

DEBRIEF OF AN AID NURSE ADVISOR

PHONG DINH PROVINCE

VIETNAM

1967 - 1968

Recruitment and Orientation

I read several magazine articles about AID nurses in Vietnam and it appeared to me that AID was running into real problems of nursing shortage and use of poor nursing techniques. A number of girls, many of whom couldn't qualify age-wise or otherwise, were receiving letters from AID encouraging their application to the program. One of the girls gave me her letter and I wrote AID for information.

I received my appointment in Vietnam about six months after my initial inquiry to AID. About a month to six weeks after my application had been mailed, AID sent a recruiting drive to Miami and I was asked to come down for an interview and language aptitude test. I thought the interview was carried out quite well. Only professional people interview other professional people and the nurse who interviewed me had been with AID for a number of years. Her questions put me at ease. She believed in the program itself and she strengthened my own desire to become a part of it. I thought she carried out the interview really very well and she was additionally some great help to me later on, coming to the training center and offering encouragement here and there.

Although I passed the tests I took in Miami, it was four or five months before I knew whether or not I was going to be on board. Even though I had periodic communication from L.C. Cozzins assuring me that everything was fine and that AID was simply waiting for a quota before starting training, the long wait disturbed me. Once I had made up my mind, I was really eager to get going. At one time I was told I would start July 4; this was delayed until July 16; finally everything worked out.

Washington Orientation

The big thing that surprised me was that I could come to Honolulu for preparatory training--I hadn't anticipated this. I thought I would just be in Washington D.C and I dreaded very minute of it because I don't enjoy living in an area as large as Washington. I have never tried it really; but I thought that I just wouldn't enjoy it, so Honolulu was just a very pleasant surprise. I stayed in Washington one week during which time we went through personnel processing, orientation, and clearance for secret material, and that's about the sum of it. The orientation involved various AID speakers, some of whom had been to Vietnam, and some who had not. They tried to summarize what the AID program was all about, and what our roles would be in the program. This was tossed at us rapidly, and there was so much material involved that it was not until later while we were in the training center where we were learning in a more relaxed and prolonged way, that it really made sense. It was difficult for the Washington people to orient us, as they had compiled a normal two-week program into the one week they had to spend with us. There were movies in classified materials and in culture exchange which were very worthwhile. One that I particularly remember portrayed Vietnamese and American relationships on the screen. We were also acquainted with the AID setup and who the heads of all of the various departments were. We were also oriented on an insurance program and that's about it.

ATC Experience

There was some duplication between the training we got in Washington and the training we got in Honolulu. On the evaluation sheet we wrote following the training here in Honolulu, I think I mentioned that parts were repetitious and boring, but once you got abroad and looked back at it, you saw that the repetitious parts had been very, very important. A criticism of the Honolulu Center which I was to develop later was that some of the speakers hadn't really understood the Vietnamese situation--they would spend 24 hours in Saigon and presumably come back and tell us about it. This was no fault of the speakers personally. But the repetition and some lack of awareness were very small criticisms really, and the overall value of the Center more than made up for these things.

I think that the training I had here let me know just how the Viet Cong endeavor worked, how they infiltrate areas, how you can expect this sort of thing. Had I not come here to train, had the counterinsurgency or even the culture exchange training, I think

that the problems I faced over there might have been too startling to view realistically. I've said so many times that you have to be over there or have had a training background, such as this, in order to understand the war itself. The training program helped me to adjust to this and to understand. I felt it was a very, very valuable thing, and if my tour over there is judged successful at all, it is going to be because of the training I had here at the Center. At first I resented the training we had to take in addition to language training which was very difficult anyway. But I'm sure that the adjustments I had to make to the Tet offensive and to the periodic and unexpected skirmishes, could not have been made, had I not had this training.

I think it is excellent that all orientation and training is now being done in Honolulu instead of in both Washington and Honolulu. You can run into too many problems when your papers are being processed at two information centers. Unnecessary headaches are caused by even as small a thing as an insurance card and with something as important as a passport you can really sweat out wondering if it will arrive on time. You don't need these problems when you are already going through the strain of getting ready to go to Vietnam.

I think the only curriculum change that I would even venture to suggest would be to try and screen the speakers who came in and know for sure that they had a bit of material to give to the people--that they really knew what the situation over there is like. Too, more information on what to bring and what sort of supplies are available over there--should be given--even this can change from area to area. Teachers should be pretty well aware of the situations in all the different places that the trainees are apt to go. That is just about the only thing I would suggest. I really didn't find too much wrong with the program at all.

Cycle VI Training

I was in Cycle VI training and the most vivid thing I remember about it was the fact that the 45 of us in this group could live together so harmoniously despite age and occupational differences. We were like one huge happy family, and I can't remember any big differences of opinion between any of the cycle members. I was also impressed by the way the Vietnamese instructors received and treated us. I think the staff went all out to help us. I just think this was a fantastic training program and am just sorry that every American working in Vietnam couldn't have had it. I'm sure

the interrelationships between Americans and Vietnamese would be much better with the increased understanding of Vietnam such as we gained in this training which was given amid encouragement and fellowship.

Probably the least valuable time I spent here in Honolulu was on the personality quiz. I can see absolutely no value to this. It had been determined during the six-month screening process when the government delved as far back into my past as 1937 that I was okay for this job. Having already gone through nurses training and having been subjected to this personality profile in one form or another, I just couldn't see how it fit in.

Sensitivity Training

I was exposed to sensitivity training during Cycle VI, but I dropped out after the second session. Being 42 years old, I didn't like being made to cry in front of a group of girls and that's what happened. Perhaps I am too sensitive a person to have my emotions charged and my feelings dragged out the way they were during that session, but I don't think that the person chosen to conduct our training was a very good choice. He hit a particularly sensitive note in the discussion and that was it for me. I felt it was rather a tough thing for your nervous system especially at that particular phase of the training. We were all very much concerned about our FSI test coming up the following week, when the sensitivity program started. It was to run right into the time that we would be taking our tests. I had been ill and had missed a number of hours, and I felt I needed that lost time in language studies more than I needed to have my emotions put in turmoil.

I am not really convinced that the sensitivity training is a valuable tool even under different circumstances. It would be interesting to me to see how many of the Vietnam drop-outs, if we can call them that, have completed the sensitivity training. I would guess that it really doesn't make any difference. Of the 23 of us who were exposed to this beautiful sensitivity training, about nine or so have dropped out to date. Other Cycle VI members and I have discussed this many times. The nurses were more or less told to take sensitivity training; the agriculture and education men were not; so, they made their adjustments in Vietnam just as we made ours. As a matter of fact, I think if a toll were taken, the nurses who dropped out once in Vietnam would outnumber the men drop-outs who had had no sensitivity training. Furthermore many of the men who dropped out did so because of budget cutbacks and recall whereas the nurses dropped out by choice.

Language Training

I loved every bit of the language program. I think that the instructors were very well chosen. The fact that we had North Vietnamese dialect and South Vietnamese dialect, the fact that our instructors were willing to give of their own free time outside of class to help us when we wanted to pursue an especially difficult lesson--all of these things. The language aids at that time weren't too many. We had problems. We didn't have the sound-proof, air conditioned language lab, which I understand that you now have. So many times just as we were taking a test and trying so hard to concentrate and hear every little tone, the lawnmower would start up, or a jet airplane would swoop over. It was kind of trying from that aspect. The library, I understand, now is much more adequate for people who like to delve in and try their hand at reading Vietnamese or go a little bit further in just hearing and repeating it. I wanted an English-Vietnamese dictionary so badly, and there wasn't one. The man in charge of language at that time didn't speak it himself and said that he didn't think it was important to have one, but the first purchase I made when I hit Saigon, was an English-Vietnamese dictionary. We had a Vietnamese-English one but if you didn't know the Vietnamese word you wanted to look up, it was useless to you.

Language has been a tool that has proved to be so valuable, I can't tell you strongly enough about it. The very fact that I have no counterpart right now means that my Vietnamese is all I have to use in trying to ascertain whether a patient is reacting from an anesthesia, whether the person is unduly alarmed, and frightened and doesn't remember what happened to him. It's my only way of telling the relatives at the door that they can't come in until the patient responds. It's my only way of getting things, I would say 95% of the time, when I get into trouble with a patient, and have to have things brought to me. I don't know what I would do if I didn't have the knowledge of the language that I have, even though it is limited.

I had a little bad luck, when I was taking the language. I had a plague shot that gave me plague, so I missed a number of language hours, and I feel that's the big reason why I tested as a 1+. I would venture to say I would at least be a 2, maybe higher now. I wanted to take the test in March, just to see how I had progressed with it. I was devoting about an hour a day to study and then working with the people and using it on the job; I felt I had improved it too. But the Viet Cong fixed our transportation facilities

so that we couldn't even get the airport, so I couldn't go take the test.

Saigon Orientation

The people at the Asia Training Center had met with Commander Kay at CINPAC and arranged for a reunion of my son and me as they felt that this was probably the first mother and son effort in the war, so I had a very nice reception in Saigon. Although my plane schedule was fouled up by weather conditions and I was unable to meet my son at the airport, the next day my son and I were given a tour of Saigon and lunch by a group which must have included just about every correspondent who was in the country at the time. It had been a long time since I had seen my son who is in I Corps and it would be a long time before I could see him again, so we were very happy about being together and about the reception we were given. Since my son is in I Corps he probably would not have gotten to see Saigon without these special arrangements.

Public health officials met us at the airport and I felt the reception by them was very warm. During my eight days of processing and orientation in Saigon, I was introduced to various heads of the departments in the Ministry of Health and met the chief Vietnamese nurse and her American counterpart. The chief nurse gave us a very, very warm reception at a cocktail party at her apartment.

The Saigon orientation is very good. One of the big strong points was information about whom to contact for any kind of problem which might arise, what channels you would go through once you were in the province, how to get from one area to another, how travel permits were granted, etc. The presentation was excellent and I found none of it boring or unnecessary. They had intended to give us a follow-up after we were in the country a month to six weeks, but we got a little too active and I was one of the ones who couldn't leave for the second Saigon training. I don't think it hurt me to miss this however, as I didn't run into any situations I was unable to handle.

The hotel accommodations which were acquired for us while we were in Saigon were excellent, much, much better than I had ever expected. I think I really went over believing I would be sleeping in a hooch with a mud floor and a thatched roof, but that was not at all the way it was. Sometimes I think that we should maybe not have such elegant accommodations. I think the Vietnamese might receive us

a little more pleasantly and willingly if we lived more as they do. The government takes such good care of us; they set us in a very safe area and give us many of the comforts we're accustomed to in our own homes. It sort of sets us apart from the Vietnamese people that we're trying to help. They never say anything, but you can tell that they take in every little detail in your apartment or home. They live in such different circumstances that you can't help but wonder what they think of your living in ten times better circumstances than theirs. I have often thought that if you could really rough it with the Vietnamese rather than living in such a palatial kind of existence, it might help your acceptance by the Vietnamese.

Personal Adjustment and Living Conditions

The reception I got in Vietnam was almost too good to be true. It was an experience that I wouldn't trade for any amount of money in the world. I am very, very happy that I got to go to Vietnam, see the people, work with the people. The only trouble I had was with the Americans, and that was mild--you might blame it on a poor old dog. Most of the ease I had in adjusting was because of my training at the Asia Training Center, I mean that sincerely.

I was assigned to Rach Gia in Kien Giang province, which is a town of about a half million right on the Gulf of Siam. It's a beautiful little spot and is maybe ten degrees cooler than any place else you might go--Saigon or Can Tho areas. The people really like Americans in this area, and they are quite an unusual group of Vietnamese people. They are very, very clean--even if they only have a tin can of water, they will go through the ritual of a bath. In the hospital itself, you only mention a suggestion, sort of half-heartedly sometimes, and they really jump on it and want to do it. Your rapport is almost there before you get there. I loved it. I had no trouble being received by the Vietnamese. They had all clamored for the American nurse who was arriving even before I got there. One nurse even arranged a transfer from the out patient department to male surgery so she could be my counterpart. She was lovely and I still correspond with her. Rach Gia Hospital was beautiful in that respect--they very much appreciated the presence of Americans.

But I ran into problems with the MOC, a USAID doctor who had, I'm sure, no understanding of the goals of an American general duty nurse. If he had known, however, it would probably not have

mattered as he had no patience as well as no understanding. He helped create a number of problems I never expected to run into in Vietnam. He influenced the province senior advisor and various others regarding my work there and I finally asked for a transfer. Little things became very big things to these people and I was much happier when I left Rach Gia.

I received a very bad evaluation because I differed with the important people. The PSA told me when I requested transfer that he thought it was a wise move, but in the letter he wrote it appeared that he, not I, was requesting the transfer. Although he had told me he would be happy to help me out all he could, he brought out in the letter that I had had trouble with the two nurses with whom I lived and that I had had difficult times with a colonel friend of theirs.

I was in Rach Gia for seven months where I lived with two other USAID nurses who were there when I arrived. They had replaced a couple of Navy nurses transferred during mid-tour. Americans are notorious for having pets in Vietnam and the Navy nurses had acquired two cats and a dog. The nurses I lived with allowed the cats to stay but made the dog stay outside. The dog was really neglected. The maids fed it rice and its coat was stiff and dry. I started bringing him scraps from the mess hall and he sort of adopted me. Then I went overboard. I started waiting till the others were in bed then bringing in the dog to sleep on a rug by my bed. Then since I got up first, I could let the dog out in the morning. We had been in small arms messes twice right after I got to post and I was concerned about the dog being out in all of this. One of the nurses told me once I could bring in the dog during one skirmish, but when I was found sneaking the dog in, both went to the MOC.

They were very close to the MOC. They called him by his first name, and they were very, very close with him before I ever got there. When they played cards, he would refer to one as his little playgirl of the month, or his little daughter, and she was almost as old as I am. This sort of thing. There was room for two nurses to live there in beautiful harmony. The third one was used against the other. If one went away on R and R or went on a TDY, I was in good, but otherwise they went out of their way to let me know that I wasn't accepted. I could come home from work at noontime, and see the table all set where they were having some special meal. They would say, "You can come in on this, too, if you want to." Well, I'm not about to be like that, and I would

tell them that I'd already made plans then trot off to MACV for lunch, come back and forget about it. But it seemed to me that it was pretty well cut and dried that I wouldn't be accepted before I ever got there. I haven't run into this problem in Can Tho. There were other problems too. I get up early and I began to be blamed when the other nurses were late to work. I thought that the way they influenced the MOC was very unfair but they are very pleasant to me now and I think they feel guilty about the way they treated me.

In Can Tho we had a very smoothly operating team and our team leader was a very fair person, but I would criticize the MOC there also. It seems to me that when the MOCs get to Vietnam they stick with their specialties. The Can Tho MOC liked surgery, so he stayed in surgery, made rounds in the post-op ward and recovery room and left the other parts of his job, which I understand were many, to other people. He didn't really care how they operated them or accomplished them. I can truthfully say that I have never seen this MOC make rounds anyplace in the hospital, except directly in his specialty. He is an orthopedic surgeon and made rounds in my area, the recovery room, because I had his patients. He made rounds over in orthopedics because that's where his patients were. He could have cared less about the burn ward and the various other areas that were equally important, where the nurses were striving to improve things and where they needed to know that he had an interest. I haven't known any MOCs but just the two; however, they both had this failing, and to me it was a very genuine failing.

Tet in Rach Gia

I helped every place I could in the Rach Gia Hospital and made improvements where I could. I was able to establish a 24 hour nursing schedule which is still used and I saw many other chances to make improvements, but after Tet we didn't pay much attention to clocks. We were mortared so many times that it would be 3:30 or 4:00 a.m. before I could leave. We didn't even bother to undress for bed during Tet.

We had one weapon in the house when the Tet offensive started, and we were very lucky that the plans the enemy had for us sort of fell through. They had intended to annihilate all Americans in three houses including ours. We phoned the TOC, which was on the other side of town and told them that we were taking heavy fire, including B-40 rockets. The house which faced ours, where the

provincial reconnaissance unit advisors lived was destroyed. There were two men--two Americans--marooned up on the roof with grenades and the CORDS building, which was next to them, still facing our house, was hit rather badly, though not totalled until Charlie came back a few weeks later and finished it. But when we told TOC that we were taking heavy fire, they said they also were, and no effort was made by the military at all to contact us until the whole thing was over.

I first heard the VC guerrillas outside my bedroom window. I was on the first floor and there was a graveyard next to my bedroom window. Our power had gone off a couple of weeks earlier so that the area was in complete darkness with no security lights or anything. Generators had been installed across the street, but were only turned on at certain times. (I don't know who decided when, but we didn't have them the times that we needed security lights and the times we needed ice to keep our food from going bad).

Tet Defense

I guess the offensive started around 3:25 and around 3:55 their first rounds were fired. TOC called for the only help or the only assistance which was available, two armed cars stationed near the short strip area. We had no airplanes, no armed personnel carriers or any other heavy equipment at all. As the two armed cars came down the boulevard where we lived on, shots were inadvertently fired on both sides of the street. Two demo experts who set the stachel charges under the three houses just happened to be killed. We learned this from a hoi chanh, a Viet Cong who surrendered two weeks later. He had lived about three doors from where we lived. The fact that this armed car interfered with their plans is the reason I am able to sit here and talk now, I am sure.

There were other possibilities for our house, though. With just two nurses in it that morning, it would have been a very good vantage point for the Viet Cong to use to work on the other two houses. Our guards were taken care of. Two were tied up by the VC--they weren't harmed. We've never figured this out. They said one was caught, sleeping and tied up with the scarf that he used to keep the mosquitos from biting him, then tossed into a graveyard. There was a graveyard in the back of my house and one on the side next to my bedroom. It was in complete, pitch, darkness. They surprised one guard as he came on duty and tied him up--the other one disappeared. He said that he went over to return fire with the

guards who were on duty at the CORDS building, but only he'll ever know. We think that he just took a powder or that he knew the VC and was able to stay in a nice safe spot until the thing was all over.

I later counted something like 34 places in the steel folding door where the paint was chipped. The steel was actually dimpled with the fire that had hit it. They threw a number of grenades and knocked off the fuse box on the side of the house and I don't know whether they intended to do it or whether it was by chance. They knocked a post almost in two with another grenade. We expected, at one point, for them to charge the back door. With nearly 30 of them outside the window, we had no place to hide and no weapons to hold them off with. I think I would probably have been much less afraid for my life had I had a weapon in my hand. This did not mean that I would have used it, but it would have given me a little more secure feeling than I had just sitting under the staircase waiting.

At the time the Tet offensive began, the radios were working, but we had no radio; we had a field type telephone. The colonel who was the commander of the area had come to our house socially very frequently--he was a very good friend of one of the other nurses--and he always said that if anything should happen, we were to stay put until we heard from the military, that they would get to us as quickly as they could. Well, they did get there all the small arms things. There had been an ambush within two blocks of our house and a couple of weeks later the airplanes had been destroyed. After both of these incidents, the gentleman who was in charge of the Provincial Reconnaissance Unit had personally come across the street to see if we were all right. He would knock on the door and then he would say he had to go check on the PRU boys at the compound, but he wanted to make sure that we were okay and that we weren't afraid. Then always, within minutes, the military would come in their vehicles and let us know that it was all over and to find out if we were okay, if anything had happened in our area. But after the Tet offensive, when we really needed the reassurance we had the distinct feeling that we were completely on our own. I didn't expect them to come out into the area where the VC were--but a phone call telling us that they knew we were in a bad spot and that they would get to us when they could, would have made us feel a lot more comfortable. I told this to the colonel later, when he was saying something about the problems. I said I had found out just how much I could depend on my security. This was used against me later on. He discussed it with the PSA and with the MOC and they decided that maybe I was a little bit too independent.

Before this Tet offensive we had never been given any evacuating plans or instructions on what to do in a major enemy outbreak. To my knowledge, nurses have never been issued any arms or given any indication during training that they might need them, but most of us acquired arms. I purchased a small .25 and then later on was able to get a .38 calibre. I had never fired a weapon before in my life. But after Tet when we were more or less marooned on one side of town, we called the fire power and no one could get to us. They couldn't get to either of the three houses which were off in one area of the town where the one VC squad attacked first. I was taken by the military people in Rach Gia to the firing range where they made sure I understood how to use a weapon and that I had plenty of practice. There has never been a time since Tet that I haven't had one or two weapons. There is a gun permit law which has been stressed in Vietnam. I think that it would be wise for nurses to have weapons unless they're going to be able to acquire a weapon when they get over there, and also for them to get sort of proficiency in using and taking care of them. I don't know whether it could be worked into the training service or whether it would be advisable, but I think that most men in Vietnam would tell you that it is foolish not to anticipate the worst, even if you don't have to face it.

After Tet we were evacuated from our house and we had to move in with the doctors. This arrangement was supposed to be temporary but it became permanent. We were not moved out of there except when the house itself was thought to be insecure and then we were moved into the town brothel. We really laughed about that--said we'd finally hit the big time. I tolerated this. It wasn't too long until the other two nurses moved in with the police advisor. There wasn't room for all of us so I stayed in the brothel with my dog. We were later allowed to move back in with the doctors. We had been evacuated upon the advice of the Vietnamese police who had uncovered a detailed map of the house in the pocket of a VC. We were evacuated one other time but only for a couple of nights.

Interrelationships with the Vietnamese

There are all kinds of Vietnamese; there are people who are receptive, there are people who are bright and sharp, and there are people who are dull. American society has the same thing. We just hope that we can meet up with enough people who have the foresight to see what we are trying to promote, make an impression and leave a lasting result. I have felt sometimes that the Vietnamese put up with Americans just because they can get the American supplies

and money, but I am sure that it is being unfair for the most part. When you talk to intelligent, educated Vietnamese, they know what we are trying to do, and what we are trying to accomplish with them. They know we are not trying to take their country and get them so indebted to us.

I think most of the Americans, the civilians at least, become so fond of the Vietnamese. I like the country so much, I like the people so much, that in spite of the so-called hardships and dangers I would like very much to stay a second tour. I have sent the papers requesting that. Whether they will decide that I stay in the special recovery room or intensive care, I don't know, but I have got my fingers crossed. When the general duty program phases out, they will only be sending over anesthesia nurses, public health nurses, central supply nurses and, as I understand it, recovery room and intensive care and team leaders. So we will see what develops.

Just before Tet I was invited into a number of homes to help them celebrate sort of pre-Tet. During almost every holiday in Rach Gia, I was a guest of one of the nurses and her family. Sometimes it wasn't really clear to me what we were getting together for. You can share in their life just about to any extent you want to, once you establish your friendship with them. When you have won a Vietnamese over to be your friend, there isn't any end to what will happen. Gifts--sometimes you are just really moved to tears because of the gifts that they bring you and the gifts that they make for you. You know it costs them the biggest part of a day's wages or a week's wages. When they know that you tolerate Vietnamese foods for instance, whatever they fix that they think you haven't tried yet, they are going to bring to you.

Vietnam is really blessed with the most wonderful tropical fruits that you could ever imagine anywhere. You think pineapple in Hawaii is good, it can't come close to the taste of Vietnamese pineapple. Mangoes--Florida is a great State for mangoes, and I happen to love them very much. The Vietnamese mangoes are just as good as the Florida mangoes. There are so many fruits that we don't hear of in the United States that they have there and they are constantly stopping in the marketplace and bringing you this and bringing you that. If they know you want to find out about their holidays, they will go to any length to explain them to you in helping you to share with them.

Thank goodness our Vietnamese instructors here gave us a lot of hints before we went over. Commander Mole, the Navy chaplain,

spoke to us on two occasions and really gave us a lot of information that way. I think he should be a permanent part of the training program. I quickly remember a meal when I was the only American female invited to attend. It was a Vietnamese military officers home and the wife had very painstakingly prepared what Americans call over there "blood oysters." They are really a small clam, as I can describe them, and when they are cooked and opened, there is a dark brownish-red juice that comes from them. Well, everybody was really enjoying these. I particular liked them for to me they make a very good dish. Well, this one poor Navy man took one bite and that was all. I have a sense of humor that comes to the surface every once in a while and instead of being embarrassed I started to laugh. I looked at the Vietnamese officer and I said, in Vietnamese, "He has probably had too much to drink, right?" This saved the day and the Navy man afterwards threw his arms around me and said, "I don't know how you did it, but thank God you did it." This sort of thing happens. We were told by Vietnamese, and we were told by Americans that if the food looked peculiar enough to us, or strange enough to us, that we didn't think we could swallow it, not to put it in our mouth. I have gone to big celebrations where different delicacies were just heaped on my plate and I have always been very lucky, I have been able to enjoy the feast.

In Rach Gia the injured PRU fighters were brought into the hospital as civilians. They almost adopted me as their nurse. Their advisor would find me to go with him to check the chart and see how badly the person was injured and I would sort of be an interpreter between the advisor and the PRU. So when I was ready to leave Rach Gia they had the most fabulous farewell party for me that I have ever had in my life. All of the different Vietnamese foods, including fish eyes, were just literally heaped on my plate. I don't drink beer, but that day I followed the custom of "chin-chinning" with everyone who came up and requested it. Some of the men brought their wives in just to drink beer with me. I took about three rolls of film that day and they all turned out badly. It was something that I wanted always to remember, I will never forget it anyway. And even after I went up to Can Tho, they drove up one day in a convoy and they took me to dinner. I didn't do anything more for these patients than I did for any of the other patients but they wanted to show their friendship and their gratitude and I will always have these people for friends. There were 103 in this little outfit.

I was very good friends with my counterpart and an older nurse. Both had a very good working knowledge of English and read a lot. They liked to sit with me over a cup of tea or come to my house and

chat. They asked question after question about American hospitals and a lot of times they would ask about our homes and about the cost of things. These questions were pretty much the same as we had asked the Vietnamese before we came over. They all hear little stories and will ask if they are true. One of the outstanding things that I was hit with was that maybe if it was true that white Americans didn't like black people. Well, that sort of took care of itself because we have Nadine Paul with us on our team now and there isn't a better little Negro nurse anywhere ever. The way we all are with Nadine shows the Vietnamese people who were wondering about this, that we really do like her. They see movies, they read magazines, many times there are fictitious things and they don't know whether to believe it or not, so they come to us.

Leisure Time

The work day over there is split in the middle so the day is drawn out. We go to work at 8:00 a.m. and then we have a siesta following lunch and go back and then come back in the evening in time for dinner. Curfew is at 8:00 p.m. so there isn't much time when you can do much of anything. Various things are planned--Vietnamese luncheons, team parties and this sort of thing. There is always a movie available in the area and we are allowed to go from one American installation to another, even though it might be after curfew. We do have a pool in Can Tho now, so many times during the siesta period we go swimming. It's part of Palm Springs which is a USAID thing. It was really needed because there is no place you can walk; you can go out to the compound and play tennis, if you play tennis. Recreation is hard to come by. You ride everywhere; it's not safe to walk. There just isn't anything to do but work, eat and sleep. You can take up a hobby or write letters.

I mentioned the way the nurses were accepted. The embassy people all got together and threw a big party for us the night before our regional meeting--there were only four nurses. They hired a Vietnamese band and had wonderful food; it really made the regional meeting more than just a meeting. It was great to get to see all the people, many of whom were from our cycle. We hadn't seen them since we arrived in-country. It was great to get together with them and discuss what was happening in their hospitals, what their living conditions were like and how they were getting along.

Approach to Nursing in Vietnam

American Goals in Vietnam

AID's objective as outlined to us at the training center was to give people a workable government, peace, through a health program, an education program, an agriculture program--I don't remember the exact statement, but it had to do with our showing even that little country that we are courageous enough and believe wholeheartedly enough in a Democratic government to work against Communism there. In essence I think that is the role we are fulfilling over there and I think the nursing phase of AID especially exhibits this courage and belief. The Vietnamese people in the areas where we go to work and live have us on a pedestal. They are very impressed with the fact that we will, for instance, give a bath to a poor patient from the rice paddies who's been all shot up. I think the nursing phase of AID is one which should not die out.

I'm not by myself in believing this. A lot of Americans over there have told me that they think our jobs do so much more toward building Vietnamese-American relationships than theirs do. I think they often underestimate their own work but we nurses do have opportunity to demonstrate so much personal sacrifice in helping the Vietnamese. The gratitude most of the Vietnamese feel for our being there is most evident.

The Vietnamese make sacrifices and we make sacrifices, but our presence there assures them that Americans believe their country is safe. During the period immediately after Tet the Vietnamese nurses in Rach Gia were all concerned that we were going to be pulled out and sent back to America. I really think that if this had happened the faith that these people had built for their government would have been destroyed. They would have thought that if Americans no longer believed in the safety of the country, the country wouldn't be safe. It's hard to imagine just what would have happened.

I can't speak for the military, I am not that close to it, but even the military refer to the Vietnamese as our little brown brother. They have a protective way of expressing their feelings for the most part because we are all so much bigger in body, build and stature than the Vietnamese that we are trying to help. I think everybody has changed their opinions about the Vietnamese military, including the Vietnamese military. I believe that following Tet they realized that they did have a chance of winning, that they could go against

Charlie and come out victorious. It has given them a whole new way of showing their feelings. So far--I hope it doesn't change--I haven't seen any letdown in the security measures which were adopted right after the Tet offensive. We all knew the Vietnamese slept on duty. They don't do this anymore. If they are on guard duty, they have at least one of them awake. They are not apt to let down the guards around the perimeters of areas. Charlie is going to have to really work hard to catch them off guard this time.

The Tet offensive actually was a shot in the arm, really. To me, in my way of thinking, the VC had the country right where it could have taken it, but they stopped. They stopped just short of accomplishing their goal, and the ARVN troops and the Vietnamese people realized that they could fight too. So instead of following up when they had everybody down to very little ammo and very little in supplies, they didn't complete the job and consequently battles were won by ARVN troops and word got out that so many Viet Cong were killed. In Rach Gia itself, I think there were 85 killed in the first two or three days following Tet.

I've often been asked how I felt about taking care of people whom the Americans themselves injured. I was only in Rach Gia a short time before I realized that the American artillery or American napalm had brought the very people I was trying to keep alive to me. I decided that we were all making sacrifices. Perhaps the people who were in the areas we attacked were illiterate and couldn't read the literature we dropped telling them the area was unsafe, that they would have to move or suffer the consequences. Perhaps they didn't really realize they were living in a badly infested VC area. They exhibit a great believe in living and let living. Perhaps even if they realized the VC were around, they thought they'd be all right if they didn't bother them, and then the American artillery came in wounding them as well as the VC. In my mind these are sacrifices they are making for their country. But we make sacrifices for their country too. Sometimes Americans are hurt because ARVN troops fire upon them inadvertently. There have been a lot of mix-ups hurting innocent people. When I was asked how I felt about taking care of these people, this was the only answer I could give. The Vietnamese themselves bear no ill will. I have never seen a Vietnamese patient resent his injuries even though they were oftentimes brought on by Americans. I have never seen the least show of resentment by the Vietnamese.

The only patient I had who was resentful was a VC and before he left the hospital he thought Americans were great. I treated many VC.

In Rach Gia I treated them in a little prison ward which had to be unlocked by a policeman before we could go in and do dressings or anything. There would be as many as nine or ten patients in that little cubicle ward which was only set up for four. We had all ages and once we had a 64-year-old locked in the same room with a 12-year-old. In Can Tho the VC were admitted right to the wards and secured to the beds with leg irons. For the most part injured VC were not put into the prison ward in Can Tho and it was nothing unusual to see a VC patient chained to a bed already occupied by a Vietnamese civilian patient. There is a new building in Can Tho which is being utilized as a prison ward but usually only patients who require very little care are sent here. It's a nicely built building with tile flooring, but there is no furniture in it and everyone has to sleep on the floor.

Some of the things that are happening in Vietnam seem so illogical that I wonder sometimes how they felt about us. They may think that we are being very illogical in promoting some of the things we do. I think it would be enormously beneficial if we asked ourselves before embarking on any project, is this thing logical? workable? truly better than the way they are doing it now? We should ponder whether it can be done easily and economically or whether it will just mean a lot more expense for the Vietnamese. There are a lot of ways that we need to evaluate what we are doing and maybe keep from making blunders and looking ridiculous.

Teaching By Doing

I go along with the Helen MacNeill theory of practicing correct nursing over and over again in front of the Vietnamese until they begin to do it themselves. There are so many instances where you can tell that they receive your ideas, but you have to have patience for they will wait a period of time before they follow suit or let you know that they are accepting them. You think the Vietnamese nurses aren't where they can observe you, but they are--there isn't anything that you do in the hospital that they aren't fully aware of. I laugh when I think of making dressing rounds on wards and seeing 50 little faces in the windows. The doctor might tell his interpreter to chase them away, but then 50 more little faces replace them. There isn't a thing that Americans do over there that isn't more attractive to the Vietnamese people than a television show. There are a lot of reasons for this--one is that they have nothing really in the way of entertainment. Vietnamese nurses are just as interested in Americans as other Vietnamese people.

Techniques can be changed by this method, but you have to have patience. In one ward where I worked the nurse was very set in her ways and used an onslaught of casualties as an excuse for poor nursing. I saw her go through maybe 85 or 90 patients using one set of instruments. This meant changing their dressings, taking out sutures, taking out draining tubes, and it made no difference to her whether the patient was infected or not. She kept a dressing tray with a bowl of solution on it and would just pour more solution into the bowl and add dressings from the first patient on. It's true that she had a lot of work. I used a clean instrument set and a clean tray and re-sterilized if I made more than I was going to need. There are enough instruments for every patient to have a clean one. But I had to go about it in my own way until she followed suit. This wasn't entirely accomplished until later under my replacement who continued this practice.

It's evident so many times that they receive your ideas, but wait a period of time before they follow suit or show you that they are accepting them. We began having in-service training programs not too long ago at the request of the Vietnamese who had not had any of these programs for about a year. We tried to make them simple, interesting and informative. For instance, I had acquired a fire extinguisher for paper fires and one for gas fires and it occurred to me that since we were mortared it was not uncommon for fire to follow mortar attack that a fire-fighting program might be set up. So, I got the military sergeant and the Can Tho fire department to bring in what extra fire extinguishers they might have for our use. The head nurses and many other people came to see the demonstration and the equipment and little by little, after the program, they came in to pick up extinguishers for their wards. It took about three weeks before all the extinguishers were picked up--partly because they are slow and maybe partly because they didn't want us to know they were following our thinking wholeheartedly.

Another example of this occurred when I purchased a label maker and proceeded to label the shelves for equipment and supplies in one of the areas where I was working. Our team leader didn't like the way supplies and equipment were being handled on one of the big wards so she managed to get the man in charge to come over and see the system I was using. He liked it very much. Nothing happened about the way he was labeling until about two or three weeks later when he took adhesive tape and labeled everything in his department. I would have gladly let him have the label maker gun and supplied him with the tape but he wanted to do it his way; he wanted this

to be his own little project.

I am an optimist and I think that the techniques we left behind will continue to be employed by the Vietnamese, particularly if the medicine chiefs or chief nurses are educated and experienced enough to realize that their hospitals are inferior. The Chief doctor in Can Tho had an adorable way of saying that he wanted all the Vietnamese nurses to rob the Americans of every bit of knowledge they could. He wanted them to observe and absorb every bit of technique they could from us. As long as this feeling exists, I can't help but think that there are going to be some nurses who will continue better work once these practices are initiated.

The Rach Gia hospital nurses who have worked with Americans are moved into other areas and they continue to work just as though the American nurse is right there with them. I have seen it myself. You can show up unexpectedly and find that this is true; that we have left a very definite impression. I'm sorry that the general duty nurse program is being phased out in favor of a public health program. Even in general duty I felt that we were doing much to instruct patients in health habits. I don't know if the public health nurses can meet the needs of the poor people in these areas or not.

American nurses have been in Can Tho longer but they have not made the strides yet that were made in Rach Gia. Strides are being made, however, especially since the arrival of the new team leader. I would imagine from the progress I've seen since June, 1968 there has been as much progress as in all the combined previous years. Little by little the team leader is getting the chief doctor and chief nurse to go right along with the programs we're setting up. It's good and I think it will continue.

All of our programs are pretty much self-generated within our own hospital. We did have a book which was used for in-service programs, but we found it very unsatisfactory, and boring to the Vietnamese. So I think each hospital is more or less left on its own as to how they want to go about teaching and giving new information to the Vietnamese. They aren't following that book at all anymore. It's surprising, but the work we do is very similar. In a regional meeting which we had just recently, of nurses from IV Corps, we were allowed to throw out into the discussion group the various problems that we, ourselves, were faced with. The longer we sat there the more evident it became that every province and every hospital was a

duplication. American nurses always receive pretty much the same training--it's almost standardized. Therefore, the ways of coping with these problems are pretty much the same. It seemed that the ideas we were all using were agreeable with everybody--we couldn't suggest improved methods or changed methods because that was the way we were attacking the thing ourselves. In a way I don't think there's really any need for a standardized program because of our own standardized backgrounds and training.

I have another project just about ready to get off the ground. I understand that in all Oriental hospitals when a patient is admitted the family arrives with the patient and they stay there, sleeping on the floor, on the bed, on the porch, on the ground or anywhere, just as long as the family member is a patient. We say there are millions of kids, which is, of course, an exaggeration, but in a 500 bed hospital you can imagine how many little ones are constantly under your feet. So I talked with some of the military people and found out that they thought they could make a playground from discarded pipe. I talked to the Seabees and they are willing to make sandboxes. When I found out that it really was possible to have this I then went to the team leader and she went to the MOC and he went to the chief doctor at the same time she was approaching the chief nurse. They then allotted us an area on the hospital grounds for the playground; we hope to have it fenced in and maybe operated by a Vietnamese nun, making it a Vietnamese responsibility. A number of churches in my home town are sending over jump ropes and smaller toys which they can issue out.

I think this is going to take one of the headaches away from the Americans--they won't have all of these little kids trotting around asking for cigarettes, candy, gum, etc., while you're trying to work. It will give them something too, because they don't have any toys. I've seen a Spam can turned into a delightful little car--clever parent had punched a couple of holes, put a stick in and used IV bottletops for wheels and had attached a string so the child could pull the toy around. The child was just wild about it. The toys that you see in Vietnam, even in the market areas, are almost non-existent. They do have marbles and a lagging game they play with stones, which I don't even understand. This is pretty heartbreaking to Americans when they know that American kids have too many of everything to play with. In my mind the future of Vietnam is in these kids. If Americans show them a lot of patience they're going to remember Americans in a pleasant way. They will remember and find out a little bit about American ways of living and keep the development going in the right direction.

Work By American Physicians

It's terribly difficult to put something across to the Vietnamese when the American physicians don't follow suit. You see gross breaks in technique when the physicians are making rounds. I think something happens to them when they get over there. I hope and pray that my own techniques aren't going to be any different when I leave there and go back to a beautiful American hospital to work. In one instance I saw an Air Force anesthetist, a captain, gives intravenous injections without even sponging off the area. The sponge was right at his fingertips but he chose to penetrate the skin with a needle without even wiping it off.

I was really upset by the attitude of one visiting AMA physician who told me, "I'm only here for 60 days. I don't want to make waves. The situation really isn't that bad; we don't have that much infection." Every patient was infected and receiving antibiotics. The Vietnamese respond to these now, but they won't in the future for their bodies are going to become accustomed to penicillin and streptomycin, which we use so frequently. It won't be long until there will be strains of bacteria and organisms that are going to give them all kinds of trouble. I feel that where we condone this kind of cross-contamination, we are not helping them. It's a crime against them in my mind, and if we don't call their attention to how bad it can be for the patient, then we are not wise enough to be teaching them.

Some American doctors insist upon working with American nurses. This was a problem which helped segregate me from the other two nurses in Rach Gia. Before the Tet offensive we had a visiting physician resident. He wasn't a practicing AMA doctor, rather a resident urologist, who preferred having an American nurse scrub with him because he didn't understand Vietnamese. This started innocently enough, but it continued until both nurses were scrubbing with the American doctors. It hadn't happened to my knowledge before this; one girl was in charge of recovery room and the other was in charge of central supplies. The problem was that when they took the place of the scrub nurse, the Vietnamese nurses were left idle. There were a few times when they really might have had to help the American doctor because of nurses not showing up on duty and people being marooned out at Rach Gia and not being able to get back to work. But these times did not occur often enough to warrant the amount of help they gave him. I never helped him because I didn't feel that this was what I was trained and prepared to come over and do.

The American doctors were irritated by the fact that I didn't scrub with the doctors, and didn't work right with them shoulder to shoulder. But I was able to sort of keep my eye on the other areas of the hospital, go back and forth getting messages and getting requests honored for pain medications and what have you. I could tell them when I found patients who were bleeding too profusely, but this sort of thing went by them; they could care less. There were so many different little incidents where I could see that they felt that I was stand-offish but I couldn't be any other way. I felt that what I was doing was just as important as what they were doing, and I'm sure it was. I've never doubted it. These American doctors, and later on an intern who came at the same time. He was a medical student who was going to start his internship when he came back to the States. He worked with the other two nurses and consequently, little darts began coming in my direction. Little remarks about what I really did do. They didn't bother to come around to find out. I made dressing rounds, and I worked just as hard; I did everything my counterpart did, but they didn't bother to come around to see it.

I would suggest and I think many other nurses would concur that our own medical officers be better trained in the goals which the nurses over there are trying to achieve. We could use a little more support. I don't think it would hurt at all for them to go through ATC. Most of them go over for an 18-month tour and I think they would probably benefit even more than the nurses from this training. It would help them to understand, give them background for, so many of the problems which I don't feel they are able to understand now.

Supply of Equipment

I think a big change should be brought about in the equipment we supply to the Vietnamese. We should make sure that equipment is logical, that it is something the Vietnamese really want or can benefit by, and that it is something which will not be a source of trouble. Little by little, we are getting wise. We were constantly repairing washing machines in the hospital. You need American parts for these washers--they were American made. Well, just recently they purchased a Vietnamese manufactured washer, if they break down, they run down to the market and buy a part now. They don't have to wait three, four, six months or longer until the part is available. This is something that we all ran into. I probably could elaborate on it more if I gave it a little bit more thought but it is evident in the hospitals, and I am sure

it is evident in our apartments. It is probably true anyplace you would go where American equipment is being brought over. You may get an instrument, but not a part to complete it.

I know that Can Tho hospital really ran into a problem during the past three months where the operating room suites had maybe one or two fluorescent tube lighting in their ceilings. We were able to get any number of Japanese fluorescent tubes to replace burned out ones, but they wouldn't work. American fixtures were put in the rooms for electrical lighting, but there had been no follow-up to insure that the fluorescent tubes to fit these fixtures would be always available. I managed to scrounge something like 24 tubes from the Navy because they had this GE long light or GE tube which fit the fixtures. Another team member went to the Air Force and was able to acquire almost the same number. This is one example. Another concerned a warehouse which GSO wanted for furniture storage. The thing came with special screws and somewhere along the line the screws were stolen and no other screws would work to put this building together--this sort of thing. You know, I don't know, actually, how it can be handled, but I think probably somebody in logistics could be a little more well informed about what is available over there to maintain things, to keep them working once they are sent over.

Then we ran into problems with GSO. They are supposedly our support, but there is room for a lot of criticism. I wasn't really aware how this thing could work until I went into the Can Tho area. I asked for something which I thought I needed for my apartment, say a wastebasket, and I'd be told they didn't have them. I could either send to Sears and Roebuck or I could serve the economy and find something that would do as a wastebasket. The very time that I requested a wastebasket and didn't get it, one of the Filipinos from the hospital brought two wastebaskets back and handed them to me for my recovery room. GSO, in my way of thinking, is not the support in the hospital, but of the Filipinos. Filipino works in GSO, so Filipino goes and asks and Filipino gets. I don't understand it.

I moved into an apartment which was completely unfinished, all the other apartments in the building were partitioned off for sleeping area, not with a wall, but with a partition. When you entertained you didn't have your bed out in the open room; this seemed to be a common way of doing it. I waited three months before I got mine. Two nurses moved into apartments that needed it also, and got it done before they moved in. I don't know where the slip-up is. You have to send requests in duplicate; I sent my requests all

in triplicate and kept a third copy myself. The first time I ran into a problem, I remembered the date, but I didn't have anything to prove it, so from that time on I made a third copy for my own file. Everthing I had ever asked for from GSO I have had to wait for, much more unreasonably than any of the other people. I think there could be something done there. I have known men in USAID who have received little or no support from GSO. Whether this is true all over Vietnam I don't know, but it is very true in the Can Tho area.

Transportation is another thing that I think could be improved on. We laughed, because every time it rained we had to put an umbrella up in the window of the bus that we rode to work in. We don't have a vehicle assigned to us and every window in the thing was either broken out or wouldn't roll up. So we sat in the bus with umbrellas keeping the rain off. It is warm, but it gets wet. You see Filipinos driving around individually in Scouts. I don't believe I have ever seen Filipinos have to walk to work or get a bus. It is not very fair. I don't know what the situation is exactly but there is a term they use, "cumshaw" where if they have something another agency wants or department wants, they set up a program where they trade back and forth. This is common knowledge.

Training of Vietnamese Nurses

The nurse whom I know best who had been trained in the United States was named Miss Chu. She is very, very Western, but not to the point that she didn't want to come back to Vietnam and help her people. She is a little bit outstanding in that respect because we heard stories about so many of the girls who came over for nursing programs and who were unable to adjust mentally to going back to Vietnamese hospitals and Vietnamese working conditions. They chose to go to France or stay in the States or get out of nursing completely, rather than go back and utilize what had been the purpose in sending them over here. I am sorry that I am not any more familiar with the program.

I think there should be training for nurses in both the U.S. and Vietnam. I think that both methods have their good points. I believe wholeheartedly that if they see an English-speaking Vietnamese nurse who has the foresight and can anticipate how much her hospital can become, how much better her own methods can become, it is only fair to give her extra help that she will get in a hospital in the United States. After working in a hospital that is as clean as ours are (and our worst slum hospital would be a credit to any hospital in Vietnam) for this person can see ahead and want to improve. It

would be valuable to her to work in a hospital like the ones we are trained in and take back with her firsthand knowledge that it can be done, it can be accomplished. There is no need to have it the way it is in Vietnam.

Nurses who come to the U.S. have the necessary educational requirements and have gone through an accredited Vietnamese nursing program. A letter has been written to the American people in Saigon and also the Vietnamese people in the hospital such as the chief doctor and chief nurse have written letters likewise to the Ministry of Health. The person is evaluated. The chief nurse of the area where this Vietnamese nurse works can get to know her, can really find out, in her mind too, whether she agrees with the general duty nurse who is advocating this and she can be screened and on her way in about a year. In my experience, the ones that I have known under consideration are being considered strictly on the merit basis. And they were outstanding nurses.