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March 5, 1973
Kontum

Dear John --

Good to hear from you. Father mentioned that you'd been in to see him & I think was pleased that you'd done so. It was thoughtful of you.

Here's a mish-mash of facts/thoughts/reactions -- share with the Braille's as you see fit (& tell them in any case that all's well here & I'll be writing shortly.

The old APO is gone & we tentatively have an arrangement to use the Embassy: name, Soc'l Sec'ty #, MQH, American Embassy/CG2, APO S.F. 96243. I think for a while correspondence had better be duplicated, one copy to go via APO, the other Vietnamese mail (mission Catholique, Kontum). Neither's very reliable & I wouldn't recommend packages by either either.

Current staff is: Me until April 1st, Edric Baker for at least one year, John Havicam (maintenance, some aspects of supply) indefinately, Bill part time probably until April-May. Indirect word from Pat is that she's not hiring new hands, which frankly distresses me. We need long-termers. I've not been able to do 1/10th of what I wanted to do because of the staffing situation: one gets far too bogged down in immidiate needs. I know there are numerous MD's/RN's interested but when/if they'll materialise, who knows. Possibilities are: Margaret Fast, Dr. Prud'hon (VNCS Pleiku), an Australian pediatrician recommended by Cath, A Dr. Foster (?internist) who has worked in V.N. & speaks Vietnamese, Anne Watts & boyfriend (both RN's), an RN from Singapore, an ex-medic from (?) Wisconsin & one or two friends of his. However, I know of no definite arrangements made with any of these. Should any or all materialize, Ed would like to work on Village Health Workers, Tbc & Vietnamese liaison (for which I think he'd be o.k. if guided) -- however he forsees that Pat may think his surgical skills more important. What interests the others might have I don't know, though Anne Watts is a midwife.

As I see it, current key needs are Village Health Workers (involving Vietnamese liaison in all probability -- I enclose Scotty's last report), Improvement of supply, & increased training of current hospital staff. The last is what I wanted to do, but apart from the usual business of working on technical skills & supervising medications I've been able to do very little. For training of Hospital staff, I'd suggest two groups: Ta & Khai in the more sophisticated, Hiep, Hrong, Griu (new), & possibly Di (new) & Lung in the other. I would include Gat except that he's currently training as a Tbc nurse & that seems to be enough for him at the moment. I would exclude Da, Beh, Khu, Yui, & possibly Plung (another new one). Pea & Hnoi could be included, but I think they're needed on supply & John Havicam is hoping to work things out such that Hnoi, Pea & Nglau take increased responsibility for ordering & maintaining supplies each in his own department.

Currently Gabrielle, Hiao, & to a lesser degree Francoise are diagnosing & prescribing. I would think the others in the two teaching groups mentioned could be trained to take over some of their responsibilities. A teaching program that involved seeing patients -- as Tom used to do with clinic -- might be

valuable & could make use of walking wounded without short staffing the hospital. This in turn would allow Hiao, Francoise & Gabrielle more time with the bed patients. I do think all of the people in both groups should have some idea of what to do when a patient presents -- a simple schema of exam & lab work to order & what treatment to initiate on the basis of both exam & lab work & when they're over their heads & need help. To varrying degrees they have bits & pieces of this knowledge but don't use it. Perhaps each one could ~~xxxxxxxxxxxxxxxxxxxx~~ function as a kind of supervised triage nurse for a specified period of time, checking those patients who present at the front door. I should have finished by the time I leave an English language manual (facetiously called the Minh-Quy Merck) & hope to at least start on a Bahnar version -- these might be useful.

Specific educational projects: arithmatec for everyone involved with meds & IV's (which unfortunately involves a knowledge of the peculiar Vietnamese system of division & multiplication). Perhaps a local instructor could be engaged part time through the Bishop or Marie-Renee.

Public health indoctrination for clinic patients & walking wounded, who do a lot of sitting around waiting & could use that time learning about boiling water & where to & not to ik, etc.

Basic anatomy & physiology for any or all staff.

I may think of more.

Re. village leadership health. I like the idea of some kind of stretcher on wheels for each village (there's a nice bicycle one in Health Care in Underdeveloped Countries as I'm sure you know) -- especially as our gas supply is limited & often we just can't provide transport. Rice donations are probably not feasable at the moment: the refugee population is overwhelming & most villages have less than enough. Rita suggested charging for clinic visits, even if it's only 10p. This would involve having a clinic registrar who could assess financial need. I notice that on my copy of your list Ed has underlined assistance with preventive efforts as the priority need: this would, I think, involve both Vietnamese liaison & Village Health Workers.

On Pontagnard cultural projects: yes, worth doing, but not the best use of your skills & something that surely wouldn't require full time effort here as much as full time effort in the States. In any case, while it sounds good fun, I don't think it's priority.

Well, that's the bulk of my current reactions. Hope it's of some use. We're looking forward to Pat's return this week (though not holding our breaths). Have had a lot of sick patients lately: in patient census 200 last night & clinics running 150-160. But a definite decrease in trauma since "peace" (even if it's only temporary) & concurrently a marked increase in malnutrition, anemia, edema, parasites, malaria -- the refugee diseases. Rita has left but we'll forward your letter. Best to all in Seattle & very glad to hear you're coming back (Hiep said, with that pious air which never really convinces me coming from him, "Bo'ne ko'Ba Iong!").

Best - Hilary