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I have sensed a good deal of tension in the air over the last several weeks, some of it manifested as open hostility. The source, I think, is three-fold: increased work, decreased communication, and primarily, disagreement concerning my role at Minh-Quy. The aim of this note is to get things out into the open; specifically to air my personal feelings about things, and to encourage reciprocation from all of you. I feel it necessary to be away from Kontum for several days to provide a buffer from the bitterness of last weekend. I hope in the interim that you all will have a chance to digest these thoughts, both individually and together, so that we can constructively discuss things when I come up, on whatever terms you would like. I hope the contents of this communication will be kept confidentially among ~~the country~~ the in-country Western staff of Minh-Quy.

The separation of the two hospitals is the biggest problem currently, as I see it, and the source of many other difficulties. No one likes it, but to move back without careful study would be unfair to all. The work load is increased, both ~~the~~ because of the inefficiency of running the two operations, as well as the greater demand for medical facilities.

The statement was made last Saturday night, "Who gave you the authority to request a new VPVN?" Even if our staff meeting of the week before were totally disregarded, the following items are pertinent to this question:

a. When Pat left, she asked me to take care of the hospital. She also asked me to go ahead and disband it if I thought security demanded it.

b. One week after Pat left, things were quite disorganized, and after an unsuccessful attempt to get things rolling, the Montagnard leaders asked me to intervene and reorganize things.

This I did, and I feel that things in Pleiku were improved. How do I feel about taking this role? Although not asked for by me, it has been an interesting and quite educational challenge. It still is, but it has also become a source of deep personal frustration. I am no longer learning medicine, in fact, I am going backward. The demands on my time make it impossible to practice creatively, and professionally, I am stagnating. The sustaining interest for me over the last three months has been the prospect of starting a teaching program; my interest now is to go home as soon as possible. I am not prepared, however, to betray the responsibility that Pat has left with me; out of allegiance to her and to the Montagnards. (I feel that Tom could handle this role quite adequately, if some other competent VPVN were here to help.) I have communicated to Pat and to Louis Braille my feelings about my personal development, and have received a personal reply from Pat requesting me to stay until she can get her affairs in order, leaving the date indefinite. Furthermore, I have been approached by a Board member to give him guidelines for the Pennies for Pat drive, rather than asking Pat.

My reply to Pat is that I will stay as long as is necessary for her to get the children situated to her satisfaction, asking only that we be kept informed of the progress. Because of my present situation, I have certain unique assets to help me oversee the affairs of Minh-Quy. Dealing with both hospitals, I am, to a small degree, better able to get the overall picture of what is needed. Because of my sponsorship, I have many connections in the COMUS and USAID hierarchy that may provide additional help in this chaotic time. Lastly, I have had the experience of playing the same role, successfully, I think, in a much more difficult time, when the basic job to be done was essentially the same.

As I see it my responsibility includes:

- a. To see that every patient gets adequate care. This does not imply that he needs to be seen by a doctor every day.
- b. To see that the Montagnard population receives adequate consideration medically outside of the hospital. Tom, I think, is superb in ~~this function~~ providing this service, as far as I'm concerned, totally independently.
- c. To see that hospital personnel are content, including food, housing, pay, and personal problems.
- d. To see that supply is adequate in advance of need.
- e. To see that future operations are not hampered by oversights now. (That is why the emphasis on Old Minh-Quy and on scrounging.)
- f. To see that new problems do not arise because of other oversights. (That is why the cross on the roof and the attempt to clean up the grounds.)
- g. To see that Minh-Quy is prepared to handle a sudden, markedly increased load.
- h. To see that any current opportunities for improving the overall situation of the organization are not allowed to pass by.

The frustrations pertinent to this discussion (we all have our list) are several, and I will try to present them frankly. If inaccurate, or unwarranted, let's talk about it.

a. I have been fighting (as we all have) for the past three months with the Vietnamese government, with Pleiku Province Hospital, with COMUS, with Col. Swanson, and now with the Minh-Quy western staff. Part, though not all of the problem, is due to my personality. Peace and cooperation would be quite a relief to us all.

b. In order to get to Kontum, I do not do casting or minor surgery, but daily, I see patients on the ward with wounds inadequately debrided or fractures uncasted. This is because adequate coverage for the necessary skills has been subordinated to other priorities, sometimes appropriately, sometimes not. Today, for example, I learned that a young woman on the ward here will have per-

manent loss of full function of her hip because her dislocation was not diagnosed in time. The day she came in, an Xray was requested, but Hnoi was in his village drinking rice wine. Two days later, I personally went to get him, because the Montagnard staff member I asked to had not. The lady with the hip problem, the people with the uncasted fractures and the undebrided wounds are all my responsibility, without question, and it really hurts to know I have failed them. Some support would be very much appreciated. I think it only fair that Marie Therese's previous balkings should be considered in the above context.

c. On the third day of my afternoon excursions to Kontum, I received a bitter, personal attack, not in private, but right in the middle of clinic, because I was late. I hope it is now understood that my primary purpose in coming to Kontum daily is not pushing penicillin to thirty sore throats an hour so that people can leave clinic earlier. (Anyone can do that, and, if it doesn't get done, big deal.) The time is better spent seeing problem patients with Gabrielle, finding out the needs of the various departments, and, in general, coordinating the two hospitals.

d. Several weeks ago, I mentioned the possibility of bringing up a tape for the hospital patients and families, to try to recruit additional manpower and to cure various hospital ills. The reaction? "Great, very good, when can we get it?" A week later, I got off the chopper, walked through the garbage yard around the tents, past the mosquito (malaria) farm, stepped over piles of stool on the sidewalk, and onto the ward, where people are still spitting on the floor; then to the nurses station, where it seemed a kiddies party was going on. There, I discovered that no one knew the whereabouts of my tape recorder, brought up specifically to alleviate these problems. Had we been told of the low priority destined for this project, Pea and I would not have spent three evenings ("free time") getting it ready.

e. The attitude of the Kontum people toward the Pleiku people seems reflected in:

"Why can't Beth work with the new VFPN; does her work take all day?" and

"We have already chosen our rooms; where would you like to stay?"

f. I sensed some anger at my reaction to the use of daily Bicillin and Necessilline in clinic. I realize that you are under many unfamiliar pressures when you run out of meds, and I tried to explain the problem as gently yet as fully as I could. (I'm not very good at that) However, the western staff and Gabrielle should know better than to order meds without checking doses. In reiterating this with Gabrielle this weekend, I was much too harsh.

Concerning moving the hospital:

a. In reality, the ultimate decision to move the hospital back to Kontum is mine. I don't like that arrangement, and I doubt if anyone else does. Regardless of who makes the actual choice, if the wrong one is made, the western staff will not have made it, the Montagnards will not have made it, the blame will fall directly on me, fair or not.

b. Despite my playing down the possibilities of moving back, no one feels the need for it more than I. I live in Fleiku; I work in both hospitals; and I have had to answer the many ridiculous refuge-type problems (very real, though) of our workers here.

c. The decision to move has been compared to that of moving to Kon Monay. This, I think, is a fallacy. You still cannot drive to Dak Kodem, and the fighting has just stopped at Kon Jo Dri. Although having the two hospitals is quite inconvenient, it is obviously workable, and potentially moreso with the new VPVN. On the other hand, the consequences of a wrong decision are very real. In medicine, there is a time to take a stand and intervene, and there is a time to wait and see.

d. I hope that everyone will actively participate in gathering information to guide the choice. We all basically have the same interests and fears, and if we can communicate, I think we will come to the same conclusion. To move back without adequate information because of emotional pressures, or, as was expressed last weekend, to avoid rotating in Fleiku, is irresponsible. The sooner we can get the background work done, though, the sooner we can potentially consolidate.

My immediate plans are to come to Kontum late Thursday at the earliest. In the meantime, I will make housing arrangements for the new VPVN and for the nurse coming down. I hope the first person rotating would be ready to work on Friday morning (in Fleiku Thursday night). Would you inform Ser (Stony) that he will need to work down here too, as interpreter? This was part of the agreement made when he came to Kontum on his own. Also before I come, I will try to get settled as much of the housing problems of our staff as possible, and answer some of the letters just arrived from the Board.

After getting situated in Kontum, I hope to get right into ward work. I anticipate a number of projects necessary to improve the situation, some of high priority, some of low priority; and the amount of time I can spend with patients depends on how much of this ancillary load can be handled by the rest of the staff. (To be perfectly frank, after last weekend, I feel a good deal of trepidation about asking anyone to do anything directly.) I feel that the following projects should be undertaken in the near future:

- a. Work schedule - Everyone on the payroll should know exactly when he is expected to work and when he has off, on paper.
- b. Montagnard staff meeting - to avoid the piecemeal approach to problems, and to set certain policies about things that may now be ambiguous.
- ✓ c. Advisory board - of a few dependable Montagnards, to help us with difficult decisions (Hoping to avoid fiascos like the Hlip affair)
- ✓ d. Phu Tho supply order - need to get it out soon, in proper format. It is time-consuming, and I will be glad to help, but I would prefer if someone else learned, as I have made out the last five orders on my own time.
- Letter to Haly e. Estimate of hospital damage - long and involved, but need to get it started processing if we hope to get compensated by GVN.
- ✓ f. Cleanup of the hospital grounds.
- ✓ g. Clear out the tents and the hospital beds of anyone not in need of hospitalization.
- h. Set up efficient outpatient distribution of protein supplements.
- Staff mty i. Streamline clinic.
- ✓ j. Streamline walking wounded.
- k. Find out what is necessary to free:
  - Gabrielle - for time off
  - Hiao - for working days only; no casting or surgery is done at night
  - Lung - an active, supervisory head nurse was the thing that saved us in Fleiku
- l. See that refugee camps are getting <sup>2/12/57</sup> minimal health care (Tom?)
- m. Approach the appropriate Saigon ministries for certification of our nurses now that their performance under stress is fresh in their minds.
- n. Check on possibilities for combining hospitals once again:
  - Staff housing
  - Map of enemy locations and plans to present to staff
  - Survey of refugee opinions, especially newcomers, perhaps conducted by Tay Wol
- o. Blocks of time off for those who have worked straight through the last three months.
- p. Possibilities of a more equitable pay system?
- 1/2 q. Get Xray set up
- r. Prepare for short-notice surgical capability. (If you're going to need it, you're going to need it). A group of surgeons from 67th are coming up this Friday. Could you gather up as many general surgery and orthopedic patients as you can, get a current CBC, and, if possible a KUB on the man ~~from~~ with the bladder stone. The two men with hernias are in Dexomay and Kon Monay Xolam. They're now talking about doing the surgeries in Fleiku, again.
- s. Ideas?

Many of these things, I'm sure have been started; some are probably finished. The more we can work together, the more time I can spend with patients and in clinic.

That's the way I feel; I've probably said a number of things I shouldn't have said, but our mutual problems have got to come out into the open. I sincerely hope that you will consider these things and talk about them. I am racially bigoted, usually in a bad mood, unfriendly, and hard to talk to; but the effort must be made, if we are to get anywhere. Personally, I would rather have someone spit in my eye and say what he thinks (hopefully constructively), than just smile and agree and say nothing. I hope, too, that the next time the urge comes to say "You won't get any volunteers from here!", you will understand that I (and I think Tom is in the same boat, too) am no longer a volunteer myself, but, in effect, a prisoner of unfortunate circumstances.



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