

MINH QUY HOSPITAL: STATUS QUO AND FUTURE OUTLOOK AS OF MID-1973

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Reconstruction of the war-ravaged original Minh Quy Hospital site is in progress and the buildings and grounds at the old 'Kon Monay Xolam' location are undergoing a remarkable transformation. The original Minh Quy grounds comprise some five acres of land outside Kontum City, donated by appreciative Montagnard villagers from Kon Monay Xolam and Kon Monay Kotu in the early 1960's. Construction of the first set of buildings was completed by February 1963, and on May 23rd, 1963 Minh Quy Hospital was formally inaugurated. Improvements were added over the years — gardens, a fishpond, new water wells, an enlarged kitchen and extra warehouse — and the total hospital complex now includes thirteen buildings. Even after the evacuation of Minh Quy following a VC sapper attack in March 1968 the grounds and buildings were maintained and improved in anticipation of the day when security conditions would permit a return.

The Montagnard Girls' Boarding School, offered by the Bishop of Kontum as a substitute hospital site immediately after the 1968 attack, has lent itself well in some respects but poorly in others. The downtown location is more secure and more accessible; but it is cramped and crowded, lacking in storage space and sanitary facilities, and it is understandable that a yearning to return to the original location has prevailed among the old-time staff members during the years of exile. But conditions never seemed quite right for the move: security couldn't be guaranteed since the VC had demonstrated they had no respect for the hospital's non-political humanitarian role, and the Province Chief wouldn't authorize the return to Kon Monay Xolam until adequate protection could be provided. Lack of an ideal treatment center didn't prevent the local Montagnard and Vietnamese population from undergoing their usual share of accidents and illnesses, however, and as the years passed the Girls'

Boarding School became accepted as 'Minh-Quy-for-the-time-being' despite its shortcomings.

Then came the North Vietnamese onslaught in April-May 1972. Although Kontum City was never captured it was invaded by NVA^{*} regulars and nearly the entire civilian population, Minh Quy's international staff included, evacuated to Pleiku and points south. The hospital was left in the hands of Montagnard employees and continued functioning throughout the crisis; and meanwhile 'Minh Quy Annex' was established on the grounds of Pleiku Province Hospital in May 1972 to serve the needs of the thousands of civilian refugees who had been flown out of Kontum before and during the siege, and who were being sheltered in schools, churches and pagodas in Pleiku City. The 'annex' continued in operation until the end of September, by which time Kontum had been pacified and the refugee problem somewhat alleviated. Miraculously the hospital in downtown Kontum escaped serious damage during the heavy fighting. North Vietnamese soldiers passed in the street directly in front of the hospital and the surrounding neighborhood was peppered by airstrikes and artillery; one patient was killed and two employees wounded by shrapnel, but with respect to other parts of Kontum City Minh Quy's losses were relatively light.

The old Kon Monay Xolam grounds suffered far greater physical damage, 'friendly' rather than enemy action being the source of the trouble. ARVN^{**} troops were stationed there for several months, and although there was no actual combat on or near the hospital compound they left the place in a shambles; sections of roofing were torn off some of the warehouses, and much valuable medical equipment was left to the elements and ruined. Plumbing and lighting fixtures were ripped out, windows broken, wells polluted, medical supplies ransacked; and worst of all the grounds were seeded with anti-personnel mines which were never retrieved or de-activated when the South Vietnamese troops withdrew.

* North Vietnamese
** South Vietnamese

The decision of whether to restore and reoccupy the original site or else write it off as a war loss and continue working in the crowded and hectic conditions at the downtown boarding school was a difficult one. North Vietnamese military tactics are inscrutable and unpredictable; it would be too disheartening to transplant out to the old site, with all the toil and expense involved, and then be forced to vacate again in the face of a new NVA offensive. The durability of the cease-fire had to be assessed, and the risk of a new onslaught weighed against the practical benefits of working in the spacious Kon Monay Xolam compound which, battered though it was, had not been damaged beyond repair.

The argument to return prevailed. First the commanding officer of the 23rd ARVN Division was cajoled into dispatching a mine-sweep crew to burn off the grounds and run a bulldozer over areas that were particularly suspect. No diagram of the minefield had been made, and an overall sweep of the entire area had to be undertaken --- with exceeding caution, as there had already been a number of casualties among Montagnards from neighboring villages wandering across the grounds.

Some of the regular Minh Quy construction workers were deployed to begin cleaning up debris and repairing roofs under the supervision of John Havican, an ex-SeaBee who joined the Minh Quy staff in January 1973. As the reconstruction effort gained momentum an additional crew of skilled and semi-skilled Montagnard workers were recruited from the large refugee camp outside Kontum to hasten the return. Dr. Smith's plan is to begin with an essential core of buildings --- surgery, X-ray, laboratory, wards and central supply areas --- and when these have been restored the hospital will be transferred in toto from the present site as quickly as possible and work will continue on secondary buildings and storage areas.

Water supply was a major concern at the outset: The two main wells had been fouled during the ARVN occupation, and there were no local facilities for chemical

treatment or flushing. A primitive pipeline was laid to divert stream water into the compound; Mr. Dale Davies, an environmental engineer with USAID, visited in May and concluded to our great relief that, with the addition of a purification plant, this in itself would provide an adequate supply. The original target date for returning to Kon Monay Xolam was April or early May, to coincide with the beginning of the rainy season; there have been delays in procuring construction materials however, and at this writing our objective is to complete the transfer by the end of June. *

Meanwhile at the downtown hospital site business goes on as usual, medical care being extended to an average of about 400 patients daily. The in-patient load has been averaging over 200, with clinics running from 150 to 200 patients per day. In a typical week up to ten major surgical operations may be performed. (The number depends partly on the professional guests we have at any given time; AMA volunteer physicians have visited frequently over the past months, and those with specialized surgical skills are likely to be pressed immediately into service.)

There are considerable fluctuations in the patient-load of course, partly based on seasonal factors, partly on demographic events. Most of the Kontum Province refugee population are quartered in a former American army base which still retains its GI nick-name 'Marylou'; this settlement has grown from an initial population of 9,000 (mostly Montagnards from DakTo District to the north) to as high as 17,000 at one point when the government called back refugees who had been dispersed to other nearby provinces. Presently the population is on the wane as GVN is emphasizing a 'return to village' program to reoccupy abandoned hamlets; for the hard-core group whose land seems irretrievably lost to the Viet Cong, alternative settlement sites are being offered in Phu Bon and Darlac, other Highland provinces. Substantial shelter is provided at Marylou and a basic rice ration is given; but

* Actually, the transfer was accomplished on 5 July

nutrition is meagre in other respects, also water supply has been a constant problem and there have been outbreaks of diarrhea, dysentery and typhoid caused by contaminated wells.

The Provincial Health service furnishes dispensaries and ambulance service for the camp; the Sisters of the Miraculous Medal have a corn-soya-meal feeding program for children, and Minh Quy provides salaries for three health workers trained in giving immunizations. Partly because of the turmoil and dislocation following the 1972 offensive and partly because of the failure of the GVN Ministry of Health to provide staff salaries as they had agreed, the Village Health Worker Program initiated by former Minh Quy volunteer Tom Coles in 1971-72 is now only partly operational. This has been a disappointment — even in the best of times the Montagnards have a need for village-level health workers, even more so now that so many are existing in refugee locations with reduced standards of nutrition and sanitation.

We have a multitude of other problem areas besides the absence of an on-going public health/preventive medicine program - but none so grave that they can't be coped with given adequate time and resources:

— Sanitation at the present downtown hospital leaves much to be desired — too many patients cramped into makeshift wards with no extra space for isolation or intensive care cases, too many out-patients and relatives milling about on the grounds outside. These problems should disappear automatically at the time of our return to Kon Monay Xolam.

— Another dilemma is maintaining a regular inflow of necessary medical and non-medical supplies. The hospital has been plugged into the GVN Ministry of Health logistic system ever since 1968, and in an average month we may receive up to 3,000 dollars' worth of drugs and equipment. The logistic aspects of this

operation have tended to be irregular since the cutback in American air assets: requisitions are filled sooner or later but there are now unpredictable delays in delivery since most items are dispatched by truck. Oxygen supply has been a particularly worrisome problem; we foresee the day when we may have to resort to commercial channels and do our own hauling to insure a regular stock. This would be a relatively major undertaking for us as the closest production plant is in Nha Trang, an eight-hour drive from Kontum, and none of our present stock of vehicles is adequate for long-distance hauling.

— The withdrawal of American forces has affected the hospital in a number of ways. During the American heyday there was a vast outpouring of unofficial support for Minh Quy, given the native generosity of the GI's and their sympathy for the Montagnards as the 'underdogs' of the Central Highlands. Medical supplies, fuel and food and construction materials were freely offered. Troop contingents in Kontum and Pleiku were invariably willing to donate fresh blood. Most important, the military hospital in Pleiku was available for critical cases which couldn't be handled at Minh Quy, and in real emergencies a 'dustoff' helicopter would be dispatched to provide airborne ambulance service. The Cease-fire and pullout of U.S. troops and civilian personnel has occasioned a Day of Reckoning for Minh Quy, and we are now adjusting to a modus operandi^{operandum} comparable to that of the days before the American build-up.

'Sproing' had become a major source of support for the hospital and staff, but not to the point that we couldn't see that handwriting on the wall, and since the American withdrawal we have strengthened various links with the Vietnamese establishment as well as the remaining foreign agencies. Despite the cutback in American personnel, Vietnam is still supplied with massive U.S. government economic assistance. The medical logistics program is one aspect of this and we continue

to draw the bulk of our medical supplies from the USAID supported Ministry of Health depot, as noted above. The duration of this program is unpredictable and one can anticipate that when U.S. inputs are reduced Minh Quy will eventually be obliged to purchase most of its drugs.

Otherwise in the 'external relations' department we rely on Pasteur Institute in Saigon for occasional laboratory work, the National Rehabilitation Center in Qui Nhon accepts Minh Quy patients requiring artificial limbs or braces and we also get valuable support from the New Zealand Surgical Team based in Qui Nhon. Children's Medical Relief International, working out of the Barsky Clinic in Saigon, has treated a number of plastic surgery cases referred from Minh Quy; our basic administrative back-up is provided by the Catholic Relief Services office in Saigon, and we have received food goods and other relief supplies through that organization as well as from CARE and Vietnam Christian Service.

On the local scene there are occasional loans of medical supplies between Minh Quy and Kontum Province Hospital when either of the two grows critically short of an essential item; and the Catholic Bishop in Kontum, Monseigneur Saitz, provides lodging for the Western staff along with occasional logistic support. Last but not least are the services of our seven Montagnard nuns, seconded over to full-time duty at the hospital from the Sisters of the Miraculous Medal convent by Soeur Marie Renee. Relatively short on academic background but long on practical experience, these remarkable women are in fact the backbone of the indigenous staff. During the dark days of May 1972 when it was not feasible for Western hospital personnel to remain in Kontum, they did a heroic job keeping Minh Quy functioning while the fighting raged literally at their front door, and they are among the most devoted and talented of our employees.

The Montagnard staff, while representing the largest single expense in terms of monthly piaster output (the equivalent of 1,700 to 1,300 dollars in an average month) is at the same time Minh Quy's most valuable asset. Presently the staff numbers 70 in addition to the seven nuns, including many top-flight nurses, X-ray and laboratory technicians along with a crew of orderlies, cooks, mechanics and maintenance men. We take a measure of pride in the fact that while none of our employees has received more than a sixth-grade education, they have achieved their vocational skills entirely through on-the-job training. During the reconstruction effort at Kon Monay Xolam we have been able to tap an unexpected reservoir of construction skills among our regular labor crew, thus reducing our reliance on Vietnamese contractors and helping to keep costs down. (It should be noted that of the Montagnard staff no less than eight are handicapped, and would be unemployable were it not for the training and backing provided by Minh Quy).

Barring unanticipated delays in procuring building supplies or sudden reverses in the security situation we should be able to accomplish the transfer to Kon Monay Xolam by the end of June, or early July at the latest. Fortunately, security has not been a major problem over the past few months. despite the fact that opposition forces are lodged quite close to Kontum City and are still engaging in skirmishes with South Vietnamese army units immediately to the north and west. When the cease-fire was declared on 23 January the anti-government forces managed to get a strangle-hold on Highway 14, which connects Kontum with Pleiku and is our only overland link with the rest of the country. During a critical six-week period essential military and civilian supplies had to be brought in by air, but the blockade was broken in early March and since then the road has remained open. The city and its environs have been heavily reinforced and at this point civilian life in Kontum has returned more or less to normal, save for the 3,400 Montagnard

and Vietnamese families ~~will~~ inhabiting Marylou refugee camp. If and when the proposed resettlement of these people to Phu Bon or Darlac ever does occur, Kontum Province will be left with a residual civilian population of nearly forty thousand Montagnards and thirty thousand Vietnamese, and a continuing demand for Minh Quy's medical services.