

Minh-Quy Hospital  
Kontum, Viet Nam  
March 20, 1973

Dear John,

I found your letter awaiting me on my arrival here, but have not had much time for correspondence up till now. We're keeping fairly busy at the hospital, plus having been trying to do something about getting mines removed at old Minh-Quy and the well~~s~~ pumped out since the ARVN used it as a latrine in addition to their other gifts to us. The mine situation seems to be as well under control as we're going to get it -- it seems fairly certain that all are gone in the garden, relatively certain that none were planted elsewhere on our property, almost entirely certain that the banks of the creek still have many. The latter appear impossible of removal, and I think we will have to fence & put concertina~~s~~ wire on the area, with many warnings.

I'm hoping to get moved back to Minh-Quy within the next 6 weeks. The essential repairs at the hospital are one or two roofs -- other things can be done after the move.

Perhaps you would be interested in assisting with the move, if the minimum repairs can be completed to allow us to move in the time you are here. What this means, of course, is assisting with the organization of the move, since the actual moving can be accomplished without much difficulty.

Of your suggestions, there are three which I think feasible and of value:

1. Of most importance, training two more people to see patients in clinic. Although I have opposed the general philosophy for years, I think we are now at a point where we must run the OPD by having all patients seen by the Montagnard staff initially, and only the referrals seen by the M.D. At present, there is a rather ridiculous situation (or rather has been one & it will probably obtain again) where the M.D. sees patients along with Sr. Gabrielle -- i.e., alternatively and indiscriminately. Many hospital admissions are not seen by an M.D. for several days, being admitted by Gabrielle or a Western nurse. I feel we should get enough Montagnards trained that all OPD patients will be screened by them, with the M.D. seeing any problems, plus all admissions to the hospital with them. The approach should be firstly that of the general physical exam, with an appreciation of normal & abnormal; then, the diagnosis and OPD treatment of common~~s~~ diseases seen in Kontum. The most important thing is to train them to appreciate when they are incapable of taking care of a problem and/or when the patient needs hospital admission. (I think this part was very lacking in Tom's instruction, judging by what I see of his people's performance at present). I think the people to be chosen for training in this regard merit some discussion, better done here.

2. Training a Montagnard for helping in administrative areas. This may not be possible to the degree we would like, but deserves some further efforts. Krik, who is Thai Wal's son-in-law, and has had some administrative experience, will probably be hired by us in the near future & might prove to be quite good in this line. He had previously worked at some low-level social work in K. Hring under auspices of Save the Children Federation. For some months, he has been working for Bill Rose, dealing with distribution of VNCS commodities to refugees. The latter job is ending, since Bill Rose is terminating with VNCS.

3. Collecting artefacts and accurate information in regard to Montagnard culture would also be a worthwhile endeavor, though I think less important than the previous two. This could also be a difficult procedure these days, when much of their culture has already been obliterated, and many interesting artefacts are not being made any more because of lack of access to materials. However, whatever you could do "on the side" could be something of lasting value to the U.S. as well as the Montagnards. Incidentally, I find it difficult to believe that Kunstadter has written anything about Montagnards of Viet Nam. He worked as an anthropologist in Thailand for some time,

and may have done something about the tribal people there. His exposure to montagnards of viet nam has certainly been minimal.

I will probably be seeing you in Seattle in the near future. Don Brazier sent in my name for an award offered by the National Council of Women, which demands my presence at the award ceremony in Washington, D.C. on April 10. I have now regretted that I said I would be there if they gave me the award, since I don't relish the thought of the travel involved so soon again. However, I did say I would do it, so now I'm stuck since I've turned out to be "it" -- their list of candidates must have been neither long nor impressive. I will probably arrive in Seattle Apr. 7 or 8, go on to Washington the 10th, then spend 2 to 3 days with my children, and get back to Seattle for a matter of a few hours or a day about the 13th or 14th on my way back here.

Things have been pretty quiet here, though the Pleiku road is only intermittently open & the ARVN - NVA get into it outside of town from time to time. There has been a little incoming since the cease-fire, but rarely & of no significance. All the Kontum refugees are being moved back from Pleiku now, some being added to Mary Lou, where the others are now, and some being sent to their former villages -- Plei Krong area is now considered "secure" by the ARVN and all from that area are being returned. The GVN officials say that all refugees will also be moved back from Banmethuout, but the time for this is not definite. It seems that a large part of the move is motivated by political reasons -- we have heard that if & when a general election occurs, the people from Kontum province would not have a vote unless they are in Kontum province at the time.

The Mary Lou refugee camp is a mess, medically speaking, but I do not have much hope that any effort out of Minh-Quy will improve it much. Dr. Brian Ryan, who visited here last year, has been going out there for about 2 weeks, and bringing in the worst patients, but his efforts have not really been directed to improving the dispensary there, which is staffed under the direction of Province Hospital. There are 7 of our VHW out there, who are doing practically nothing. They have not been paid since Dec. 31, when Province was supposed to start paying them, and our efforts to get this straightened out have been unavailing -- Thach claims he doesn't have the money for any of Tom's VHW yet. We could put them on our payroll, but I feel their efforts do not warrant this, until if & when there is someone who can actively supervise their activities -- Scotty, to my mind, is a total flop at any kind of supervision and direction of the VHW.

All for now. Will try to see you, or least give you a call, when I'm in Seattle.

Sincerely,

