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~~To Keep~~
Addressed to several Saigon support agencies.
JWT

Pleiku Province Hospital
pleiku
June 7, 1972

On May 12th, Mink-Quy Hospital (Pat Smith 's Hospital) was evacuated, in part, from Kontum, in order to continue to provide care for Montagnard civilians in the Central Highlands. I hope with this report to bring you up to date on the medical situation here, and to inform you of several problems that we have been having.

We are presently located at Province Hospital, Pleiku, occupying a total of 99 hospital beds. Our staff is comprised of:

A. Western -trained

- 1) 1 physician (general medicine & pediatrics, no surgical experience) Dr. Smith is temporarily in U.S.A.
- 2) 1 Physician's assistant
- 3) 2 registered nurses

B. Montagnard

- 1) 57 persons including "nurses", dressers, x-ray & lab technicians, and workers of assorted supportive occupations.

In the first three weeks of our Pleiku operation, we saw an estimated 600 new patients, maintaining an inpatient census of approximately 120. The spectrum of illness we encounter is shifting from primarily infectious diseases to war-related civilian casualties, mainly from the Kontum area. There is also a slow increase in the number of patients coming from the pleiku locale.

We presently offer both inpatient and outpatient care for Montagnards of any tribe in the fields of internal medicine, pediatrics, and non-surgical care. Also orthopedics, minor surgery and post-op surgical care are provided. Maternity services for both Montagnards and Vietnamese patients are provided by the Province Hospital. We presently do not have general surgical capability, though we have been able to refer emergency cases to the 67th Evacuation Hospital, Pleiku, thanks to the ever-present cooperation of their chief surgeon, Major David Gatti.

Currently we are reorganizing the hospital routine to handle the increased surgical demand: training additional dressers, stocking additional bandages and orthopedic materials, and setting up tent space to handle overflow. Furthermore, we are personally evaluating alternative patient evacuation routes in anticipation of such need.

Our ultimate plan is to return to Kontum as soon as security permits, as the Montagnard tribes represented on our staff are in insufficient number here in Pleiku or in Ban Me Thuot to warrant a hospital.

Foremost among our problems is the need for a surgical team.

Until a full general capability is established (surgeon, anesthetist, O.R. technician), it makes little sense to evacuate patients to this location, only to have them die for lack of transportation to a surgical facility. We have not yet been taxed by mass casualties, but when the road to Kontum opens, or when the weather clears, the demand may be enormous. On one occasion, we received fifteen severely wounded within an hour and a half. Some are still awaiting surgery; others we were able to stabilize and spread the load to Dr. Gatti over several days. Furthermore, if elective surgical cases are allowed to accumulate, they sorely tax the nursing staff and occupy beds unnecessarily. A case in point: One of our patients sustained a wound in the first fighting around Kontum, over two months ago, involving an extensive area of skin and muscle loss. Throughout this period, his dressing has required an average of one man-hour daily, and until recently, has required general anesthesia. For the last month, his wound has been clean, granulating well, and ready for surgery. Without surgery, he will be hospitalized for at least another three months. Hopefully, after appropriate grafting, he could be ambulatory in 2-3 weeks.

George Christian, an anesthesiologist now in Saigon, is familiar with our situation and would like to work with us. Province Hospital has two operating rooms, and 67th Evac. may have a third (unofficially) should the need arise.

A second area of difficulty concerns liaison with existing social service resources, primarily concerning food. Our staff can see no alternative to providing food, served at the hospital, for patients and their families. Although most of our patients are refugees, Minh Quy funds have been used to provide rice and fish for the last two weeks. Our experience in trying to rectify the situation has consisted of being referred from office to office without result. One week ago, we were requested to provide a list of names of inpatients, in order to avoid duplication in allotment. We tabulated names, villages and family members, only to have the list rejected with a further request for ID numbers. Admittedly, equitable coordination of refugees and benefits is an impossible task. However, it cannot be the task of medically trained professionals at a time when the demand for health services is critical. Needed is a man given the necessary authority, and charged with the responsibility of delivering the rice etc, into the hands of the hospital cooks-continuously and without fail.

A third problem area is that of supply. Moving to Pleiku has left us with patients, a hospital cadre, but without equipment. Luckily, we have been able to gather supplies from various sources, but our first emergency order, sent on May 16th to the MOM/GEN Medical Depot, Saigon, has not yet been received. Enclosed is a revised order, intended to supersede the previous one, as our needs are now more clearly visible. Our ordering information is still in Kontum; our administrative personnel are now in the U.S.A. The format of the present order is incomplete, but the intended requests should be clear. Would you have someone from your office put the order into submissible form and expedite its delivery as soon as possible? If you will send us a current set of catalogs, plus complete ordering information, we will be able to handle everything at this end in the future.

Items also needed:

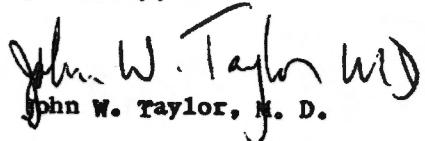
- 1) Povidone solution-not soap(Betadine) 6 gal.
- 2) Crutches with tips, adjustable 20 pr.
- 3) Nasogastric tubes, 16 pr. 20
- 4) Minh Quy Hospital forms(5 types- samples enclosed) 500 of each

Of help would be:

- 1) One physician, general practice; Keith Arnold, Saigon has been recommended
- 2) One technician, volunteer, capable of casting, suturing etc. (perhaps on loan from the military?)
- 3) Telephone service-our phone is installed, but not presently working.

Thank you for your time; please come to visit. From the stand-point of physical plant and well-trained paramedical personnel, this hospital is where the Montagnard casualties from Kontum should receive definitive care. They are the people Minh-Quy has provided for for many years; and this is the only health center in Vietnam where their languages are spoken.

Sincerely,


John W. Taylor, M. D.