

PROJECT IDEAS

Thoughts? Evaluations? Criticisms? Ideas? Combinations?

1. Teaching several staff to function in clinic or in situation of mass influx of new patients. Would cover approach to infectious diseases, selected emergencies, basics of fluid therapy. Most of time spent as Tom did, overseeing on-the-job problem-solving with clinic patients. We need more than one or two montagnards capable of doing clinic. Ta, I think, is good for this role. Could he be spared in the afternoons? Who else? Is this practical?
2. OR surgery. This would be good training for me, but I doubt if it would contribute much to Minh-Quy in the long run.
3. Administrative. Can we decrease any costs? Can we get a montagnard trained in the necessary dealings with MOH, supply?
4. Getting village leaders to help with some of the problems of Minh-Quy. (For example: a. recruitment of short-notice, one-day work crews for special situations b. if every village made its own wheeled stretcher, they could bring patients in with the same effort it now takes to request a truck. c. for the future, rice donations to help support the hospital? d. assistance with preventive efforts (spraying, immunization, etc.)).  
*(easy) →*
5. Liaison with Vietnamese authorities. A necessary job, I think, and I'm not very well suited to the type of dealings necessary.
6. Doing some of the groundwork for a Seattle-based preservation of montagnard culture, to include: artifacts, photos of life style, recordings of music, and language, opinions re present situation, ~~mixx~~ bibliography of writings on the montagnards, etc. This collection would be of use in orientation of new staff, in fund raising (periodic exhibitions?), and in increasing state-side awareness of montagnards. Furthermore, it could be used as a research tool for interested anthropologists. (Peter Kunstadter, PhD, is at Univ. of Washington, and has written (I don't know how

well) several books on the subject. I met him in Pleiku last year, with Gerry Hickey, and will see him in Seattle in a few weeks. Maybe he can, if interested, drum up at least partial support via UW (financial, that is).

Other ideas?

A handwritten signature in black ink, appearing to read "John" above "Taylor".

John W. Taylor, M.D.

