that late this afternoon as his chopped settled at the landing zone an enemy mortar shell exploded close. Activities go on much the same in our house, but the usual sounds are muted for we know at this moment that surgeons at the 71st Evacuation Hospital are striving not only for his life but for maximum return of function to his rendered body. This is my first experience of military acquaintance loss, and though I know it has occurred thousands of times over it's different under these circumstances. This shakes my usual optimistic contemplation of man's future.

21 January 1969 Our newspaper, the "Stars and Stripes" reports peace moves in Paris, but both peace and Paris seem a long distance off. I visited Capt. Case today. He suffered severe injuries to the side of his face including loss of one eye. He will soon be flown to the U.S. where probably a year of reconstructive surgery awaits him. On return from the hospital I learned that Capt. Case's C.O., Major Johnson, was wounded today, fortunately less seriously. These are grim times.

22 January 1969 A visit to another outpost and over the C.O.'s desk the following poem which expresses well part of the frustration of this war.

"ADVISOR'S LAMENT"

It's not my place to run this train
 The whistle I cannot blow;
 It's not my place to say how far
 This train is allowed to go.

It's not my place to shoot off steam,
 Not even clang the bell;
 But let this train jump off the track,
 And see who catches hell.

23 January 1969 A hamlet is the smallest civic division of Vietnamese society. A group of hamlets makes up a village. Several weeks ago we discharged a five year old girl from the hospital after a below the knee amputation of her right leg injured by a grenade. Recently we received word that reservation was made for her at the prosthetic center in Saigon. Yesterday, knowing only her name and the name of her village we set out to find this little girl. There is a certain pathos in going from hamlet to hamlet asking if they knew a little girl named Mi, a girl with only one leg. After several hours our queries drew response, and finally in a little group of thatched huts we saw the little girl making her way on crutches. She cried when she recognized us as people with whom pain was associated, but I will long remember the smile of gratitude and the warm handclasp of the parents.

24 January 1969 A great deal of conversation here deals with the number of days left of one's tour. Those who serve a year call themselves "short" when they have less than 100 days remaining. When they get down to about 30 days they greet each day with the magic number. Only if they have, say 20 days to do, they use the term 19 days and a wake up. All I have left is a wake up. Tonight we had a team party consisting of a pizza feed thanks to my wife and daughter and the U. S. mail. There is no denying my eagerness to leave, nevertheless as I stood before these men of the MILPHAP Team I felt a real bond to them. For each of them at various times has rendered extra service freely to see to the comfort and security of the "Ole Doc" in their midst.

25 January 1969 After quick early morning rounds at the hospital and goodbyes all around Dale Meserschmidt and I boarded the courier plane for Nha Trang. This city on the shore of the China Sea has one of the world's beautiful beaches. All afternoon we alternated baking in the sun with swimming in the warm green water which broke in nice body surfing waves. Gradually we could sense the dust and the tension of Pleiku being washed away. This evening we had a very fine dinner at a French restaurant. Our host was Mr. Lee Gibson who entertained us with tales of Vietnam in 1956 when he did the engineering reconnaissance for what are the major highland highways. He was the first American in Kontum and Pleiku, and the entire trip was made on foot, carrying their provisions in back packs. It was reassuring to hear this capable and experienced man speak with hope and enthusiasm about our effort here.

26 January 1969 Another enjoyable swim, a delightful breakfast with a group of Dale's USAID friends and then another plane trip. In just a few hours one moves from the dust and dry heat of the highlands to the humid warmth of the low lands. Two months in the little town of Pleiku and I feel like a country boy coming to the city. The packed humanity of Saigon seems a far cry from the distant blue hills where dwell the Montagnards.

27 January 1969 After nearly two months of intense activity there was nothing scheduled for me to do today. This morning I accompanied Dale Meserschmidt on his red tape rounds in preparation for departure to Australia on two weeks of leave. Dale, who is in his early thirties has a PhD in industrial education. He is certainly one of the nicest persons I have had the privilege of knowing. Besides his work in New Life Development he consciously or unconsciously has undertaken the job of helping PVN physicians in Pleiku. Whether it's advice, transportation, conversation or competition, Dale was always there. In making the rounds today we met many of his friends, and I could see reflected in their faces the same high regard I have developed for him. He is a credit to our effort here.

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30 January 1969 Once again the receding roar of the jet and below me the panorama becomes a checker board. The smudge of Saigon disappears, and in the far distance an irregular blue line denotes the highlands. Good-bye Vietnam, it's time to go back to the world. It's also time to try to summarize this tour. In things material it appears to me there has been some progress, for in comparison to my previous tour both city dweller and peasant seemed to be living generally a little better. An amateur's assessment of the military situation is worthless. I'll nevertheless hazard a guess that South Vietnam is slightly more secure. Communication with the natives about nebulous ideas as freedom and democracy is obviously difficult. Nevertheless one gains the impression that there is a broader understanding of these values. The future? who knows? The only definite conclusion I can arrive at is that it is better to heal than to hurt and that misguided though our military efforts may be America can take pride in its concomitant efforts to help.

-7

~~return~~ No return
A safe flight across the Pacific is no small thing, but aside from safety Flight #7 seemed to have been ill fated from the start. The plane was changed from a 747 to a 320 B and consequently was crowded to capacity. The departure was almost an hour late. The cabin attendants appeared harried. Despite such complaints my first class accommodations arranged by a kind airport friend made it quite easy to bear. The food was delicious, one might say that luxury is eating good pickled herring from the hors d'oeuvre tray while traveling at 31,000 feet in soft creature comfort.

Enroute I managed to find a chess competitor just slightly more skilled than I, and together we whiled the time away in a series of interesting games.

We arrived at the Tokyo airfield in time to witness the ascending roar of our departing plane for Hong Kong. Northwest airlines provided us with vouchers for transportation, hotel and a meal, but there was no escaping the red tape of customs and ticket transfer which this delay caused.

Already my biological chronometer was disarranged, and despite the very nice room in the Hilton Hotel and its comfortable bed, I wasn't ready to sleep; this in spite of my Seattle based wrist watch which said 3:30 AM.

I proceeded to the restaurant in the Hotel and there observed one of the vignettes which are part of the delight of traveling. This restaurant, very fancy, features a very cosmopolitan menu, and except for the Japanese features of all the personnel, one might imagine oneself in a very posh European restaurant. As I ate my little snack I observed a couple across from me. Of middle age, their dress and manner exuded wealth, culture and elegance, what my friend, Dale, would call class. They had apparently ordered a meal suitable to their status, and with each course were attended by one to three Japanese waiters who in their liveried garb, hovered around them anticipating their every need. Finally the grand moment had come and the entre made its appearance. The waiter wheeled up a serving cart, the top of which was a copper grill heated by burning charcoal beneath. In the center of this grill were two steaks, no doubt of Epicurean pedigree and appellation. With what flourish did the waiter transfer these morsels to the prewarmed plates. But our gentleman of culture was worthy of this encounter, for with the first taste he firmly put his implements down and called the waiter to him. I wish I could have heard what his complaint was. I only know our Japanese waiter took both the plates and turned and walked away stiffly. As he passed me I longed for a camera to capture that look of pallor, mouth agape, of total disbelief that this could be happening. On the way from the airport our bus had passed through Tokyo type ghettos. Through the grimy and poorly curtained windows one could catch glimpses of a life where there are other types of problems.

SATURDAY 8 JAN. 72

Today started early with a wake up call on the phone at 5:00 o'clock. Bleary eyed from a few hours sleep I made my way back to the airport and went through the reverse procedure of red tape necessary to departing a country. Our plane rose to clearing skies, and we were soon treated to a beautiful view of Mt. Fuji. As we approached Okinawa we could see numerous atolls, shoals and coral reefs and gained new insight into the problems of seamanship in these waters. We stopped at Naha airfield on Okinawa for a short time and then off to Hong Kong.

Enroute I fell into conversation with Sgt. Porter, an infantry squad leader on his way back after a compassionate leave. Perhaps because his father is a doctor and he an interrupted pre-med student we developed an empathy which allowed us to discuss the deep philosophical questions which are rarely a part of casual acquaintance. Never have I talked with a person who more clearly demonstrated Lincoln's phrase, "devoid of faith, but terrified of skepticism". It was my privilege to hear him speak from personal experience of how a young man on the fighting edge feels, and who knows, perhaps a few of my words may help him a little. We are now in the approach to Hong Kong. It is a beautiful clear day, and below the water is smooth and beginning to show the silk colors of tropical seas.

9 JANUARY 1972

It is Sunday evening about 10:00 P.M. as I take pen in hand, and I am sitting in my room in the Peninsula Hotel in Saigon. Some 64 hours have passed since I left Seattle, and I have made the transition from west to east.

This being my fourth trip here, I am less susceptible to what is termed cultural shock. Nevertheless, there have been some experiences worthy of note. Hong Kong was the usual busy crossroads of the east. Once again I joined the teeming masses of Chinese riding the Star Ferries across Hong Kong Harbor. The opulence of the western hotels still contrasts with the extremes of poverty a few feet from the door. Sunday buffet luncheon in the Peninsula dining room featured the obese, aged, jewel bedecked English woman who with imperial aplomb ordered the hovering Chinese waiters about, an ugly American whose loud Brooklyn voice could be heard in loud complaint about some assumed slight.

After lunch I at last encountered the other VPVN physicians as we gathered for transportation to the office. This group of six doctors formed the usual interesting sample of American medicine. Ranging in estimated age from 30 to 60, it includes a wide breadth of practice. Surgery, psychiatry, ear, nose, throat, rehabilitative medicine and general practice are all represented. One is tempted to describe this group as a cross section of American medicine, but this is false, for past experience has revealed to me that only a small unique segment of American physicians are attracted to this type of service. The most common denominator I have found is previous experience in some foreign service. In the next few days I shall carefully observe them for indications of motives, of capabilities, of ability to respond to the challenge. No doubt they too will be curiously observing that aging doctor from Seattle and wondering what brings him back here for yet another tour.

11 January 1972

Yesterday was spent primarily in accomplishing the details of red tape necessary to functioning in this country. We are still not persons for we do not have our ID cards yet. That little piece of imprinted cardboard is the key to entrance to many buildings, offices and services here.

Dr. Schmidt is a Mennonite. His craggy Old Testament face surmounted by a plentitude of flowing graying hair bespeaks rugged experience and integrity. In keeping with his faith he told the draft officials in the early days of World War II they could send him to any place of danger but he would on no account raise his arm in an oath of loyalty. Wisely they allowed him to go to Paraguay where for 20 years he labored in missions, becoming an expert on leprosy.

Dr. Isaiah Jackson is a public health official here. Tall and black he easily dominates the attention as he appears at our informal reception. This domination soon eases when one speaks to his wife. A lovely black woman, her melodious diction is a most suitable vehicle for her wise words as she discusses her experiences and observations in Asia. Here their blackness may well be an advantage in their service to our country.

Dr. Garrits is not impressive when you first meet him. Later on one learns some interesting things about him. He is not only a general practitioner but also an anesthesiologist. In his little town in Michigan he is the mayor. The father of eight children he solved some of modern day parents' problems by developing an old fashion ice cream parlor as a very successful enterprise. He is a dedicated Democrat who may run for Congress. All this and a Vietnam tour too?

12 January 1972

The sophisticated life of Saigon is fading fast and with every throb of its ancient engines this plane is taking us to a more primitive and simple life. Seated in this aluminum cylindrical cocoon I am surrounded by a mix of GIs, American civilians and the occasional Vietnamese. There is quite a contrast between this airline and Northwest Orient. The seats are canvas strung pipe racks, four of them running the length of the plane. There is no sound insulation. The temperature is hot on the ground and cold in the air. The cabin attendant rather than a short skirted American beauty is a jumper suited Vietnamese, mustached a la Ky. Soon we shall land at Kontum. Despite the ease and luxury of most of this travel it seems like the end of a very long pilgrimage.

I was most happy to step aground at the Kontum air strip and managed to promote a ride to the Minh-Cuy compound. It being noon time the team of the Minh-Cuy Hospital arrived in ones and twos at the dining room, and it was my pleasure to greet these fine people, some for the first time and some as old friends. Dr. Smith was the latest to arrive, and as usual I considered it a privilege to clasp her hand in friendship.

Kon *tum*

After a nice lunch we passed up the usual siesta and proceeded to the hospital. How nice it was to once again see the warm but shy smile of greeting from the diminutive Montagnard nuns and male nurses. We were soon involved in the long line of patients who comprise the afternoon clinic. In a short time a few words of Montagnard dialect were coming to me and by the end of the afternoon I felt quite at home. In the course of the afternoon mixed in with a variety of lesser diseases I saw one new case of plague and two cases of advanced pulmonary tuberculosis.

Evening dinner was a jolly affair and was followed by the monthly staff meeting of the hospital. By eleven o'clock I was ready for bed.

14 January

Yesterday morning Dr. Smith and I spent making rounds and in surgery. We did skin grafts on two children. It was a great thrill to see Sister Gabriel, her bright eyes flashing above her surgical mask, expertly giving the anesthetic. There are many signs of progress here.

On Thursday afternoon, perhaps copying the custom of doctors in the States, no clinic is held. I spent the afternoon running errands and seeing several patients too sick to observe the doctor's afternoon off.

Last evening there was ping pong and chess; I was beaten at both.

16 January

Friday is a blur in my memory. Morning ward rounds were fairly routine, but afternoon clinic with 176 patients was bedlam. Dr. Smith was away for the first part of the afternoon. The patients begin arriving for clinic in the morning and wait patiently for the 3 o'clock starting time. With surprising efficiency the Montagnard attendants register each patient and give them a numbered tag which establishes their place in the line. Those with fevers or other evidence of severe disease are put through first. As a result one is initially met with a dozen or so very ill patients, most of them children. Mindful of the crowded status of the hospital, one must try to decide which ones must be hospitalized and which ones can be treated as out patients. An error here can be lethal. We are currently seeing considerable respiratory disease, perhaps related to the current cold weather spell. Since plague and tuberculosis is also common many of these patients must be hospitalized for further work up. Mixed in this long line of patients on Friday I found one child with diphtheria. This disease, once a scourge in our country, I had never seen before.

17 January 1972

Yesterday was Sunday. After minimal emergency hospital duties I was asked to accompany three visiting USAID Public Health officials on a tour of health facilities north of here. We drove to Dak To, about 30 kilometers from here. On previous tours driving to Dak To was not possible but now is commonly done. In this area we visited a small Catholic dispensary. Constructed largely of the remains of ammunition packing boxes it was nevertheless quite serviceable. Staffed by Montagnard nuns with only the occasional doctor visitation it is the primary health facility for probably several thousand Montagnards.

Following this visit we proceeded to another part of Dak To where in a crude tin roofed home four Catholic fathers were relaxing playing cards. Would that I were a Hemingway and able to describe their warm welcome in this setting. Father Dijon was here. I first met him in 1967 when he was brought to Kinh-Cuy suffering from severe chest injuries caused by a road mine. We discussed the prevailing rumors and the recent statement by a high up military man that the NVA could do no more than run over Kontum and Pleiku. I asked the father what he believed. With eyes flashing out of his bearded face he replied, "As for me, I believe in God." Leaving the fathers we proceeded on our search for another reported health center. This led us along a road out of Dak To to the fighting edge and within sight of Laos. I was relieved when our Public Health officials decided to go no further.

18 January 1972

Today Dr. Smith accompanied some USAID officials on a chopper born tour of isolated Montagnard villages. The not unexpected result of this was transportation by chopper of about fifteen sick Montagnards to the hospital. They descended on us just at dusk coinciding with the time the generator for the hospital lights was found to be out of operation. The whole situation was further complicated by the fact that these patients are of the Jarai tribe and very few of our Montagnard interpreters can speak their language. It was bedlam as we tried to establish their medical situation, find beds and feed them, all by flashlight and kerosene lamp. Nevertheless it was done and not one word of grumbling did I hear. The people on this team are wonderful.

19 January 1972

A young army captain with two years of surgical training has been helping us with out patient clinic this week. It is always a joy and privilege to see goodness in people. This young man could easily hide behind his specialty training and claim he could not handle the general medicine which comprises most of this clinic. He could very easily spend these afternoons lazing in his room or passing the time in some officers' club. Instead he has come of his own free will to give us a hand. Such actions are very encouraging to the staff, a blessing to the patients and I have no doubt will in some way be rewarded in this young man's life. Another little part of the answer to that oft asked question "why go to Vietnam?"

This 17 year old Montagnard youth lies quietly on his Stycker frame, his only movement a brilliant smile accentuated by his bright flashing dark eyes when he sees you approach. What does he think when from his perpetual supine position he looks down his body. His mid section, furrowed by multiple operating wounds, the yawning foul draining abscesses, form a miniature replica of the battlefield where he sustained the wounds which now confine him. Looking past this area, what does he think when he sees those now immobile legs which once carried him up mountain trails.

The bullet entered his flank and exited from his chest, damaging his spinal cord and causing the removal of a kidney and a large segment of bowel. His chart reveals that for over a month he received the best scientific care that America could offer through its army hospitals. One wonders if our world leaders were to stand in the presence of this blighted body that peace might come sooner.

22 January 1972

Today for a short time I sat on a bench in the warm sunshine and watched Montagnards. It was as if these brown skinned people were putting on a pageant of world history and geometry. On my right a group had set up a crude camp under the palm trees. Like all campers their little fire was the center of their camp and of their attention. Dressed in their simple native costume this isolated scene has probably been repeated through the centuries here. Directly in front of me was the dirt road which comprises the entrance to the hospital grounds, and on it were constant streams of Montagnards in other varieties of dress. One young lad in rose colored blouse and long black skirt reminded me of India. A Montagnard young man in checkered shirt, tight fitting jeans and square toed shoes would fit into a U. S. high school. Little toddlers were in the most natural dress of all. Amongst this crowd wandered a Vietnamese peddler carrying over his shoulder a selection of sleeping mats for sale. It is interesting to ponder the fact that while many Montagnards are seeking to rise to a state where they can encase the trail hardened feet in leather, many Americans are striving to harden their feet so they can enjoy going barefooted.

23 January 1972

There is an intangible and mystical force, familiar to all clinical health workers that periodically dictates a sudden increase in the number of patients seeking succor from their ills. Like a storm, such a flood came to us yesterday. There was a constant flow of sick and injured from morning to night. Amongst them were several for whom we had neither the physical or mental, the courage or the wisdom to handle effectively. Today, like the calm after a storm it was peaceful with only a trickle. Most of our patients of yesterday are doing quite well. Given this day of respite we are prepared for what tomorrow may bring. Hilary Smith, capable head nurse of the Minh-Quy Hospital, bore the brunt of this onslaught. After a week of day and night duty, culminating in yesterday's demands, she was capable of supervising the preparation and serving as the gracious hostess at Sunday dinner today. We had two of the Montagnard staff families for dinner. Perhaps it was worth it for in the custom of his people one of the Montagnard men gave

a speech of thanks after the meal. Not a word did I understand, but the smile upon his face, the beautiful tone of his words and the dignity of his bearing needed no translation.

24 January 1972

Hanoi is an x-ray technician at the hospital. Early Friday morning he brought his three year old boy to the hospital suffering from diarrhea. It was immediately apparent that the little boy was gravely sick. A temporary improvement gave us hope, but after a few hours he lapsed into coma and has lingered thus for the past three days. Despite all the tests and examinations we have done we are unable to identify his illness, and our only success thus far has been to support the flickering flame. His family have shown that devotion to his care which characterizes Montagnard family life. At a certain stage in the final illness these people seem to recognize a mystical signal and will come to us and say, "so and so wants to die." They are rarely wrong in their prognosis. Thus far Hanoi has not approached us with these fateful words.

25 January 1972

Greg is an interesting member of this team. This young man came to Vietnam on his own. After traveling around the country for some time he stopped in at Minh-Quy Hospital, liked what he saw and stayed. They say when he arrived his long black hair reached to his shoulders. Obtaining a visa demanded the sacrifice of those locks and now he sports a crew cut. His main job here is supervision of the Montagnard laborers at the Minh-Quy Hospital site, but like everyone here he is called upon for endless tasks. The enforced close confinement in which this team lives tends to give rise to the occasional interpersonal tension, but Greg's personality is such that he never is party to this.

26 January 1972

At nine-thirty Henning, the German male nurse, excitedly delivered to us the news that Tom Coles was not back yet. Tom, young, bearded, good looking American, has been here a year and in a most admirable fashion has developed a village health worker program that bids fair to expand the influence of the Minh-Quy Hospital manifold. His work requires many trips to distant villages. Such travel is discouraged after 4 o'clock and at 5 o'clock the highway closes. Heretofore, whenever Tom was delayed he managed to get word to us, and this time, even worse he had three German guests with him, two of them doctors from the hospital ship Helgoland. With Henning's announcement, those of us at the compound held a hurried consultation. Information was that he had headed for some of the villages north of Dakto. Barbara Silva took the lead in pointing out that Tom was very experienced in making his way in this country and that the jeep he was driving is known to be unreliable. Barbara went to MACV to report the situation, and the emergency radio was put into operation. We sat in the living room thinking sombre thoughts, but uttering reassurances. While this sad scene was going on Tom, who with his German colleagues had actually been visiting in a Montagnard village immediately on the periphery of Kontum had gone to the hospital for his night duty. It being a quiet night he went to bed, and somehow his presence was not noted or reported to us keeping our vigil. You can well imagine the exclamations which greeted his appearance at Breakfast.

Tonight we had an intelligence briefing by a colonel from MACV. Some 30-40 K away the NVA is reported to be amassing two divisions of troops with some armor. Between Kontum and the NVA is a force of ARVN troops reported to be well equipped with artillery. There are very few U.S. Army troops in the area, and most of them serve as advisors. The skies during the day belong to the U.S. and ARVN aircraft. The hope is that the battle if it comes will be joined outside of Kontum. The colonel is quite optimistic. He also is genuinely concerned about the Minh-Quy Hospital and its staff. The plans are if danger develops for us to be moved to the MACV compound. This compound once manned by well over 100 troops now is manned by about 30. If the situation becomes desperate it is planned to evacuate everyone by chopper. The crux of the problem for us is an individual decision as to where our duty lies. Some of our staff feel that their duty lies with the Montagnards. Those who have experienced combat situations before tell us that no matter what we decide now, at the time of action we will make decisions based on the immediate situation. For me the situation is simpler. I am due to leave on the 7th of February. I will stay here until that time unless I am otherwise ordered. These people on the team, most of them in the young age group have faced privations, hard work and exposure to disease with courage. They also face this threat with courage and commendable cool consideration.

28 January 1972

I often try to imagine what goes on in the mind of the Montagnard native who on his bed of pain and weakness for the first time experiences western medicine. Coming from a background culture of primitive animism some of our accoutrements and actions must appeal to his belief in spirits and magic. I'm sure that many times he is not aware of the difference between diagnostic efforts and therapy. For instance, one of the common methods of chest diagnosis is percussion. In this procedure the physician lays his hand on the patient's chest and with a finger on the other hand taps smartly on the middle finger of the hand lying on the chest. The result is a slightly resonant tone. Having employed this method on a woman patient the other day I was interested to later find her attentive husband going through the same procedure, no doubt feeling that he could call down the spirits as well as the doctor could. No doubt the bright varied colored pills of pharmaceutical elegance that we dole out in such great numbers also have mystical significance. And the charts that we study so carefully every day and periodically inscribe on, no doubt they are strong medicine. But eventually sophistication comes to the Montagnard, and he like his western cousins, decides that the shot is the real magic.

29 January 1972

Today Dr. Smith held the once a month Montagnard Staff Meeting. Dr. Smith would decry any reference to her as royalty, but flanked by her western staff seated on each side of her and with the Montagnards seated or squatted on the floor in front, it did have a regal aura. The main subject for discussion was the contemplated evacuation of Minh-Quy Hospital if the military situation demands it. The Montagnards' normally cheerful faces became quite grave as they reported VC incidents in their villages closer and closer to Kontum. They were united in pleading with Ya Te to leave with all the western staff if danger is imminent. I personally believe this would be the wisest decision and will do the best I can to persuade all the team members to leave on the seventh.

Of what shall I write tonight? Many an aspiring writer is thwarted for want of a subject, but such is not my problem. I could write about the beautiful moonlight night and the breathtaking beauty of the Vietnamese formal architecture at the Bishop's. The little courtyard with its lily pond was literally bathed in moonlight as we made our way to our rooms last night. Perhaps I should write about the chopped ride today to primitive Dak Pec. Here there is a group of native villages each at the top of its own private mountain. The beauty of this scene is marred by the surrounding rings of barbed wire and punjie stakes and the presence of modern "civilized" weapons of war. Perhaps our make-shift clinic by the road at the foot of these hamlet topped mountains is worthy of writing effort. Word of our presence seemed to pass by magic, and the circle of health seekers surrounding us seemed to have a never ending source of supply of dreadful illness. Perhaps the reader would like to hear about the strange bug that just crossed this paper. Automatically my finger went to crush it only to find its shell hard like a turtle. With pressure on the shell this bug draws in its limbs and remains perfectly quiet for several minutes and then scurries away with great speed. It drew my sympathy, and I didn't pursue it. A description of the several hours' work which greeted me on return from this expedition might seem repetitious. A prominent politician no doubt regrets his words "you have seen one, you have seen them all." The personal dignity of these people which shines through the crust of their poverty and the scars of their afflictions makes such an observation impossible.

The murmur of the night staff, the melodious singing of Montagnards camped outside, the gentle flicker of my kerosene lamp and the distant rumble of artillery fire remind me that my bed in the hospital linen room is waiting. And now I find there is nothing further to write about save my gratitude for the opportunity to partake of these experiences.

31 Jenuary 1972

There is no denying the aura of anxiety and tension which pervades our situation. The VC are known for clever use of propaganda, and many of the Montagnards can be seen with tenseness replacing their usually happy faces. A local missionary family who survived Tet in Kontum left two days ago. The moon has been full these past few nights, and the most beautiful dawns have heralded the bright sunshiny days of the past week. It is depressing to realize that in the presence of all this beauty there are great groups of men planning how to hurt and kill one another.

1 February 1972

Promoted by Henning, the German male nurse, the night staff of the Minh-Quy Hospital had a little party this evening. In back of the hospital, their favorite off-duty gathering place, was the scene. A bright glowing charcoal fire over which they grilled veal steak was the center of attraction. Two of the boys were excellent guitarists, and we westerners were royally entertained with beautiful Montagnard singing and some dancing. Henning sang some German songs. The highlight was singing "Frere Jacques" as a round. This was sung in French, German, English and several Montagnard dialects. The words were unintelligible

but the sound was good. The happiness of the singing, the star studded sky above, and the bright smiling faces around the fire reminded me of many similar experiences at home.

2 February 1972

Tension is felt and visible on this Minh-Quy team. Every day we are reminded in various ways of the probability of war coming to the city. The Vietnamese who live near the hospital can be seen loading sandbags. One of the team members has enlisted the help of patients in taping across the windows. Despite this aura, the long lines of sick and injured continue to form and work goes on.

6 February 1972

It has been several days since I took pen in hand to record what has been happening on this tour. Tonight I will complete my last week of night call duty here at Minh-Quy and tomorrow I will get on the plane for the first section of the journey home. Night call here is a unique experience partly due to the varied disease seen and partly due to the necessary adaptations to the culture of these delightful Montagnards. overshadowing both of these factors is the sinister presence of war. It is necessary for one of the doctors to sleep in the hospital, because night time travel is dangerous. Thus far there have been no VC incidents, but the ARVN military who patrol the streets at night are quite apprehensive and are apt to shoot first.

The night call doctor reports in by 8 o'clock. The male Montagnard nurses have a list of IV fluids which require adjustments and also present the doctor with the charts of those patients running fevers. As one works over these details the electric lights flicker in warning that the power will soon be out. Kerosene lamps are lit, flashlights are made ready, and in a few minutes the harsh features of pain and suffering are softened by the gentle light of lamps.

At about this time two or three of the Montagnard nursing sisters make their appearance. These attractive, petite women, always neatly garbed in their habits, are a real testimony of their faith. They work and pray for long hours, their living conditions and food are devoid of luxury. Yet despite the present aura of impending doom, their faces are almost always alight with smiles and their bright eyes bespeak a contentment of soul. Sister Gabrielle is in a way the boos of this group, and she tends to mother the visiting doctors here. A few nights ago I was sitting up writing, and she came to me very apologetically and suggested I go to my little secluded bedroom. It seems that a group of ARVN soldiers was patrolling the grounds, and she thought it would be safer for me.

My bed is in what is called the linen room, actually a storage room lined with shelves and at least half filled with cardboard boxes containing a variety of hospital supplies. In the center space is my little bed with its overhanging mosquito netting. Immediately adjacent they have devised a somewhat hidden tunnel through the boxes to a space large enough to contain a sleeping pad. On Friday night shortly after I retired there was a burst of small arms fire very near the hospital. Most such occurrences are short but this persisted with the varied sounds of many guns joining in. I had just decided to get

out of bed when my door burst open and Henning, the German male nurse, excitedly said, "Dr. Braile, something terrible is about to happen, you better hide." All thoughts of courage and salmaess fled as I scurried through the tunnel and into the black vault of my hiding place. There only muffled sounds reached me. Trying to decipher these soon drove me from my cranny, but as I emerged all became quiet. We never did find out what had happened.

It is well known that custom dictates when a Montagnard becomes ill and goes to the hospital one or more of his family goes with him. The present hospital is mainly comprised of two large long and narrow rooms. The floor space is covered to capacity with small iron beds boasting only a thin grass woven pad over the springs in the way of comfort for the patient. At night the patient and often one or more of his family occupy this bed, and the remainder of the family sleep on the floor between and under the beds. Making rounds on sick patients at night requires many a tentative step to be sure you are not stepping on some sleeping relative. One night in rapidly shifting my feet to avoid stepping on a child I stepped on their dog who yelped mightily. Such occurrences are unfortunate for they are usually followed by a period of coughing, moaning and children crying as these sick and wounded again seek to sleep.

7 February 1972

At night the VC come to the outlying Montagnard villages with loud speakers and deliver their messages of propaganda and threats. They promise they will cut off the heads of all the men, women and children living in villages which oppose them. During the day the Montagnard nursing sisters help in the care of the bullet and shrapnel wounded natives who come to the hospital. Many of them are relatives or friends of the sisters. If the VC win there is little hope for these little saints, and if the ARVN triumph there is likewise considerable doubt about their future. With this dismal prospect, how does one reply to Sister Vincent's goodbye when with courageous smiling face she says "Go in peace."

Hilary Smith and I left Kontum yesterday with mixed emotions, Hilary to safe haven in Nah Trang and I to start the long journey home. (Other members of the team, Glen Booth, Greg Thompson, Shirley Chu, Barbara Silva, Det (Pat's adopted son) and Deick (adopted son of Tom Coles) were evacuated 4 February to Nah Trang for the duration.) Dr. Smith is determined to remain with her Montagnards. Nothing is sure in this land, but all of the indications are that within the next two weeks Kontum will experience another convulsion of strife. The probability of this was emphasized by the two rockets which landed today killing one Vietnamese and injuring three. Dr. Taylor, Susan Little and Tom Coles have pledged themselves to stay until Dr. Smith leaves. This is real courage for the chances of evacuation and escape once action starts are not great. There is courage too in the lives of the ones in Nah Trang. I had dinner with them tonight, and I was impressed with their courage admixed with common sense. For them to stay would be to further complicate the safe extraction of all of the personnel from Minh-Quy. In the face of the dangers they have experienced and temporarily escaped, they speak of nothing but their sure return to Kontum and the work they will do there.

VIETNAM IV
8 February 1972

An early morning flight from Nah Trang brought me to Saigon where I was quickly and efficiently ushered through the formalities of leaving Vietnam. There was some urgency to this since my visa expires today, and apparently there would be great commotion if I failed to get away. Now I am seated in the quiet comfort of a Cathay Pacific airliner headed for Hong Kong. A visit to the Project Concern Clinic there tomorrow and then it's on to Rome, Switzerland, Paris and home. Already the heat and the dirt, the pressure of demands and the sense of potential cataclysm has left my being, as if washed off by my long hot shower in Saigon. Sitting on the starboard side of the plane I can barely make out the mountains of the highlands. But in my heart I can hear the last greetings of the Montagnards, "Bok ma lung", May you go well, in response to my "Oei ma lung", May you stay well.

Louis E. Braile, M. D.