

An Australian Surgical Team in  
Vietnam.  
Long Xuyen October 1967 to October  
1968.

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The experiences of members of the New South Wales, South East Asia Treaty, Civilian Medical and Surgical team in Long Xuyen, An Giang Province, South Vietnam and includes the time of the Tet offensive of 1968.

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# *Contents*

Introduction	5
Acknowledgements	6
Dr Ken Doust	7
Clive Bond	23
Angela Ross	85
Janet Glasson	125
Dr Gordon Hudson	137
Beryl Nichols	143
Dr John Fisher	149
Janice Rayner	151
Dr Brian Kearney	165
Dr Derek Berg	179
History	187
Forty Years On	193
Index	194

## INTRODUCTION.

Some years ago I contemplated writing a book on my experiences in South Vietnam as a team member in a Surgical and Medical team. I was a radiographer and the team was the New South Wales Medical Team sent to a town called Long Xuyen situated in the Mekong Delta region of South Vietnam. The team I was a part of, first arrived in Long Xuyen in October 1968. In my usual fashion I kept putting the project into the 'Too Hard Basket'.

Eventually someone else did the job by writing the very good book "With Healing Hands" – McKay and Stewart.

Although I liked the book very much, it occurred to me that the full story of the 1967 to 1968 Long Xuyen team had many blanks in it.

To my knowledge, no one had yet published a book compiling in full, the first hand experiences of those team members.

What was so special about the 1967 to 1968 Long Xuyen team? Were we any different from other teams? Was it the incredible team spirit and the caring that we had for each other or the sense of isolation, particularly during the period of Tet 1968? Were other teams issued with firearms, ammunition and explosives by the local military authorities, and then left to fend for themselves?

The medical teams were sent to Vietnam as part of the South East Asia Treaty Organisation (SEATO). All those teams performed admirably and have been written about elsewhere.

I was just a very small player in the team. Others had a much more important role and they deserve to have their story told, with particular focus on the time of the 1968 Tet Offensive.

Although it has now been over forty years since we all returned from Long Xuyen, I hope the following memoirs give the reader some idea of the joys and sorrows, the feeling of isolation and the camaraderie of the October 1967 to October 1968 Australian Civilian Medical team in Long Xuyen, An Giang Province, South Vietnam. *Clive R.Bond*

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The team members who had to delve into their records and memory banks, and for putting up with my frequent reminders and calls of "How's it going?!"

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It was the habit in Long Xuyen for team members to swap photos. After forty years its impossible to tell which photos were whose. So if you see your photos on someone else's work, please just put it down to the passage of time .



**Dr Ken Doust**  
**General Practitioner.**

**Team leader of the New South Wales medical and surgical team to Long Xuyen, South Vietnam. October 1967 to April 1968.**

Vietnam was neither a geographic nor historically important context to Australians until the war of liberation erupted. The Australian community concern peaked with the battle of Long Tan and disharmony caused by the introduction of a conscription system.

Australians have historically been free spirits, often seeking adventure, and characteristically volunteering to serve the country during wartime. The introduction of birthday ballot conscription for overseas service as 'Nations' went against the grain. The free spirit of the Coee march from Gilgandra, the Snowy march from Delegate and eight other marches in World War 1 was missing in the recruitment scene for military personnel for the war in Vietnam.

The opportunity, however, for health workers to provide services to the civilian populations of South Vietnam presented an opportunity for an Australian volunteer force.

The South-East Asia Treaty Organisation responded to a need to provide better medical cover for the South Vietnamese community, where a severe shortage of services was aggravated by most medical staff being taken up into military postings.

From 1964, Australia had been working towards providing teams of doctors, nurses and allied health professionals to support the SEATO initiative. At first, teams were recruited from individual large hospitals, where staff had a history of prior interaction and hierarchy, with a knowledge of the team members role and experience. As the war continued and conditions at times deteriorated, the availability of such integrated teams reduced. This resulted in some teams being established on a State basis.

Such a team was recruited by the NSW Hospitals Commission for Long Xuyen in An Giang Province on the Bassac River, an anabranch of the Mekong, during 1967-8.

In 1967 I was a General Practitioner in Wollongong, having opened a new practice, or squatted as considered, in that year. I had most recently been Medical Superintendent of the new Port Kembla Hospital where the first outpatients clinics and intensive care ward for the area had been set up. The new practice had expanded rapidly and was running effectively when I noticed the Commission's advertisement in the Medical Journal of Australia for a medical and surgical team to go to Vietnam. Vietnam to me was a country far away, seen in news bulletins with the Australian involvement causing dispute in the community. We were aware of the defeat of the French by the Viet Minh and the breakup of Indochina into 4 independent countries.

My wife Kath and I had experienced several varied general practice situations and we had previously accepted the challenges and opportunities these offered for us together. We

discussed my possible involvement and what it would mean for her as the mother of five young children. The appointment was for up to a year. We decided I should apply with not much expectation of acceptance.

We were very surprised to be contacted and advised that I was offered the position of Team leader. Prior to this I was in two minds as to whether participation was sensible in the circumstances. We decided that Team leader was an important role which could result in career benefits in due course. A sense of adventure and some excitement also came into the decision making on a background of history of even varied general practice tending to repeat experiences over the years.

I was fully supported by Kath in the decision to accept the role. This meant that she would be on her own with a heavy load of responsibility for the five children, as well as carrying on with varied community educational roles. Later, Kath was to find that providing information to the community of Wollongong about our activities in Vietnam was to add another readily accepted burden.

I now had to find out what the role of Team Leader covered, the how's, why's and when's of organisation in a remote, war torn land. I felt confident on the basis that general practice in varied country areas for 13 years, and industrial and hospital experience had exposed a broad range of decision making situations. I noted before, that general practice provided much repetitive experience; here was a new challenge, an opportunity opening a new chapter in professional development. My first responsibility as a team leader was to help choose the team - the doctors, the nurses and the technical experts. I was aware from a briefing from the Department of Foreign Affairs (DFA) and reading of "The House of Love" that a sense of altruism had involved previous teams. My personal feeling was that altruism as a prime incentive for team participation could lead to disillusionment. On the limited information provided by the Department of Foreign Affairs (DFA), it was clear that the levels of health services available to the South Vietnamese civilian community were limited and outcomes could be poor. Individual hopes "to save and heal the suffering Vietnamese" did not seem always feasible or realistic.

Consequently, applicants who indicated interest in furthering knowledge of tropical disease, furthering experience in trauma treatment and who were looking at the posting as an adventure experience were favoured. I would also note that many of the team had country, rural experience. It is essential in country practice to be able to mix with the community and be able to cope with local management decisions which would not occur in large city hospitals. The team was formed from individuals, for the most part completely unknown to each other. This could have been seen as a problem, however the team bonded from the beginning and still has an emotional positive relationship 40 years later, despite only infrequent get-togethers.

The team formation following initial interview was an incremental process in consequence of which no team briefing as a whole was undertaken by DFA. My own briefing was a short session with a DFA official who advised on some unique Viet customs and expected courtesies.

Advice of preventive health matters was left to individuals when considering risks of typhoid, cholera and malaria. I was given the impression that part of our role as a Team was to bring the local doctors up-to-date by education and example. This was a patronising attitude towards the

current Viet doctors. My first meeting with the Medicin Chef at LX, Bac Si Nhi, totally dispelled this presumption. Nhi was a French trained gynaecologist, as well as two very capable surgeons, Bac Si Tho and Ban, provided a quality surgical service at LX hospital. They were both highly skilled and experienced surgeons, from whom we could learn a lot, particularly in relation to trauma and war injuries.

The team left Australia in small groups, I left on a Boeing 707 with Janet Glasson and Brenda Wilton, posting a card home from Darwin on 1 October 1967. We stopped over at Singapore and I had my first taste of lychees and ice-cream in Orchard Road. The tropical heat was evident even as we approached winter time. From Singapore we flew to Tan Son Nhut airport from where the Japanese airforce had flown to bomb and sink the British battleships Repulse and Prince of Wales. Tan Son Nhut was our first view of military activity with Viet armed troops very visible. We were met by Embassy staff and transferred to the "Aid House", conducted by Mr Pennington. Over the next few days the team grew in numbers and, with a quick tourist trip about Saigon, we left for LX.

Our introduction to LX was a welcoming by hospital staff and the administrative officer of the previous team, Richard Papworth, at the airport. We travelled a few kilometres to town along an elevated bitumen road beside a canal, past rice fields and simple thatched houses, butting onto the road. The road was guarded by a lengthy row of Australian gum trees with the blossoms giving off a nostalgic perfume in the heat of the day.

Traffic was mainly from pushbikes, cyclos, motor scooters, bovine-drawn two wheel carts and masses of pedestrians. We were surprised at the speed of the car, to be advised that driving at 50mph meant that the car had passed over a Claymore mine in the road before it had time to explode! Driving subsequently to outlying clinics was always a bit nerve racking as we had left hand drive cars and we were not used to driving on the right hand side of a very narrow road whilst dodging the ever hatted Viets lining both sides of the road at speed. The horn seemed to be in continuous use. The bovines always slowed us down as they took up the centre of the road, and they had two horns!



On arrival at the “White House” we were very impressed with the accommodation it offered. A very large villa which had been occupied by a Colonel of the Legion Etrangere during French times, it was a two storied building with many bedrooms and bathrooms. Being of French origin the plumbing left something to be desired with the upstairs drains sometimes emptying into downstairs bathrooms.

We were introduced to staff and allotted beds, with the girls – Janet Glasson, Brenda Wilton, Kay Pannell and Angela Ross - having upstairs rooms in the main building, and the chaps including myself, Tom Calov, Gordon Hudson, Wally Skinner and Gordon Hudson sharing the annexe, which included the kitchen and dining areas. Downstairs of the main building housed a large living area and the very essential bar.

The White House was surrounded by a pleasant garden with a small separate accommodation unit where two nurses involved in nurse education lived. The thick cement walls, old fashioned shutters and high ceilings kept the building cool and helped with the defence that may have been needed subsequently.

Joining the two areas was a double storied walkway, the open top of which was a popular place for sunbaking and drinking Cherry Heering on the rocks or Hamm’s Blue Water Beer during a siesta time. Activities tended to cease during hot weather from noon to 2.00 p.m. The Viets tended to hide from the heat, the Australians sunbaked to become darker than Cambodians when compared to the pale never exposed skin of the Viet people.

The Viet staff were to look after us well. The cook, a slight, wiry chap, Monsieur Hue, had been cook for the French Colonel. He had a penchant for marinading and beating the American beef which was provided by CORDS. After we had been on site a few months, we organised an open barbecue over a half 44 gallon drum, cooking with searing flames and smoke, Monsieur Hue was horrified.

The administrative officer of the previous team organised our introduction at the LX Hospital. Bien Vinh, we were welcomed by Dr Nhi and the other doctors, shown the facilities, and organised into our roles. Tom Calov and I, with GP backgrounds, were to conduct an outpatient clinic morning and afternoon. Gordon Hudson would be giving anaesthetics and work training Viet nurse anaesthetists, who were the mainstay for anaesthesia. The surgeons were to work in one of the two similar air conditioned operating theatres, part of a recent addition to the LX Hospital. The theatres each opened onto a central dispersing and recovery area. The nurses were all experienced in theatre surgical procedures and this aspect came to occupy the majority of working time with ward work involved in follow-up of surgical cases. The Paediatric ward required full time involvement by Dr Brian Kearney and nursing staff, particularly Lorraine Bingley.

The outpatient clinic was very busy. Always with a queue of 20-30 patients waiting. Facilities were primitive - one table, three chairs, one bed, medical equipment of stethoscope, sphyg and torches, We had an interpreter, a beautiful young girl of 17-18 years, Ms Co Thoi.

The outpatient service was largely conducted as a triage with treatments being very limited and diagnostics limited to x-ray by Clive Bond and restricted pathology services provided by Beryl

Nichols. Patients had access to very limited medications. Cases requiring elective surgical attention were directed to the Australian surgeons who conducted a regular clinic. Many medical cases required immediate hospital admission as patients tended to present at a very late stage of illness. An example being a woman with gross hypertension and hyperglycaemia, due to an unbelievably low haemoglobin of 1g/100ml, due to chronic hookworm infestation. She required transfusion with tiny bolus doses of blood and diuretic therapy to reduce fluid overload.

A common presentation was a lean wasted Viet clutching a rolled up x-ray film, as both pulmonary tuberculosis and caseating lung fluke were common. Pulmonary TB was said to be minimal by Viet health authorities after the introduction of childhood BCG vaccination. Despite these assurances, it was clear from the number of patients presenting and observation of the phthisic appearance of many of the community, that tuberculosis was still present in significant numbers. The crowding in family accommodation would contribute to the spread of the problem. Lung fluke would occur because seafood tended to be warmed up in some meal preparations rather than efficiently cooked to safely sterilise.

The x-rays reverently produced by outpatients were being taken by Clive Bond, an expert radiographer who had worked at RPA Hospital, Sydney. Clive was able to achieve high quality work, such as a cerebral angiogram, for diagnosis of an extradural haematoma in a young boy who had fallen from a bridge. Clive had only relative primitive equipment and the quality of work depended on his expertise with the result that a burr hole by John Fisher saved the young boy. A result such as this provided rewarding satisfaction to the team in the face of the inevitable visits by the grim reaper to both young and old unable to withstand the onslaught of trauma or illness in an already weakened frame from malnourishment or parasitic infestation. The surgeons, Malcolm Goldsmith, Welby Skinner and John Fisher were all initially involved in elective surgery. A very high incidence of thyroid enlargement was found. The common problems presented at outpatients included cleft palate and hare lip.

Arrangements were put in place for patients with these congenital abnormalities to be attended by a specialist surgeon at Bien Hoa. This service attracted patients from all areas of South Vietnam.

The period leading up to Christmas and in early 1968 did not provide the surgeons with a war injury workload. An Giang province was quite peaceful when compared with other provinces where ongoing VC activity was present. The team was generally busy with a broad range of medical problems, particularly with tropical and parasitic disease and everyday trauma. Clinics were held at outlying villages and resettlement camps. These were enclosed areas to which people from small rural communities were relocated in an effort to prevent VC penetration and contact.

A visit to an 'open hands, chien hoi' camp in Kien Giang province at Nui Tuong is described in a letter home: "...We go by boat tomorrow to Nui Tuong, 3 doctors, 2 nurses, 2 interpreters and 1 US Medical Corpsman. It will take about 2 hours to get there via Nui Sap – up a side canal. Will take a carbine on the boat.



**Mass production at relocation camp the day Robert Kennedy dropped in for a visit. Tom Calov, Ken Doust, Brenda Wilton, Kay Pannell**

We have heard that Robert Kennedy will also be visiting the camp on the same day, so we may meet with him there. Have cameras loaded up. We will only be looking at eyes and skin.”

In fact, Robert Kennedy did drop in from a chopper and observed us at work triaging hundreds of Viet camp residents. Robert was interested in the Australian involvement as we explained the three team sites in Vietnam. A very pleasant young man bent on doing something to help those in conflict.

Our medical inspections consisted of examining the eye for pallor indicating anaemia, pulling up trousers to look for fluid overload and chest inspection to pick up lung infection. We picked out about 30 people to be taken back to Long Xuyen for further workup.

Dr Brian Kearney was not happy with this approach when we told him of the process; he felt we should have been more thorough – however we may not then have found the number requiring further attention as we did. Gordon Hudson and myself seemed to get on well with the young people.



**Gordon Hudson and Ken Doust at Mui Thong Refugee Camp**

Other events included a planned visit to a large orphanage at My Tan on the Bassac River. This was in an open boat provided by MACV (Military Advisory Command Vietnam) with armed personnel. This visit raised mixed emotions from team members, firstly a degree of fear as bullets fired from the northern bank raised water spouts near the boat, which was kept running fast near the southern bank of a kilometre wide river.

Subsequently, the visit and review of cases at the orphanage invoked sadness. The orphanage, conducted by Nuns, was crowded with many children housed in a grand old French-style building, with many children in small cots.

We observed one small baby being passed to an aged nun who paid, presumably, the mother a few coins. We felt that these children deserved something better than this institution, caring though it may be for them. Life was not easy at that time in Vietnam. I felt that this visit was the most emotionally moving circumstance of our time at LX.



**Children of My Tan Orphanage**

Gordon enjoyed the change in work from the regular anaesthetic workload. Gordon nearly became a casualty of anaesthesia when he had a grey diphtheria membrane coughed into his eye whilst he was intubating with a MacIntosh laryngoscope. Fortunately the installation of antibiotic eyedrops prevented any problem. Diphtheria, tetanus, typhoid and other diseases which we had mostly never seen in Australia were part of the ill-health spectrum in Vietnam.

Our approach to dealing with some of these problems differed from that we would have undertaken in Australia. Tetanus, for example, was not uncommon as a result of animal faecal contaminated wounds and the use of cow dung poultices on newborn umbilical cords. The disease did not seem as severe and was treated in some cases with antitoxin and Largactil intramuscular injections with good outcome.

Hospital work, both medical and surgical, was ongoing but allowed time for recreational and social activities. We decided as a team that we should improve rapport with local professionals and military. We also decided to continue an established Australian dress code of white shirt, shorts, long socks for blokes, and white uniform dresses for the girls, accompanied by a green badge with yellow kangaroo, to clearly indicate that we were Australians. We intended deliberately to differentiate ourselves from American military and advisors who went mufti in slacks and coloured shirts.

I have no doubt that the VC with their effective intelligence system were well aware at all times of who we were and where we were and that we were Bac Si Uc Dai Loi (Australian doctors).

The photo (Below) taken in front of the White House (not a rectory as the sign implies) clearly demonstrates our dress code.



**Staff Photo**

Wearing the distinctive 'uniform' was part of an overall social environmental plan to consolidate the team as a unique Australian entity. Social interaction was fostered by evening gatherings at the White House, with Viet doctors and their wives, together with US MACV officers and advisors.

The Viets had not previously socialised at the White House, they were able to enjoy dancing to the strains of 'The Seekers'. Subsequent visits to the homes of the Viet doctors Nhi, Tho and Ban, strengthened the bonds of professional friendship. The interpreters and Viet staff also enjoyed interaction socially with the team, with benefit in our working relationship, friendship and mutual understanding.

On the professional side, a further Australian team decision was that we should treat all those seeking help on the basis of their need. We had no doubt that some of the trauma patients may well have been VC. They were treated as individuals for whatever their problem. This policy may have proved helpful in ensuring our safety at a later time.

This laissez faire attitude fitted well with the general situation in An Giang province which had enjoyed a relatively peaceful history over recent years. The reasons for this are speculative. It has been suggested in opposing circumstances that the VC were unpopular in An Giang and alternatively that the VC used An Giang as an R and R safe place. An Giang had been the centre of the Hoa Hao religion whose members took up arms against the Viet Minh in the '50s. In recent times the idea that VC used An Giang as R and R seemed more plausible.

The VC intelligence system was very effective as infiltration into all ranks of society was feasible. The effectiveness of VC intelligence was to be demonstrated at the time of Tet.

I wrote to Kath on 28 January 1968,

"...the Tet holiday is on – New Year's Eve tomorrow, the official first day of the New Year is 30.1.68 – same date as Chinese based on the lunar calendar of 13 months. The firecrackers are still persecuting the peaceful silence, otherwise broken only by Honda exhausts and thundering helicopters. It has been quite noisy but no special activities such as street dancing – have only seen one Chinese dragon – I think the place to be would be in Cholon, the Chinese section of Saigon where there would undoubtedly be tremendous activity for the New Year."

Such proved only too true when Cholon became the centre of fierce fighting in the next few days.

An inkling of what was to come to change the peaceful scene is on the same letter,

"On Friday at lunchtime a young American, Dave, was shot at Hue Duc. He was a member of International Volunteer Service IVS – a non-government body providing a "Peace Corps" for trouble spots and underdeveloped areas. "Dave" had been in An Giang for about 3 years, was an ardent pacifist and lived Vietnamese style in a small village. He dressed in black pyjamas, wore a dirty towel draped over his head and did not appear to work often. He appeared at Long Xuyen Hospital outpatients one day looking like a local.

Apparently he was too close to the Viet community and may have been aware of VC preparations for Tet. He was shot in the back of the head in a standard execution manner, his body was brought to the hospital and transferred to Saigon, then the States. We heard later that his mother was receiving a Peace Medal for him from Robert Kennedy the day he was shot.

Further evidence of some hotting up of military activity were increased air strikes on VC controlled areas of An Giang and the sinking of two naval boats of the Viet 'Brown Water Navy'. These air strikes in An Giang were the first in the province for four years.

The VC had declared a truce from 27.1.68 to 3.2.68 whilst the US and South instituted a 36 hour ceasefire, allowing officers to travel home to their families depriving ARVN units of leadership. The letter goes on, "the period leading up to the Tet has been used by the US as part of WHAMO campaign and the Chue Hoi (open arms) policy to gain defectors from the ranks of VC. A helioplane with a huge HiFi unit flies over the countryside broadcasting messages from 3000 feet. Promises of rewards come floating from the sky without any engine sound, so loud is the broadcast."

Prior to Tet, arrangements were being made for some of the wives of team members to come up to Long Xuyen, including Mrs Bond, Mrs Fisher and my wife, Kath. We were all looking forward with great excitement. Tet wiped out this opportunity. Kath came out of the Qantas office with ticket and passport to see billboard headlines, 'Saigon Erupts', all trips were cancelled by Department of Foreign Affairs.

I wrote to Kath on 30.1.68 telling her of casualties sustained in the celebrations leading up to Tet. Homemade crackers, more like bombs, could take hands off. We treated many minor injuries and motor vehicle accident victims at the hospital, indicating the extent of celebratory activities in the community. The bangs were in good fun, there was no hint of the storm to come after midnight on Tet.

On 1.2.68 it was a different tone found in my letter to Kath. By that time,  
"there has been plenty of trouble in Vietnam, but so far no real trouble in LX."

The team had been busy with casualties from Chau Doc, reports came in that the hospital there had been destroyed, dead everywhere and 40% casualties in the town were rumoured. MACV at LX advised that Chau Doc was completely overrun by VC with ARVN clearing out, leaving only the local NACV unit with 23 military and civilian advisors to fight it out.

Evacuees arrived at LX by boat and bus. The first bus to arrive had multiple casualties with the floor of the bus covered an inch deep coagulum of blood. One Chau Doc hospital patient arrived at LX running, holding up an empty saline infusion bottle. Obviously he did not need this if he could manage the 25km run from Chau Doc.

We had news advising Can Tho to the east had been heavily infiltrated and the University held by VC. This meant that heavy VC activity was underway on either side of LX, also to the north across the Bassac and Mekong Rivers at Sa Dec, and to the south towards Rach Gia.

An Giang was surrounded with all roads and canals being potentially interdicted by VC. Air transport was limited as no choppers were available at LX and fixed wings were restricted with Tan Son Nhut airport in Saigon being under siege. Limited telephone communication continued.

We had had a busy day at the hospital but had decided to watch in the New Year over music and a few at the bar with some of the local MACV team. Sky rockets and crackers were spectacular, lighting the sky with multicolours and all round sound. Shortly after midnight, the rocket falls seemed to become horizontal along Duong Nguyen Thai Hoc, our street! It took some time to realise that machine gun tracer bullets were flying in the street from the "Brown Water" Naval Base on the river. This was the first indication that any military activity was afoot.

We contacted MACV by phone. Members of MACV team were ordered back to their compound and we were advised that we should stay in the White House. This suggestion was redundant as we were unlikely to be heading off anywhere with the possibility of VC activity in the area. The morning after Tet, Lt Col. Lane came to brief us. He advised that we should move into the MACV post and cease hospital work until the town was declared secure. He said that Col. Pham, the Province Chief, had established a curfew system, yellow at night with no movement and grey during the day with movement restricted to essential. Knowing that increased casualties would be expected at the hospital we could not accept his advice. I told Col. Lane that we agreed we had come to do a job and that we intended to do just that, or in Australian "we bloody well intended to do that."

On that decision the Colonel said he would send over a few weapons which we might need. He delivered a Thompson submachine gun, two M16s, two carbines, a number of handguns and a few grenades. Some of us fortunately knew how to use these, with no wish to do so. My feeling was that if we were attacked and appeared to be at risk we should defend ourselves. We heard that despite indiscriminate firing at Chau Doc, return fire had resulted in a withdrawal of the attacking body. This may have been another rumour breeding an unrealistic hope. The motley group of armed doctors would not have been expected to have excited fear in the hearts of the dedicated VC or troops of NVA.

We travelled from the White House to the hospital only by car, rather than walking the short distance which we had done before. We carried handguns in the car and kept other automatic weapons in the operating theatre. John Fisher had an M16 under the sterile drapes as he operated. We were concerned that we would be seen to be compromising our peaceful status by having weapons. We were in a difficult situation, not knowing the attitude of the VC, having had communication to Saigon and the Embassy cut and the roads and canals interdicted. The other Australian teams at Bien Hoa and Vung Tau were in heavily fortified zones with large US and ARVN forces. At An Giang we had about 40 MACV personnel and advisors. The decision by the team was to look after ourselves if we needed to do so.

With MACV personnel retiring to their compound, we set up our own guard system, 3 on at a time for 2 hours – one covering each side (of the White House) more or less. Hospital work did not finish until early morning hours, so the guard roster could be managed by our small number.

As a few days passed we felt more secure and that An Giang reproved itself as the most secure province

“only by gratis of the VC, nil to do with US pacification.” Major Bill Otte said today the VC had shown them the ability to confine all US activity to their enclaves, and that control of the country and transport is entirely at the whim of the VC – depends on how many casualties he is prepared to sustain”.

My letter of 1.2.68,

“even the MACV radio broke down yesterday”, “the line to Saigon is cut – finished yesterday. VC can cut it out every day of the week if they wish! So we are pretty isolated.”

The hospital on the days of the Tet was very different to usual. No throng of patients waiting to be seen, the grounds eerie and empty. We all felt a degree of nervousness and trepidation, not knowing whether some action might be directed against us. This concern was dissipated by the arrival by car, cycle, bus and on foot of Tet casualties, fear was overcome by the need to treat and make medical and surgical decisions.

We kept weapons close to hand during this period. I don't know whether we would ever have used them, fortunately the need never arose. We realised that the VC would have been well aware of the Australian team's situation and the work that was being done. We thought that advice that we had weapons would also be known – we were not sure whether this would be a plus or a minus as far as our security was concerned. In the longer term we probably secured ourselves by providing a service to the Viet community, at this time for many with war wounds. Again, our work and service was available to any individual.

The VC had a very well developed intelligence system which undoubtedly involved people in all sections of society, the preparation for the Tet offensive demonstrated the effectiveness of their intelligence. Our activities would have been known to them. Just prior to Tet we were advised by one of our interpreters that a wounded man at the hospital was an officer of NVA.

He had a bullet wound to his right shoulder. We became aware that some US civilian advisors were to search the hospital looking for possible VC. The patient was transferred by members of the team to the morgue, to be beside the deceased until the advisors with crew cut hair dos left. As an example of the team's laissez faire policy, this action, known to the VC, may have been a security plus.

Tet had proved to be an outstanding intelligence victory for VC and NVA and a disastrous failure for the US forces and ARVN. None-the-less, the final victory from Tet was not with the VC who sustained enormous casualties from the overwhelming firepower of the South and the US. Who was the winner? Tet was the first indication to the US that they were fighting an unwinnable war, this was a psychological win for the VC.

The week of the Tet saw multiple casualties, mostly from outlying areas. The surgeons, Australian and Viet were kept busy until late at night and on call. We kept up regular guard duty during this time. We continued to bunk down in the front section of the White House, all upstairs. I sent Kath a plan of our defence system with the disposition of weaponry on the plan.

Once we had all retired for the night we activated an alarm warning system. This consisted of 2 dozen empty beer cans joined up by fishing line, so when the line was drawn taut the cans were suspended 6-12 inches above the steps. We expected that anyone attempting to come up the darkened stairs would have certainly rattled the cans! At the top of the stairs the plan shows a carbine and some hand grenades.

This ingenious alarm system failed on one occasion when a small child crawled up the stairs under the fishing line – he had been creeping upstairs and stealing from the girls' rooms. We did not think he was a very small VC. Clive Bond found him and passed him over to the 'White Mice', as we called the Viet Police.

We had several White Mice guarding the White House subsequent to Tet. One of those police was killed by a grenade on 2<sup>nd</sup> Feb 1968 – it had been seen to be thrown from a passing Honda. We were not expecting problems, however, we took every precaution that was possible with what we had to command.

Some action was reported in the province, some 250 VC were seen 1 km west of Long Xuyen near Chau Than and another 100 near Thot Nhot, plus other small groups. The largest group was dispersed and 31 claimed killed by a combined ground and air strike, Major Bill Otte and Colonel Pham leading the attack. We had been joined by Abel Vela, A US Major seconded to CORDS, he had his wife and his own M16. We subsequently followed his advice on security.

By 8<sup>th</sup> Feb the curfew was still in force, on 7<sup>th</sup> Feb 1968, 8 VC were taken by police and found to be carrying a large quantity of explosives – an attempt was to have been made on the US MACV compound.

By 11<sup>th</sup> Feb, the casualty situation was reduced, a lot of nursing time and surgical time now spent on those recovering. A large number of head wounds had needed craniotomies and these generally did well, even with part brain loss. On the other hand, abdominal shrapnel wounds generally died due to gross peritonitis and lung infection, from widespread shrapnel penetration and infection. Other terrible injuries were caused by landmines, where apparently healthy residual tissue when explored showed mud and grime blown deeply along tissue cleavages from knee to groin after loss of lower leg. These patients did not do well.

**Craniotomy patient – loss of entire left frontal bone from grenade, 10 days post-op. Nurse Lorraine Bingley.**



By 11<sup>th</sup> Feb curfew was only after 6.30 p.m. and we were able to move about freely, so well that we had a game of tennis on Colonel Pham's court.

One of our interpreters, Mr Tang, arrived back at LX from Saigon with his wife on a Honda. He had had a dangerous trip – he recorded the details of the trip and a transcript copy follows:

TRANSCRIPT OF A RECORDING BY TRAN VAN TANG, INTERPRETER TO THE AUSTRALIAN SURGICAL TEAM AT LONG XUYEN, SOUTH VIETNAM, ON THE EXPERIENCES OF HIMSELF AND HIS WIFE IN TRAVELLING BY MOTOR-CYCLE FROM SAIGON TO LONG XUYEN DURING THE V.C. TET OFFENSIVE ON WEDNESDAY 7/2/68

*This is the story of my travel from Saigon to Long Xuyen on Wednesday 7 February 1968 when the fighting between the V.C. and the Vietnamese Government was still operating in Saigon. In Saigon there is still a curfew from 8 am to 2 pm every day, but on that morning the radio said that people can move from place to place with vehicles, but not to go too fast – the limited speed is 30 kilometres per hour. After that news my wife and I decide to try to get back to Long Xuyen with our Honda bike. In Saigon at many different stations policemen and army posts stop us and check our body and small bags that we tied on the carrier on our motorbike. At some other place they tell us to turn back so we have to find some small path to go on. Passing by the Cholon area we see some broken scooters lying on the road but nothing else except some policemen, but at last we get to the capital Saigon frontier.*

*Now from Saigon the road is better. There are some cyclos and people on the road. We stop there to wear gloves, and use a handkerchief to cover nose and mouth, to prevent of dust and wind, and then go on again. But about 40 kilometres from Saigon we see a black and big thing lying across the road. Some National soldiers front it wait. Some National soldiers doesn't let us approach that thing. We stay about 500 metres from it and wait for half an hour. At last we decide to go around in the rice field. My wife and I try to push the bike – sometimes my wife says 'Oh darling, I am too tired, maybe fainted'. It takes us 45 minutes to get back to the road. When passing by that thing we see the soldiers trying to flame it. They explode it, and after the explosion we see buses and lambrettas because V.C. put buses and lambrettas together then put soil on them to make an obstacle. We pass by the first terrible place on the Honda – my wife and I always pray to God and ask for blessing, rosary around neck. The road is very good from there to Long An Province, but at My Tho we meet some other small obstacles on the road but we pass by.*

*At Cai Lai it is 11 am we meet another obstacle on the road that is made of banana tree, some lambretta drivers there and they tell us and show forward. This is there area – only Liberation Front, not Nationalist at all. If you are civilian you can go by and you show them your I.D. card, but if you are soldier we advise not to come in. After thinking we decide to come in. I put my CORDS identity card in my shoe. There are other two bikes with us. Now we come to the "dead land" area. That is one sentence written on the piece of paper hanging on a tree beside the road. We must go beside many soil hills on the road then we get to the middle.*

*At the first station some V.C. in black and green pajamas stop us and ask for our individual papers. We show them. They ask is the Liberation Front has won in Saigon – we say "still fighting" – but they let us go easily at this place. When we go on about ten more kilometres we get to another station. At this place we see a big VC flag. They stop us again and tell us to come in. As soon as come in I see them checking some other people who come in before us. They take off their hats, their shirts and also their shoes and socks. I am really very nervous and frightened, but I try to keep myself brave. I think about the CORDS IS card in my shoes. The only thing I can do at that time is pray to God, to Maria, to all the Saints I remember, and only God helps me. They check my wallet and my body only, and don't take off my shoes, because I think that they might see the CORDS IS card, if they take off my shoes as they do to the others. So when they ask me 'what job do you do' I say 'I am a nurse in Long Xuyen Hospital and there is the Australian Team at that Hospital, and sometimes I must work with them'. They say 'You work with the enemy. I say*

*'No, because sometimes some of you are injured and we serve and we treat you too'. I always try to smile with them and make myself as we like them very much. We say something like – we are very happy to see you here – and something else like that.*

*At last they let us go. We go to another place, we go to a bridge that has just been broken. Some other VC stop us and I say – Well the other has checked us – they say 'No, we want you to stay here and help us to destroy the rest of this post belonging to the enemy' We try to ask them to go – we say we are too tired from Saigon, we have escaped from the enemy in Saigon and we are very tired now'. But they still say 'You must help us to contribute to the revolution – if you finish you can go, if not, you cannot go.' At last we must climb up to the top of the post and try to push down rock and ground to contribute to the revolution, as they say. On the top of the post I think we are going to die when we see helicopters flying around. I always pray with all of my body and heart to God. After half an hour of destroying the post they say now you can come down, we only want you to contribute a little bit with us. We go on and at about every ten minutes we see some other VC, most of them is very young, even children. Someone is about 6 years old only, they are recklessly with grenade and gun. When seeing us, they say 'Hey' but we are very frightened of them, even children.*

*At some other place they stop us again, but we show them our dirty hands and say 'well, we have finished destroying the enemy post, very tired now' They say 'O.K., go' and we go on. After about 2 kilometres we see no more VC. I think it is safe now and we have passed the VC area. We are very very happy when seeing our National Flag on top of another post about 500 metres in front of us. We go faster and faster. Suddenly the gun noise DRRM DRRM a terrible noise behind. I look back and one VC in one corner is pointing at us with his gun. He makes the sign with his hand to turn us back. I hurry up to turn back.*

*END*

We were eventually able to contact the Embassy and advise of our situation. A senior official flew down to LX and was shocked to see the stash of weapons in the front hall of the White House. We said that they were necessary as we had been left to look after ourselves and some of the US Advisors. We suggested that some Australian Army support should be considered in the face of a possible resurgence of VC activity.

Contact was made with the Army at Nui Dat. A Huey chopper brought up a group led by an Aussie Lt Col. With ribbons from WWII and Korea. They were very professional in their approach to improving our security. They took me up in the chopper so I could photograph the White House and Hospital so that if emergency evacuation was needed the sites could be pinpointed. A chopper landing pad was the flat roof of Tom Calov's and my bedrooms. The army left behind a semi-automatic powerful radio which was in immediate contact with the Australian Army to advise of the need for emergency evacuation. They advised this could be managed within half an hour. They left, leaving us feeling much more confident in our security.

We also felt a pride in the demonstration of professionalism by the diggers.

12 days after the Tet I recorded that the hospital at LX had attended 170 casualties. This was a number superimposed on the normal workload of elective and emergency surgery. The Viet staff also disappeared over much of the Tet period resulting in pressure on our Administrative Officer, Howard Menzies, to secure supplies. During this time the consumption of soft drinks went up and alcohol down. The luxury type foods such as turkey breast supplied from the US sovees soon lost glamour when becoming a very repetitive dish. Howard reminded us, "never mind, it has all been an experience."

Trapped by the Tet offensive was visiting US doctor Gabe Smilkstein. He organised the Volunteer Physicians Vietnam for the US. Valued doctors provided unpaid services for a month at various sites in Vietnam, with specialists providing a continuity of services at a particular site – for example ophthalmology at CanTho.

Comradeship developed over this period was extremely strong and has proved to be of lasting quality. The stress of a heavy continuing workload under less than ideal circumstances with added concern for physical security cemented a team spirit which also involved the Viet doctors, nurses, interpreters and other staff.

Over a period of time this team spirit helped to minimise individual concerns which were natural under the circumstances. I noted in a letter, “a couple of peoples’ nerves are somewhat touchy for the first time.” Where some friction was noted between a team member and US advisors or military, transfer to one of the other teams for a period provided the necessary change for relief. When the Tet period settled, some rest and recreational activities could be undertaken to prevent overwork stress “burn out”.

My first R and R following Tet was to visit the team at Ben Hoa. There had been heavy fighting in the town and at the airfield and huge US Base. At the time, the leader of the Australian Parliamentary Opposition, Mr Gough Whitlam and his wife Margaret, were also visiting Ben Hoa as part of a visit to the Australian forces in Vietnam. For some reason we all gathered at the base of the cement water tower for the town supply. Gough said he would like a photograph of the town from the tower. I foolishly offered to take this, so camera in one hand I climbed the very shaky steel Ladder with rungs which was driven into the cement sides and were loose at some levels.

On reaching the top it was apparent that this was totally unsafe to stand on. Apparently, VC had placed a machine gun on the top which was dished towards the centre of the tower. In consequence, the VC were protected from ground fire and had a 360 degree field of fire over the town. A gunship with a minigun system had been called in and fire from above had destroyed the VC and the water tower. I wonder if Gough still has the photo? This was not a pleasant experience for an acrophobic.

Vietnamese are a resilient people. Town and rural activities resumed quickly. The extent and strength of the VC offensive however resulted in policy review and a change in the philosophy of the supporters of South Vietnam. The change of US policy to support Vietnamisation of all anti-VC activity led up to the 1975 takeover by the Nails and eventual unification of Vietnam.

The Australian Surgical Teams helped many Vietnamese individuals, whilst exposing their activities and persona to the general community. We as team members hoped that our work and presence would be seen as a benefit to the people and not a political ploy. Our team’s preparedness to treat all and anyone without question on the basis of their need we hoped would demonstrate goodwill and empathy.

The Long Xuyen team participated in a rewarding adventure with all of us satisfied by a job well done, as well done as could be under difficult circumstances. The experiences by the team during this period have had an enduring effect on each member, each sustaining these in their own way, whilst retaining a team-like sensitivity. *Dr Ken Doust.*

## Clive R. Bond. Radiographer

### **My experiences in Long Xuyen, South Vietnam as a member of an Australian Civilian Surgical Team, October 1967 to October 1968.**

In 1967 a position was advertised Australia wide for a radiographer to work with a surgical team in South Vietnam as part of the South East Asian Treaty (SEATO), for a period of one year. At this time I was feeling that my work was not fulfilling enough and I felt I needed to look for other avenues. At the same time Vietnam was a major issue in the news. I was aware that my father and his father had served in world wars. I was too old to be included in the draft and this played on my mind to some extent. Also I suspect, there was the lure of adventure.

My previous experience: I had trained at Royal Prince Alfred Hospital (RPA), Camperdown, NSW. I had been Radiographer in charge at RPA Neurosurgical Xray department. I had experience in rural positions at Narrandera Hospital and at Port Macquarie.

I applied for the position and after an interview in Sydney, was accepted.

A few months later in early October 1967, I found myself on my way to South Vietnam.



## **The war in Vietnam was reaching its height in 1967.**

The surgical team of 12 persons consisting of a paediatrician, two general practitioners, two surgeons, anaesthetist, nurses, a medical technologist, an administrator and myself as radiographer, arrived at Tan Son Nhut Airport, Saigon, in early October.

Our arrival was a rude awakening to the ravages of war. Looking down on the area surrounding the airport, from the Pan American aircraft, we could see mile after mile of pockmarked landscape. At first I thought these were water dams for irrigation. However there were so many of them and they stretched as far as the eye could see, that this thought seemed ridiculous. I was then told that these were bomb craters.

On entry into the arrival building we started to line up for the usual customs and immigration checks that you would expect at an international airport. There was confusion everywhere, no, pandemonium, is a better expression. There were heavily armed, uniformed, Vietnamese guards everywhere. Some leaning against walls half asleep, others were shouting in their own language, probably at us.

Within a few minutes a slightly built person emerged from the crowd, he was smiling and looked completely at ease. I felt relieved when I realized he was speaking with an Australian accent. "Follow Me," he was saying. With no further ado, we filed after him towards a locked gateway that was guarded by a Vietnamese guard with a sub machine-gun. Our newly acquired friend pulled out a badge from his pocket and with a stern look, showed it to the guard.



**Dr Tom Calow riding a cyclo in Saigon.**

The guard looked at the badge closely, hesitated for a moment, and then swung the gate open for us to walk out into the street.

In Saigon the steamy atmosphere was heavily polluted with the fumes from the many vehicles of all descriptions that were on the streets.

Army vehicles, taxis, motorcycles, motorized rickshaws, and just about anything else that you could strap an engine onto, was on the road.

The dilapidated appearance of the place disguised the underlying beauty. Saigon was at one time known as the Paris of the East.

Beggars were on every street corner. Most of the beggars had one or both lower limbs missing. Sidewalk stalls were everywhere and people were touting for business. Here you could buy everything from Cuban cigars to watches, to genuine army boots.

After two days of Rest and Recreation we were transported back to the airport where we were to catch a flight to the town of Long Xuyen, which was to be our home base for the next twelve months.

Things don't always happen as they should in Vietnam, and we found ourselves sitting on our luggage, in the blazing sun, beside the busy airstrip of Tan Son Nhut airport for about 3 hours. Tan Son Nhut airport was at that time one of the busiest in the world, with about a landing or takeoff every two minutes. Mainly military, but some domestic and international flights.

The next few hours were to be an introduction into the crazy situation that this country had become.

Beside us and in front of us were row upon row of military and civilian aircraft. Some were painted in khaki others had Air America painted on the side. One of the largest of these was a C141 Starlifter. This aircraft was absolutely huge with an enormous Wingspan. Onto one of these were being loaded several shiny silver alloy coffins.

Not long after an old Dakota (C47/DC3) aircraft was seen circling the surrounding, densely populated area. The aircraft was fitted with a loudspeaker and it was playing music. The music was a Walt Disney tune, "*Zipidy Doo Da, Zipidy Ay, My oh my what a wonderful day!*". From out of the aircraft leaflets were being thrown onto dwellings below. Some of the leaflets fell near us and we were able to retrieve one. They were written in Vietnamese and our interpreter informed us that they were offering safe passage and financial reward to anyone who defected from the Viet Cong guerrilla army.

Tan Son Nhut airport was always an exciting place to visit. On another occasion at Tan Son Nhut airport my attention was drawn to the far side of the field by the sound of several loud explosions. A jet fighter aircraft was making a steep dive leaving behind it a shock wave of water and smoke. Immediately behind that another jet fighter was descending to the target and releasing a bomb. Somebody over there was about to die. The scene had an air of unreality about it, as though we were watching a movie.

A short time later another jet fighter aircraft was seen approaching the airstrip. It had a trail of smoke behind it and as it crash-landed on the tarmac a helicopter hovered above it. Suspended underneath the helicopter was a large red ball. From the red ball, foam was sprayed on the stricken aircraft.

Eventually an old C47/DC3 Dakota (Gooney Bird) aircraft pulled up in front of us and we were loaded aboard.

About two hours later we were in our home base in the city of Long Xuyen.

Our new residence was a comfortable old French Villa (known as the White House) on the outskirts of town.

There were armed guards on duty at the front and back gates.



**The main street of Long Xuyen**

**Long Xuyen** city had a population of about 30,000 people. It was the capital of An Giang province and was on the Bassac River.

The Bassac River is an outlet of the Mekong River as it spreads into the delta.

Long Xuyen is about 30 kilometres east of the Cambodian border.

The Team. Top Left to right. Clive Bond, Tom Calov, Welby Skinner, Howard Menzies, Malcolm Goldsmith, Brenda Wilton, Kay Pannell, Gordon Hudson, Brian Kearney, Ken Doust, Janice Rayner, Beryl Nichols, Lorraine Bignall, Janet Glasson, Angela Ross.



Long Xuyen hospital was just a short walk from the residence.

The hospital was a real eye opener. It had about 450 beds, and often about 800 patients.

Some of the patients lay on the floor, others were two to a bed. To make the overcrowding worse, relatives of the sick often stayed in the hospital and slept on the floors overnight.

Most of the relatives and even the sickest of patients had a smile for us and occasionally a brown hand would reach out to touch our white uniforms, perhaps to see if we were real.

The smell of the place was overpowering, I held my breath for as long as I could. Outside were open drains where raw sewerage floated past.



The hospital was divided up into several sections. A small outpatients building, the Australian surgical and medical ward, the Vietnamese surgical and medical ward, operating theatres, TB ward, and x-ray and pathology building and also a children's ward.

Our days were filled with looking after patients with tropical diseases and war injuries. Tuberculosis was very prevalent in Vietnam and there seemed to be endless queues of people waiting to have chest x-rays.

The war injury cases were particularly horrendous and usually seemed to arrive at the hospital at night. We soon learned that a knock on the door during the night and the quietly spoken words of "Bacsi" meant that more trauma cases had arrived at the hospital.

The war wounds ranged from shrapnel wounds to limb amputations to massive head injuries.

It was said that some of the patients were Viet Cong guerrillas, however we never asked questions and never refused treatment.

Particularly distressing were the child victims. I remember on one occasion the Viet Cong had set a booby trap in a local school. Some children were killed outright and others horrifically injured.

The outpatient's clinic always had a long queue, with patients clutching their x-rays and patiently waiting for their ration of medicines.

Only about a weeks supply of drugs were given out to each patient at a time. This was to stop them selling the drugs on the black-market. They sold them anyway.

At the local markets we often saw displayed the very same drugs that had been dispensed.

The days were long and hard and filled with frustration.



**Outpatients clinic**

Frustration because many of the Vietnamese seemed unwilling to learn from us. It was a matter of saving face. In Xray the techniques were poor. Also some of their medical and surgical techniques were adequate however I understand much was not.

Also there was a shortage of interpreters and trying to communicate was a nerve straining experience.

It has been said elsewhere that Long Xuyen was a holiday camp. Nothing could be further from the truth in my view. Certainly not in the October 1967 to October 1968 tour.

The casual visitor to Long Xuyen during those times might gain the impression that it was an easy going place. That would be a mistake.

There were times when there was a lull in the number of trauma cases, however this void was replaced with an incredible number of cases of tuberculosis and tropical diseases.



Letters to home, November 1967.

1967.

AUST. MEDICAL TEAM  
HONG XUYEN  
AN GIANG  
S.H. VIETNAM.

Dear Mum, Dad, & Jan.

Received your letter of the 12<sup>th</sup> Oct yesterday. Sorry to hear about Phoebe.

I wasn't able to get any pearls for you. I was really pushed for time in Singapore. Incidentally I can't for the life of me remember Pearl's last name so you'd better let me know please.

Long X is not a least sort of a place, very rich agriculturally & relatively untouched by war. It's in AN GIANG province which is part of the Mekong Delta. It's rumored that L.X. is the secret recreation ground for the V.C. & that the locals have an agreement with them that so long as the V.C. behave themselves whilst on leave they'll leave them alone. Anyway life's not too bad here, the house is comfortable & clean & the food's O.K. The hospital is another story —

NOV 67.

about 400 beds of 600 patients. The relatives camp in the wands on the floor where they cook & wash (occasionally). The toilets in the wands consist of a bucket in the middle of the floor! The smell is quite over-haunting for the first few days. TB typhoid & hepatitis plus numerous parasitic worms are in abundance.

Quite an experience I can tell you! Two Drs. from the last team were sent home after nervous breakdowns, one in a straitjacket. I don't think anything like that will happen with us tho. The Yanks here are terrific bunch of blabbers & one always dropping in for a few beers which inevitably carries on till early morning. This gives me a chance to forget the working hours for a while. I went in an armed convoy to Can-tow ce town about 40 miles away & in V.C. territory. 4 jeeps, a truck & a spatter plane flying overhead, that was yesterday.

Today six of us went to the small village of TOT-NHOT. 15 miles away & tried out the U.S. army's weapons on the rifle range

I used the Controversial M16 or  
AR 15 an M2, and a .38 revolver.  
followed by a magnificent meal  
at the mess a few grogs & then  
back home under armed escort.

Quite a few V.C have been brought  
into the hospital with wounds. They are  
treated or if they live they're allowed  
to quietly disappear. Funny country!

The V.C. mentioned a village on the other  
side of the river (11 miles) two days ago  
because they refused to pay taxes.

15 casualties. 2 dead a twelve year old  
girl & a 19 year old girl. At night you  
can see the flashes in the sky & hear  
the thump's. Another reason we haven't  
been bothered is that the V.C. know  
they can get medical treatment here. Next  
weekend I'm flying to Saigon & might  
be able to do some shopping if there's anything  
to buy. There's nothing in the shops here.

Well that's about it for now  
Love

Chris.

Nov 67

In the x-ray department I had two technicians. Both were relatively uneducated persons, one a teenager, who thought he knew it all and became demonstrably offended if I attempted to correct him. The other was a man about thirty years of age called TY.

After a few months I got to know TY quite well and found him to be a very friendly person and very eager to learn. However even with TY, I had to tread carefully as he was easily offended by loss of face.



**Clive Bond, Ty, junior assistant**

The language barrier made the whole process very frustrating, however somehow we managed.

The x-ray department was very primitive. It consisted of the main x-ray unit and a small mobile x-ray unit. The main unit didn't work and had been like that for a few months. A simple diode valve had blown in the machine. This valve code-named **R270**, it seemed, was unobtainable from the usual warehouse sources. How absurd for a government to send its people to do a job without providing the basic tools.

All of our supplies came from US warehouses in Can Tho or Saigon. These warehouses were managed by Vietnamese staff. I tried many times to obtain the R270 valve for the x-ray machine.

However it seems there were none in the country. Later in my stay in Vietnam, it became obvious to me that difficult to obtain supplies sometimes miraculously appeared if cash was offered with the request.



**X-ray department**

One day I had reason to visit a large warehouse in Phu Tho, Saigon, and whilst waiting for medical supplies to be brought up from the back of the warehouse, I noticed three x-ray machines wrapped in plastic.

They were surrounded by cardboard cartons and covered in dust. They had obviously been there for quite a long time.

Having requested a R270 x-ray valve from this warehouse before, (it was run and manned by Vietnamese) I knew further requests would be a waste of time without an offer of money, and I wasn't going to do that.

A typical x-ray unit supplied in Vietnam was the 100 MA Hewlett-Packard Army issue type. The back of these units is easily removed, giving access to the electronics, by simply lifting the rear panel. The solution was obvious-

On arrival back in Long Xuyen the new valve was fitted. My assistant Ty, was now a very proud X-ray technician. He now had a full-size working x-ray unit to use and boast about.

It was in this primitive department that we did what was possibly the first Carotid Angiogram in a civilian Vietnamese hospital. My recollection is quite clear on this. One of our team doctors had unsuccessfully attempted to needle the common carotid artery. As I had seen many hundreds of these done in RPA hospital Australia, I piped up "I can do that". Humility was not part of my makeup. I palpated the artery and inserted the 18 gauge needle. Rotated the bevel so it wouldn't flood the external carotid and gave the nod to Ty who took the shot. It was a little late, however gave a good venous phase and that was sufficient. Later I also did a femoral arteriogram, start to finish. Possibly another first. Also Intra Venous Pyelograms for the first time. Flexibility-I love it! I can't imagine a radiographer being allowed to do this back in an Australian hospital. Needless to say, it spoilt me for the return to humdrum radiography back home.

Fluoroscopy... In Xray we had a very basic fluoroscopic unit. It had never been used. The Viet staff knew nothing about it. One day John Fisher, our surgeon, asked if I could do a barium meal for him. So we blacked out the windows with masking tape and cardboard and with my much puzzled counterpart standing by, I attempted to seal every other entry of light. I think the staff thought I'd either gone nutty or was going to show a movie. Remember they couldn't speak english, so communication was nil. Mr Ty was amazed when he saw a moving xray of the patients oesophagus and stomach. My personal rating went up several points with that one.

Another day I was asked to do a barium enema on a patient. During preparation I discovered that we had accumulated an audience of various people wanting to see the show. I had to bar entry and lock the door. Once under way it became a bit of a circus. Remember again, no english was spoken and getting the patient to retain the enema using sign language was proving impossible and much to everyones amusement, except me, we had white barium from - well you know where to where. To top it all the patient knew nothing of the modern toilet and getting him to sit on the porcelain throne was a feat in itself.

Next to the xray department was a room with an operating table. A tall Vietnamese named Hiep was usually in that room. He was a refugee from the north and was at one time the xray technician. However he had fallen from grace for some reason and now he just hung around this room. On a number of occasions I noticed young women being wheeled into the room and later being wheeled out unconscious. It took me a while to figure it out. He was operating his own private abortion clinic.

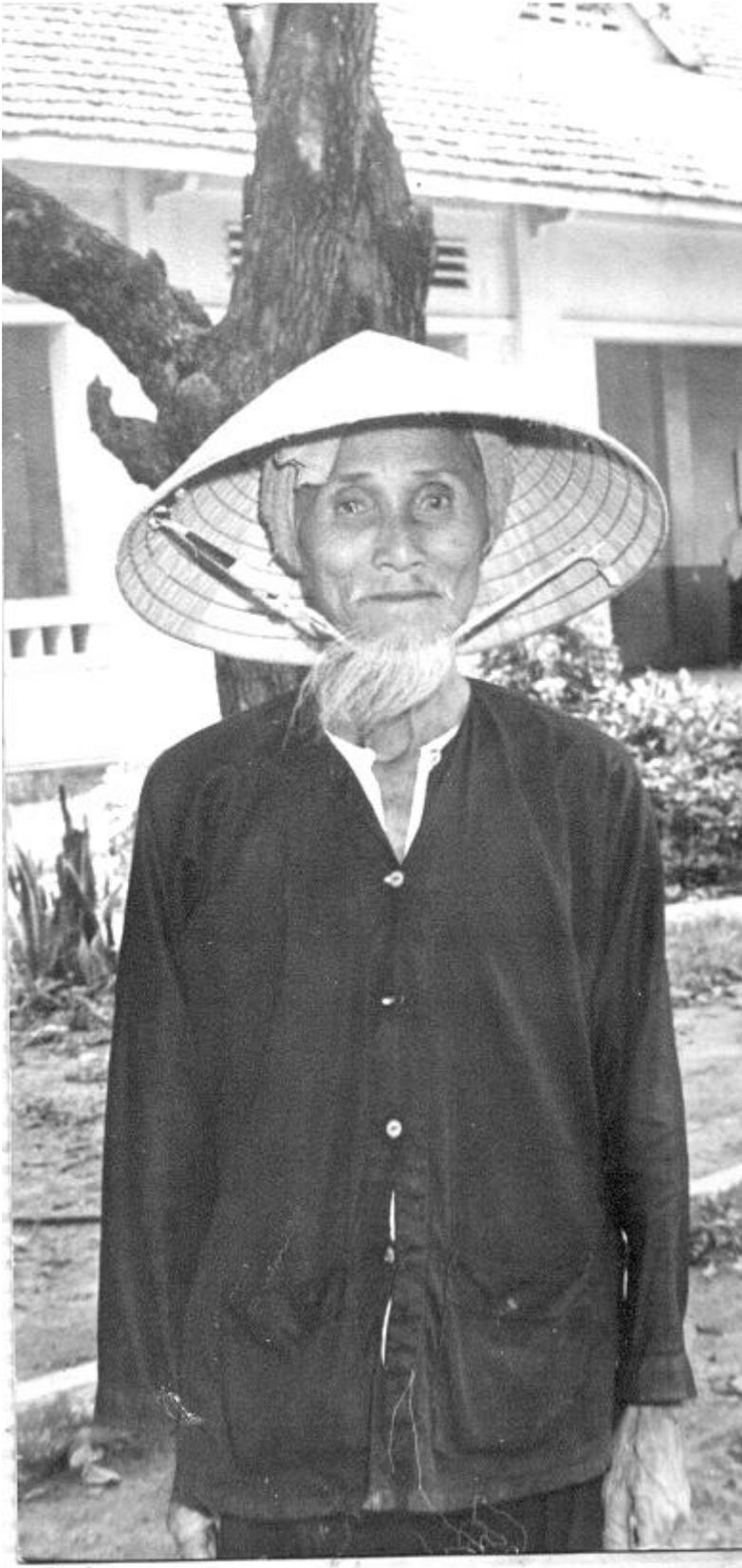
The Door... It may seem strange that a human would not know what a door was for. However many of our patients came from rural areas that had only bamboo shacks and a door was unknown to them. On more than one occasion I had a patient in for Xray They obviously came through a doorway to get into the Xray room, however they were nonplussed when it came to opening the door and letting themselves out. I have seen them slide their hands along the wall looking for the opening that must be there.



Typical housing.



Siesta.



**A Vietnamese gentleman in the hospital grounds.**

Over the weeks we got to know many of the locals and the general layout of the town, and we became used to the strange smells and steamy heat.

The local market was just a short walk from our residence where fresh vegetables and fruit and meat (covered in flies) and fresh fish could be bought.

Also if you desired, one could buy eels, rats and little roasted birds threaded onto sticks.



We had an open invitation to the US Army MACV unit (Military Advisory Corp Vietnam) where they had a bar and ran movies every second night.

We were to make many friends here in the MACV headquarters, and also at some of the other US military houses



**Marie House**

Marie house was a favourite watering hole and was close to the hospital and fortuitously a short walk back to our own quarters.

It was here that I got to know Major Bill Otte (CO Chau Tan, MACV US Army) and Major Harold Brown (MACV US Army) and Captain Marshall 'Skip' Hough. Skip Hough was a pilot and flew a spotter (Swampfox) or scout plane (US Army 199<sup>th</sup> RAC).



**Major Harold Brown, Major Bill Otte.  
US Army, MACV**

My predecessor, a female radiographer, apparently had taken a shine to the local children and they followed her around like the Pied Piper.



Now they had decided that it was only right that they follow me around and I was surrounded by a sea of little brown faces wherever I went.



Christmas came and went and was relatively uneventful.

The Vietnamese start celebrating the Chinese New Year or "Tet" as they call it, on the evening of 30th of January.

We had just arrived home after watching some movies at MACV. All around us Vietnamese were celebrating and letting off fireworks. Even the guards at our home compound had fired their rifles into the air at midnight, exhausting their ammunition and dancing and laughing as they did it. The city of Long Xuyen was one big party. People were milling around on the streets enjoying themselves. At about 1 am with the fireworks still sounding in the air I retired to bed.

Tet Offensive. 31st of January 1968.

*" On the first day of the Tet the Viet Cong backed by North Vietnam, launched their biggest offensive of the war. The Tet offensive was one of the most stunning surprise attacks ever launched by an army. More than 80,000 guerrillas were thrown against the forces of the South Vietnamese government and their American and Australian allies. The battles were on a scale, which no one had imagined the Viet Cong could achieve. The fighting even spilled into the grounds of the American Embassy in Saigon." (excerpt from a magazine).*



**Patient Arriving on a Cyclo.**

At around 2 am there was a knock on my bedroom door, I staggered to my feet still half asleep. "Bacsi, Bacsi" was being called out along the corridors. It was a quick trip to the hospital; some of us on foot others in the available vehicles. There we were confronted with row upon row of patients on stretchers. Still others were in Cyclos (a type of bicycle rickshaw). All hell had broken out across Vietnam. Some of the patients were already dead, others had limbs missing.

The injuries were horrific. Mainly shrapnel wounds from hand grenades and mortars. Most of the patients, at least, as far as we could tell were civilians. Men women and children. We were to work non-stop for the next several days on an endless queue of maimed and mortally wounded.

We had worked through the night and were near exhaustion. Lt Col Gene Lane, from the US Military Advisory Corp Vietnam (MACV) headquarters arrived at the hospital to address us in

private. He told us of the massive offensive across the country and that town after town had fallen to the Viet Cong. Even Saigon was under siege. He stressed that the situation was extreme and that we were isolated. He said that he was no longer able to guarantee our security and that he was barricading himself and his troops inside the MACV (Military Advisory Corp Vietnam) compound. We were invited to join them and said that if we did not we would be very vulnerable and would have to look after ourselves. We quickly decided that we would stay at the hospital and continue working.

The Colonel advised us that one of the first buildings the Viet Cong had overrun in most towns was the hospital. However we unanimously agreed to stay put.

A few hours later some of us returned to the residence by car and on foot for a quick shower and a meal.

At this time an army truck pulled up at the front and two army officers, whom we knew, from MACV, carried in an assortment of military weapons and handed them around. They then said goodbye and good luck and left.



Photo taken several weeks after Tet.

The weapons, as I recall, were two Thompson .45 Submachine guns, an M16 automatic rifle, an M1 carbine, a Colt .45 pistol, an S&W .38 revolver and some grenades.

Major Bill Otte (US Army) had helped us fill sandbags and place them at strategic positions around the building. He also advised us on weapons use.

The guards on our compound were notoriously lax and we were distrustful of them. We were of the opinion that in the event of an invasion of the town, the guards would run away. One of us would always remain on guard on the roof with an automatic M16 rifle whilst the others slept.

On one such occasion I was on lookout duty when I noticed a movement in the kitchen below and across a courtyard. Someone had their hand through a window at the back of the kitchen. Whoever it was grabbed a cup and plate and retreated.

It could just as easily have been a setup of a booby trap. I went downstairs to check the guards and sure enough, they were asleep as usual.

After several days the situation began to stabilize a little, and the Viet Cong offensive was slowly repulsed over many weeks.

I can't recall how many dead and wounded we saw in those few weeks, as much of it is a blur. However they seemed to be in the hundreds.

The MACV Headquarters where we were invited to go to for security purposes during the Tet offensive, was a double level building of French villa style. It was surrounded by barbed wire.

In my opinion it could have been a target in any attack. Also that building was constructed of (as our quarters were) concrete and stuccoed hollow terracotta brick. Terracotta brick explodes into many fragments when hit by a bullet. I believe we made the right decision to stay at the hospital and continue working.

The Xray dept was isolated from the wards and theatres and working late at night was an eerie experience. The first few days and nights I had no personal weapon, although weapons were in the theatre, that was 100 metres away.

In a recent conversation with our head nurse Brenda Wilton. She told me that at one time during the first few days of Tet, she was asked to attend a truck load of wounded civilians ( the theatre and wards were already filled with wounded waiting attention ) and admit only those she thought could be saved. She stated that she often wondered about those she left and it troubled her ever since.

What was our escape plan. I am not aware of any definite plan. I recall on our arrival at Long Xuyen in October 1967, being told in the event of an attack, to make our way to the football oval. I used to jog at that oval and it was about 2km from the house. We would have had to go there by car or on foot through the darkened streets. The telephone system seldom worked, so communications were unreliable.

By comparison in march 1968 there was an increase of enemy activity, although nothing like the Tet offensive. The powers that be in Saigon decided it was too dangerous for all the team to stay, as in the event of an attack, the RAAF would only have time to send in one helicopter carrying just seven passengers. So some of us were sent to a more secure Bien Hoa and Vung Tau. Logic would have it that during the Tet offensive, half of us would be left behind or there was no rescue plan.

It may seem strange that a group of civilian medical personal be given firearms. It was common for American civilians to carry personal weapons. I was given a .38 Smith and Wesson revolver by an Australian Warrant Officer and I took it, hidden in my baggage at all times. I knew an Australian surgeon from another team who carried a concealed .45 Colt pistol whenever he went on a trip.

Two containers of grenades were given to us, I think in march 1968. They sat on a window sill for many weeks. Which is damn silly when you think about it, however that's the way it was (enough to send the Occupational Health and Safety bods into a hissy fit).

The Australian Warrant Officer I mentioned previously, gave instructions on how to use them. He told me personally, in the event of the Viet Cong getting into the house the best thing to do is "pull the pin on a grenade and drop it into that room". The room he indicated was on the top floor and was where our female team members slept. Was he being overdramatic!? He was a very experienced officer and I can only say what he told me to do.

January, 2010. I recently had a conversation with a Geoff Craig. Geoff was in the US army (MACV) in Long Xuyen at the time of the Tet Offensive, 1968. The conversation went like this..

*I'm talking with Geoff Craig (MACV), who was on security guard at Long Xuyen on the first night of the Tet Offensive 1968.-*

*Q: Geoff, You say, you were on security duty at the airfield on the night of Tet. Was there any activity there, apart from fireworks? When were you first aware that something was going on?*

*A: "Thankfully NO! All was very tense but quiet. A squadron of Huey Cobras flew in for a brief stay as their home base, (I forgot where), was under siege. That night, someone, (an ARVN), detected some movement out in the rice paddy and opened up on a water buffalo....Definitely a VC buffalo."*

*Q:-`struth, that would have been scary. When MACV handed all those weapons over to us (the Australian Surgical Team). What were you thinking and where did those weapons come from?*

*As I remember it, they were an odd assortment of stuff.*

*A: If I recall correctly those weapons came from our arms stores. For the most part they were WW-2 weapons as that was what the ARVNS were issued and being advisors we used the same weaponry and ammunition that they did for reasons of logistics. ....That Thompson Sub-machine Gun was a heavy cumbersome beast. There were a few M-16's available, but I carried aside from a 45 Cal. Auto , an M-2 30 Cal select fire carbine. I wish I still had it. I think Col. Lane felt that he had to do something so you could have some means of self defense, especially because of the female members of your team is why he decided to arm your team.*

---

Letter home, March 1968.

46  
Bien-Hoa MARCH '68  
AUS. SURG. TEAM  
HONG XUYEN  
AFPO. 1. G.P.O.  
SYDNEY.

Dear Dad,  
How are you & Mum. I'm very well & fit. At the present time I'm stationed at Bien-Hoa which is a sprawling dirty city about 15 miles west of Saigon. There are about 50,000 U.S. troops here & a very busy military airport, which incidentally handled some 74,000 takeoffs & landings in Feb. - I understand Chicago is supposed to be about the busiest airport in the world & it handles about 68,000 per month. Fantastic, but that's what I'm told.

What am I doing in Bien-Hoa? Well half the team has been evacuated from Hong Xuyen for 2 weeks. Why? - Let me say something about Hong Xuyen first - H.X. is a quiet peaceful village situated on the Bassac River in the Mekong Delta. It's the centre of the

province of An-Giang, which is about the size of Warrigah. An-Giang province has the reputation of being the only pacified area in Vietnam. I don't think anyone really knows why the V.C. stay clear of An-Giang but there are many theories - Some say the Viet Province chief pays protection money to the V.C., or that it's because of the peculiar Buddhist sect here called 'Hoa-Hao' who are traditionally anti-V.C. Owing to the fact the Viet-Minh executed their leader about 1945. Another reason may be that L.X. is a convenient recreation centre for the V.C. - Perhaps it's a combination of all these - anyway apart from the occasional incidents, where 2 or 3 Viet's are killed on a road, mixed they leave An-Giang alone. During the 'Tet' (Chinese new year) offensive there was the continual noise of mortaring in the surrounding provinces & we had many casualties from there but few of our own. It was unnecessary how

we were in the centre of it all but remained unscathed. If they had wanted to, the V.C. could have walked into h.X on the 30<sup>th</sup> Jan. & taken over & annihilated us in a few hours as there are only about 60 U.S. troops here. They practically did this to a town in a different province 15 miles away. Now in the last month the V.C. have taken a real kicking & what's more important they've lost 'face' with the local populace. 'Face' is the most important thing in life apart from rice. What better way for the V.C. to gain face than revert to their terrorist tactics in which they are the experts & wipe out 60 U.S. troops 20 or so U.S. civilians, 16 poss. civilians & terrorise peasants who hardly know there's a war going on? — The h.X is now wrapped up tight security wise for the present time. The R.A.A.P. say in an emergency they'll have time to get one helicopter in ~~to~~ to evacuate our team but there's only one

persons, so the rest of us are in  
 Bien Hoa - Hung-Tan & Saigon.

As for the numerous reports of  
 atrocities by U.S. & Aust. troops & the  
 question of whether we should be  
 involved here - the more ~~the~~ you  
 see & hear & think about this country  
 the more bloody confused you get!

I'm no doubt there are individual cases  
 of torture & atrocities etc. & I'm sure  
 there will be found in any military  
 establishment & even our own police  
 force back here. But I don't think one  
 should confuse these with the overall  
 scheme of things. Come to think of it  
 I don't remember seeing much in our papers  
 regarding the atrocities by V.C. though I  
 have seen the results of some. Maybe  
 that kind of news doesn't sell well!

On the many times I've tried to  
 analyse the situation here I've always  
 come back to two points. One -  
 No matter what theories one  
 put forward on how the yankees

should fight the war (there's always plenty of people ready to tell how things should be done) they all have rather frightening side effect possibilities.

Two - I can't help feeling that we have more at stake here than the yards. If Vietnam were to fall there's no doubt that Laos & Cambodia would go overnight. Thailand would become another Vietnam or capitulate. That leaves Malaysia which had a similar problem not so long ago & Indonesia & it doesn't take much imagination to see what would happen there. And then what's left - New Guinea or Papua or who runs part of that?

I'm not suggesting that an all out war might develop in these areas but guerrilla tactics ~~are~~ <sup>are</sup> ~~not~~ <sup>are</sup> and civil unrest are much more effective any way. Hell, you can go on & on about this.

I don't know what the papers back home say about the 'Jet' offensive but a few things are

clean here, firstly the V.C. were beaten. They suffered terrific numbers of casualties. They were sent out to overrun & hold all the major towns & villages. To emphasize this point - the V.C. entered most of the areas of attack in civilian dress, as peasants, taxi drivers & even hiding in empty coffins. They had with them their ceremonial uniforms with which they hoped to parade in the streets after the victory. They really believed they would take over & also that the mass of the people would rise & support them - this of course just did not happen. Also they were not given any retreat orders or relief troops. They were there to stay & of course when they were bombed and strafed out of the towns they were killed in thousands as they had no retreat plans & were in a state of confusion.

Of course they caught the Americans

off guard completely & also the  
 2th Vietnamese ARVN Troops - half of  
 which were on holidays. However  
 once the yanhs did get going their  
 massive air attack was far  
 superior in this type of war. I  
 really don't think the Viet Cong could  
 try it again, they've lost too much  
 both in numbers & prestige.

This all seems to have had a  
 moral boosting effect on the 2th. Viet  
 who to my mind, previously were  
 content to sit back. Now they're  
 out building their own refugee  
 camps & the school kids are collecting  
 money in the villages for the refugees.  
 Their army seems to have tightened themselves  
 up too. They're had a lead fright &  
 I think they realize the fun is over. Let's  
 hope so anyway.

I've been to the Embassy in Saigon  
 recently & it looks as though Conrad will be  
 able to come here in a few weeks.

Cheers for now

Love

Chris

I have a tape recording made by Major Bill Otte (US Army) in 2003. In it he reaffirms that during the Tet offensive 1968, 30,000 Viet Cong and North Vietnamese regulars were positioned just across the border in Cambodia (30kms) waiting to surge into An Giang province. They had already levelled the town of Chou Doc.

It seems like I remember best, the bizarre incidents. For instance there was the amputated leg. Someone had wrapped an amputated leg in newspaper and placed it in the garbage tin outside the operating theatre, foot upwards. The wind had blown the newspaper away and the leg remained there for several days.

There were no formal arrangements for disposal of the dead. It was left to relatives to carry away the corpses that would otherwise be left lying in the corridors. They often bundled the body into a Cyclo.



**Typical Cyclo**

Somewhere along the way, I acquired a dog. The dog was a large Doberman Pinscher. He originally had been brought from Hawaii by the US Naval Engineers (SeaBees).

They were unable to take him home with them when they left, due to quarantine restrictions (Vietnam was a Rabies infected region). He was about to be shot when I volunteered to take him.

Josh the Doberman followed me everywhere. I could leave my vehicle anywhere guarded only by Josh. The locals had never seen such a dog and were terrified of him.

Unfortunately, when it came my time to leave, I was only given two hours to pack and had no chance of finding him a new home. So I left him at the house with a note attached in the hope that the new incoming team would care for him. I never knew what happened to him. I think the locals may have eaten him.

One of the US military personnel that we came to know was a Lieut Dick Crooks. Dick was a Commander of a river patrol boat. These boats were made of fiberglass , about 31 feet long and heavily armed.



They usually carried a crew of about seven or eight. On this boat

there was the Cdr and his chief who were both Americans and six

**Patrol Boat, River. (PBR)**

who

Vietnamese. Usually Dick and his chief spent their nights aboard. However occasionally they would come into town and stay ashore. On one such occasion the boat was moored just 500 metres from our residence. Dick and his chief returned to the boat one morning to find that the craft was missing. An immediate air and river search was started and it wasn't long before five of the six Vietnamese crew were found. All had had their throats cut. The vessel was later seen across the border in Cambodia, well out of the reach of the Americans.

After a few months we were gradually becoming accustomed to the ways of the Vietnamese people. Their quiet courage and acceptance of their lot. We were often greeted with a smile, even from patients with the most horrific injuries and diseases. And they seemed appreciative of what we were doing or trying to do. I remember one young woman who paddled a small dugout canoe from across the Cambodian border. A distance of about 30 or 40 kilometres. On board she had her nine year-old son, Ut, who was suffering from a gunshot wound to the upper leg. His femur was fractured and the wound was infected. She had heard of the Australian doctors and set out alone at night to paddle across the Viet Cong held region and down the swiftly flowing Basac River.



**Pinocchio front left, Ut from Cambodia center.**

Then there was little Pinocchio. We never knew his real name but he was born without a nose. When he was about eight or nine years of age, the surgical team that had preceded us, surgically constructed a nose for him. Simply a lump of transplanted tissue, fashioned to the shape of an Asian nose. He was very pleased with this, as the other kids had tormented him about being different.

However when we first knew of Pinocchio he was always pointing with

two fingers at his nose. Of course he didn't speak English and it took us a while to figure out what his problem was. He wanted nostrils just like the other kids.

So one-day the team obliged, and under anaesthetic, one of our surgeons fashioned two nostrils. They weren't proper airways, but they looked the part. He was very, very pleased with this. Whenever we passed little Pinocchio on the streets he always waved and gave us a big smile.

There was a middle-aged Vietnamese woman who always seemed to be on duty at the hospital. She was simply known as "Ba Sau". Whenever patients needed feeding or assistance in anyway, particularly in the children's ward, she was there, day or night. She was the one who knocked on our bedroom doors at night with the cry "Bacsi", whenever there was an emergency at the hospital. I never knew where her family was, only that she mainly slept at the hospital on the floor in the corner, under some mosquito netting. Her selfless devotion to the sick and injured children was astounding, and was typical of many of the Vietnamese people I met.

On the other hand there was also the cruel and heartless side.

I arrived at the x-ray department on one occasion to find a military jeep outside. The ARVN (Army of Republic of Viet Nam) driver was having a minor wounded tended to. When I looked inside the cabin of the jeep I saw three men and one woman crammed inside. Their hands were bound with wire. They were in a very distressed state and soaked with sweat. The tiny metal cabin of the jeep was like an oven. I never knew what their fate was to be. I can only guess.

Often at night we could hear the sound of bombing not far away. B-52 bombers would often Pound a group of nearby hills and make the house shake. It was said the hills were riddled with underground caves, which sheltered the Viet Cong. Sometimes the bombing would go on for hours.

We grew used to the sounds of military aircraft overhead, the roar of a jet fighter, the whack whack of the rotors on the Huey helicopters that flew in convoy almost daily and even the thump of the thousand Pound bombs dropped by the B-52's. Only the sound of automatic rifle fire would make us pay attention momentarily.

Life in Long Xuyen was generally safe and secure. I can recall only one incident in the town itself when a single rocket landed smack bang in the middle of the marketplace killing a number of people.

It was said later that prior to the attack, a little old lady had been seen walking in a straight line from the Post Office to the centre of the marketplace. Apparently she had been carefully pacing out the distance. For some weeks later we were acutely aware of any old woman seen walking in a straight line.

I remember on one occasion we were called to the hospital in the early hours of the morning to treat civilian casualties from a nearby village in the province of Sadec.

Sadec was just a few kilometres away, across the river. We found out later a US helicopter had flown over the village and raked the bamboo huts with machine-gun fire.

This was strange as the village was known to be secure and inhabited by friendly civilians. This caused a lot of ill will in the region and there was a lot of investigation after. I never heard the outcome of this investigation however it was passed off as a terrible mistake.

Sometimes when we were called back to the hospital after hours, we would walk the short distance in the dark. This was an eerie experience.

On one occasion we had a scalping presented at the hospital. A young girl had fallen off or been swimming near a boat with a long outboard propeller. Her long hair had become entangled in the spinning prop shaft and her entire scalp ripped off.



**Scalping seen here with Nurse Janet Glasson.**

The unfortunate girl was left with out hair. One of the nurses, Angela Ross, was able to bring back a wig from Hong Kong.

Acupuncture was a popular therapy and was often employed as a primary care. It was used to treat headaches and tuberculosis, neck pain and dengue fever. Also as an anaesthetic. Did it work? I have no idea.

Other popular therapies were cupping, herbal, menthol inhalant, pinching of the forehead for stress and headache. One really surprising therapy was tattooing of Chinese energy meridians. These meridians would run the full length of the body, leaving hardly any clear areas of skin at all.

On one occasion I visited a small village, Chau Tan, where I saw a “barefoot doctor” performing acupuncture on what seemed to be a seriously ill villager. I don’t know if he survived.

A “barefoot doctor” was a person who practiced locally accepted therapies such as acupuncture and herbal medicine. Usually these practitioners had little education.

Cupping was a favourite therapy. An inverted glass cup was gently heated over a candle flame and the glass cup placed at strategic points on the patients skin. As the air in the cup cooled it caused a partial vacuum and the skin was drawn up into the space. After a period of time, about ten minutes, the cup was taken off. The end result was a round area of skin, engorged with blood which usually left a round bruise.

Forehead pinching was much simpler and could be self applied. By pinching the skin on the forehead, a red mark or bruise was left. This was a sure fire method of curing a headache. Or so they believed.

It was a sad fact that many patients arrived at the hospital after undergoing local therapies and were too far gone to help.

We’d often get plagues of insects which would invade our living quarters. The stink beetles were the worst. The walls would be covered with the little bugs. They would crunch under foot and emit this awful stench which was worse than the smells coming from the hospital wards. Which is really saying something.

To relieve the monotony of the good but boring food supplied to us, we would sometimes go to a small eatery downtown called the “Dirty T Shirt”. The place was run by a Vietnamese who wore the dirtiest T shirt in town. Chooks roamed the kitchen floor along with a mangy dog and sometimes, if we were lucky, we’d see a rat scurry beneath the table. So you can see the entertainment was entertaining. The food was fairly good and especially the chilly mudcrab.

Across the road was the town hairdresser. There you could get a descent haircut, have the wax cleaned from your ears with a little mop device and finally and, much to my surprise on the first occasion, have your neck manipulated. All for the one fee.

There was an organization in the US, where conscientious objectors were allowed to perform civil duties in order to avoid being drafted into the armed forces, called the PEACE CORP.

Some of these young men were sent to Vietnam to perform work in which they had special expertise.

One of these persons was sent to a village about 30 kilometres from us and his work was to assist the villagers in the latest methods of rice growing.

He was to become very well liked and respected in this small village, however this was to be his undoing.

He was reported as being missing for a few days and a search party was sent out to find him. Several days later his body was found in a canal.

He had been tied up and executed by the Viet Cong.

The VC had felt that he was a threat to their influence on the area and had decided to get rid of him and re-establish their dominance in the village.

I made irregular trips to various parts of the country such as Saigon, Bien Hoa, Vung Tau. I also travelled to the northern parts of South Vietnam and entered many of the US Army posts.

Travel in Vietnam was always done by air. By finding your way to the nearest airstrip and hitching a ride. I was never refused a place on an aircraft and I don't think I was ever questioned as to who I was.



On one occasion I was visiting a small island off the southernmost tip of the country when the Caribou aircraft on which I was travelling blew a tire as it touched down.

The aircraft slewed across the tarmac however it was otherwise undamaged.

After waiting at the military outpost for several hours, a spare tyre was flown in and we

were airborne once again. Only to return immediately to the tarmac as the engine had lost oil pressure. The Caribou aircraft that delivered the tyre was asked to return, which it did as it had only been airborne for about ten minutes. We clambered aboard and took off again.

However the drama didn't end there as smoke was seen to be wafting out of the radio in the pilots cabin. This was corrected by pulling the radio out.

On another occasion I was travelling to Saigon by caribou aircraft with nurse Janet Glasson, when one of the twin engines failed. We made it on one engine with an emergency night-time landing at Vung Tau where we were accommodated in the Australian army camp overnight.

Another memorable flight was on a twin engine Beechcraft bound for Dalat in the mountain regions of South Vietnam. On landing in Dalat the pilot discovered several bullet holes in the tail section.

Light aircraft were very vulnerable to rifle fire from the ground and for this reason all aircraft landings and takeoffs were very steep and fast.



It was on one such trip that I was to receive permanent damage to my hearing, which would last for the rest of my life. I was on board a Dakota aircraft coming into land at Long Xuyen. There had been some enemy activity close to the airstrip and for safety reasons we were making our landing approach very steep, literally spiralling down from above the airstrip. The aircraft seemed to be groaning in protest at the rapid descent and the tight circular manoeuvring. I had had an attack of sinusitis at the time and my ears were unable to equalize the pressure.

The pain was extreme to say the least.

On stepping from the aircraft I realized that I was totally deaf. This presented me with quite a predicament; here I was alone on the airstrip except for two Vietnamese guards manning a machine-gun outpost. I was unable to communicate with anybody. I located a field telephone, but how does one communicate over a telephone when you can't hear if there is anybody on the other end? I solved the problem by repeating over and over a request for someone to send a vehicle to pick me up.

The two non-English-speaking Vietnamese guards on duty must have thought I was crazy. Eventually a vehicle did arrive and my hearing began to restore itself after about an hour or two. However my hearing never did fully recover and actually deteriorated steadily over the years.

As part of my contract, my wife Coralie was supposed to join me after about a month. However due to the insecurity of the place, the government kept delaying her departure from Australia.

It was not until after about six months had gone by and much threatening on my part that the officials allowed her to journey as far as Saigon and stayed for about two months.

At that time the Australian couple who ran the residence in Saigon, were due for leave. Coralie was given the job of running the residence for that time.



Saigon Street

27

AUSF. SUR. G. TEAM  
LONG XUYEN  
AFPO. I. Q.P. O

SYDNEY  
21st July

Dear Mum & Dad,

Just received your letter re  
the car neg. Would you go ahead  
& register & insure it for me.

It may be just as easy for you  
to ~~send~~ pay this for me & not  
send any money for the camera as  
I think they will roughly equal  
one another & we'll work out the  
difference when I get back.

Went to Saigon again last week to  
see about some new development.  
I've managed to get a new X-Ray plant  
installed here at L.V. & now I just  
need a few accessory bits.

I went to Saigon by helicopter  
on Thursday at 0800. It was a  
U.S. Army 'gunship' & was able to  
hitch a ride. Five passengers, 2  
pilots & 2 gunners.

We stopped first at a place called  
 Vinh Long about 15 miles away & then  
 off following the Mekong river  
 down to the coast. On the way  
 we passed many convoys of  
 sampans & U.S. Navy river  
 boats beneath us. Once  
 a large sky crane helicopter  
 passed within about 300 yds of  
 us & underneath was slung  
 a large truck - quite a sight  
 at 3000 ft. A little further  
 on we flew over a hydrofoil  
 boat which was making its way  
 across some swamps. The coast  
 line in the delta region is all  
 mud & swamps & out to sea, are  
 fish traps which stretch for  
 miles. On the way we had to  
 dodge round many closed banks  
 & the turbulence in there is  
 deadly on 'choppers'. While dodging  
 round one we almost collided  
 with another doing the same thing.

All in a days work for these blobs.  
 Next stop was Hong-Kong, where  
 we made our approach from the  
 sea & passed over some destroyers  
 & an aircraft carrier. We refueled  
 at Hong-Kong & had a quick trip to  
 Saigon, on the way passing two  
 F105 jets going into their screaming  
 power dives as they released their  
 bombs on Charlie.

Saigon was quiet as far as the  
 war is concerned & if it's want for  
 the dust & garbage, the bomb sites  
 & jeeps, the tanks & truck convoys  
 and the disease & destruction, I could  
 almost like that place.

I'm back in h. & now have got here  
 by DC3 & single engine cessa.

I have the chance of buying a  
 movie camera for \$30 but won't  
 get it unless it fits your  
 projector — It's one of the new  
 SUPER 8 mm type & quite different  
 to the old 8mm. Which is yours?

Could you let me know if it's the same as it's a good buy if it is.

1.0 A.M.

Well I've just been having a few drinks with Tom Calow (Wellington) — he's our team leader, the poor bugger's been bating his brains out in the high's word all evening. There are 30 cases of Thai Meningococcal fever & at least 8 of these will die tonight. It's still a bit hard to take even after 10 months here.

Well that's about all for now

Love

Clue

**SAIGON** is a hot steamy city, originally built on flat swampy country.

I worked in Saigon for about two months, May/June 68, for the British Embassy team in an advisory capacity.

They were short of a radiographer in the Nhi Dong Children's Hospital.

The Vietnamese technician in charge was an arrogant person who quickly told me he didn't want anybody interfering in his department. He was another refugee from North Vietnam.

Along with many thousands of other catholic's, he had fled to Saigon to escape the communist regime. Unfortunately his work was of very poor quality and the x-ray films he produced were mostly unreadable.

All the films were poorly processed and the end result was that after a few days they turned yellow and were covered with crystallised fixer. This rendered them useless. Never the less, there were piles of them, placed in envelopes and lying in stacks on the floor.

On a few occasions I saw him hand an envelope with x-ray films to a patient, who then handed over a sum of money. He was selling them to the patients. No wonder he resented me being there! He had a neat little sideline going and didn't want anybody spoiling it. Avoiding loss of face was paramount to him.

The entire hospital was filthy dirty with human excreta, dirty bandages, and dried blood splashed on the walls. There seemed to be very little inclination on the part of the Vietnamese staff to learn anything or to even clean the place up. The British medical team, run by a Dr Apley, seemed to be totally frustrated with the situation. Their radiographer had gone home earlier than expected.

The days in Saigon were at times, both boring and frustrating. The nights were often filled with the sound of bombing and machine-gun fire. Aircraft frequently flew low over our Saigon accommodation, on Phan Tan Gian avenue. Jet fighter aircraft thundered overhead, visible only by the flame from the jet engines as they were otherwise unlit.

" Puff the magic dragon" as one aircraft was known, flew over quite regularly. It was a converted Dakota/C47/DC3 aircraft (commonly known as a "Gooney Bird"), painted in dark camouflage, and armed to the teeth with three mini guns and Mk-24 flares that lasted up to three minutes each. The Mini Guns fired 6000 rounds per minute each and usually were loaded with 16,000 rounds. Helicopters circled the city incessantly, dropping flares wherever they thought the Viet Cong were.

Also occasionally present was "Spooky", a dark painted Hercules C130 Gunship. This was one hell of a gunship. Horatio Nelson would have given his left eye for one of these.



Spooky

On one night in Saigon I was woken by the sound of a loud explosion nearby. A few moments later there was a loud swishing sound immediately overhead followed by another and another.

Then there were three loud explosions in quick succession. Three rockets had landed just a few hundred meters away. A few millimetres lower in their trajectory and I wouldn't be writing this now.

On the wall of each bedroom was a notice stating that in the event of an attack the safest place was to crawl under the bed. The only problem was the beds were of the type that were so close to the floor, only a rat could get under.

I gathered my wife and the housemaid and her two children and we sought refuge under the stairwell until it was all over.

The following is a letter written by my wife, Coralie, while she was staying with me in Saigon..

Australian Surgical Team,  
Long Xuyen, c/- Aust., Forces  
A.F.P.O. 1 G.P.O. Sydney.  
25th May, 1968.

Dear Rob & Janet,

I hope this short note finds you, family, fish, dog, & cats all well and working hard, as it leaves me doing absolutely nothing and feeling fit. I arrived here 6 weeks ago and since that time I have been fortunate enough to see as much of Vietnam as is possible, with some degree of safety, with the present security requirements.

Clive has been working part time in Saigon & Long Xuyen for the past 2 months, and we have been living most of this time in Saigon. The Australian Government have a residence here which caters for personal such as us and also for persons in transit to other towns. It is reasonably comfortable and unlike most of the living quarters for the Australians here it boasts efficient plumbing, hot & cold water all day & good food.

All the household chores are performed by servants with varying degrees of efficiency. I have visited the following towns outside Saigon, Long Xuyen, 100 miles S.W. in the Mekong Delta, quite a pretty setting and comparatively clean by comparison to Beinh Hoa which is about 14 miles N.E. and is a regular shanty town if ever I seen one. There is a large Airforce establishment near by, Long Bin, which is frequently attacked by the V.C. They were not aboard on the day I was there fortunately so we were able to see quite a lot of the base. Every conceivable type of aircraft is there, I dont even know the names of half of them, but can at least recognise some now when I see them in the air.

We were lucky enough to be at Vung Tau on the weekend the last large offensive was commenced here in Saigon, and as the airport was under attack for a week we were unable to get back here, so we spent this time bathing in the South China Sea - very warm and greatly appreciated. Had we been in Saigon during this time we would have been confined to the house for the week as things were pretty wild over most parts of the city.

Whilst we were at Vung Tau I went to a Vietnamese Court, quite interesting, French justice prevails up here and one is guilty until proven innocent, therefore the servants from Vung Tau remain in goal for the third month for stealing items such as watches, camera etc., No one can prove them innocent, nor guilty, but they remain in goal just in case. On the trip up to the town where this case was heard, we had a stone thrown through the window of the V.W. we were travelling in and as this road is controlled by V.C. after 6p.m. at night, you can imagine the instantaneous reaction this caused, everyone except the driver ended up on the floor in a split second. I was quite sure I'd been shot as the stone hit me and I was showered with glass. We were all quite relieved to find that it was in fact a stone, and on finding this the driver slowed down from about 80 mph to the customary 25 5 minutes later as we were crossing a bridge someone hurled some hand grenades into the river beside the bridge, and this was about the last straw, so we made haste along that old road to safer places.

On our return to Saigon when the offensive had quietened down somewhat we could stand on the tarmac and watch the F100 bombers putting in airstrikes around the perimeter of the airport I was speechless as I saw the first lot of bombs falling through the air. It's not at all like it looks on the movies I've discovered. Of course, when the house starts shaking the windows rattling and the lights go out it's even less like the movies.

During the past week there have been frequent rocket & mortar attacks on various parts of Saigon, some quite close to us. These attacks usually commence about 1 am and last for about an hour or so. Last Sunday the rockets were sizzling over this house and landing about 6 or 7 blocks away, a bit close for comfort. Clive sat this one out in the stair well for a while then went onto the roof to see what we could see. There was enormous fire which destroyed 150 houses 7 blocks away from us, a lot of activity in the air with many flares being let off, also much activity in the streets. We went back to bed about 3 am and the rest of the night was undisturbed.

I must mention that at the beginning of this racket I dived under the bed, much to Clive's eternal amusement.

Last night was again very noisy with about 200 rounds of rockets incoming, however only the first burst shook the house so we all remained in our beds and listened. It is most extraordinary to be in a country with a war going on all around, to be able to sit and actually watch these things taking place from the room while one drinks beer. I think everyone tends to become very matter of fact about these things, it doesn't worry us too much. Understandably, some of the folk who have been here for some time are a bit jittery, but on the whole it hasn't had as bad an effect as one would think.

During the TET offensive the teams here had it pretty rough but no one was injured, they were just aggravated by the inconveniences these things bring with them. Several German Professors of Medicine were slaughtered in the North and one German Nurse captured. The Korean Team at Barea escaped annihilation by hiding in the rafters of the Hospital for some time. There was no fighting to speak of where Clive was at this point in time but they were dealing with the casualties from outlying districts and were frantically busy. The hospitals here have to be seen to be believed. Just how these people manage to carry on their work with any degree of efficiency is beyond me. The best place I seen is the NIDONG Hospital in Saigon. It is a teaching hospital and is cleaner than the others, also has much more space even though they sometimes have 4 kids to a cot. The general rule is 2 adults to a bed and as many kids as will fit. The relatives cook their food in the wards, on the verandahs, in the corridors, and the entire family comes and sits and cares for the patient. They sleep on the beds too occasionally. In O.B. the newborns are nursed in the beds with their Mothers & Fathers. Togetherness, at its best. The average weight at birth of a full term infant is 3 to 4 lbs. They are just tiny scraps of humanity, but are beautiful babies. The women appear to be a great deal more stoic in labour than our girls. Nurses do most of the obstetrics and also give all the Anaesthetics. They are most dextrous creatures, beautifully shaped, small hands.

I have ridden in several types of aircraft, the most exciting flight being in a Cyuse Helicopter, a combat machine. I rode in the copilot's seat complete with helmet & radio we didn't do any combat duty that day, the pilot took his guns out before we started. However, when Clive went out for the morning in a similar machine, he accompanied the crew on their tactical manoeuvres and target strafing runs, he now thinks this is the only way to travel, particularly when they start dodging in and out tree branches at 150 mph. He took some pictures of all this but we haven't got them developed yet, so we're hoping they come out. Last week on his way to L.X. the plan in which Clive was travelling landed at an airport which was under attack, the plan was shot at, so it got out of there with all speed after taking 2 Americans on board, who were being shot at. On the return trip he saw several airstrikes, flying immediately above the jets dropping bombs. He was travelling in a small Dornier, so it was quite exciting for him. Because of the security I have only been permitted to go to Long Xuyen on one occasion, and on that trip there was no excitement. The traffic in Saigon is fantastic, I used to be terrified driving with Clive in Sydney, well up here the rat race is so bad that I think I am in a continual state of terror when driving anywhere, however, it is certainly much safer to drive than walk, I think one stands a far greater chance of being killed crossing the street here than in any other way. The taxis are gorgeous, all about 20 yrs. old, Renaults, the bonnetts being propped open to allow more air with 7 lb. fruit tins, most of them have no springs, very few have upholstery, in fact some don't even have seats left, but they go about 15-20 Mph and get you there. The cyclos are fun to ride in, but are quite dangerous as if they hit the vehicle in front the passengers legs would be mince meat. There are about 250,000 motor scooters in Saigon. These people squeeze as many as five to seven people on one of these. Carry the entire family, very utilitarian, further more they are not required to have a license to ride same. All kinds of military convoys are passing through all the time, there are jeep loads of armed police everywhere. The police on every street corner are armed to the teeth. All important buildings are heavily guarded and some of the guards look pretty mean.

On my way home from the city the other day, I caught a cab which was called to a halt by 4 of these guards, one with gun drawn. Well, they removed the driver from his seat & indicated to me that I should get out the car. This I did without questions very smartly, and stood on the exact spot they pointed to until told to leave. Apparently this driver was a V.C. suspect as they examined the car minutely, wrote down many things and after, about 10 minutes, they sent us on our way again. I was quite pleased to get out of that car. The next day the taxi I caught took me way out of my way, into the Cholon area which is not a very healthy place to be, I was beginning to think I would have to jump out & call a Policeman when I finally got it across to this man that I wanted to turn around and go in the opposite direction. The thing was I didn't feel happy about getting out of the car in this area and there were no policemen in sight. Any way, whatever his reason for going to Cholon, he did turn around and brought me to the address I had requested in the first place. Little things like this that could be so harmless could very well be disastrous in this place.

This must be the most expensive place in the world. To buy food here in Restaurants is an impossibility, milk shakes, half water, 90 cents, coke 60 c, beer (american) \$1.20 a can. A one course meal for two, with a carafe of French wine \$15.00. All merchandise appears to be imported, all frightfully expensive. Anything that is made locally is of poor quality and not worth buying, with perhaps one exception, their elephant skin handbags. The markets are fantastic, they leave the markets in Singapore for dead, smellwise and in all other respects. You can buy anything you need in the markets, bargaining being the accepted practice. The Butchers shops are the thing to see, that is, if you can see them for flies. Some of the meat we eat is bought from these markets, but by the time it gets to the table it tastes O.K.

Well, that's it, I will be leaving here next Saturday for three weeks leave with Clive -- actually it's Clive's leave, I am not permitted to return with him as he is going full time to Long Xuyen and dependants are not allowed there, so after a visit to Japan and Malaya I will be back on Australian soil, arriving in Darwin about the end of June. I had thought I would go on to Canada but have decided against this as by the time I get there via Japan it will be almost time for me to come home.

Our regards to Ian & Liga, Narelle, Hegartys and all others interested.

Kind regards to yourselves.

**Can Tho** was a bustling city about a two-hour convoy drive from Long Xuyen. We always drove in military convoy when travelling by road to Can Tho as the district was infiltrated by VC and the roads sometimes mined.

There was a large US air base at Can Tho. I was there on one occasion, waiting for air transport back to Long Xuyen. The day was hot and steamy, and the only waiting facility was a small timber hut with a few bench type seats. I was stretched out on one of the benches when I heard two loud explosions. Some Viet Cong guerrillas, had commandeered an ambulance and driven through the main gate of the air base and straight up to two aircraft and blew them up with hand grenades, all just 800 metres from me.

It seemed to me that security was very lax in most of the US military posts that I visited. I never had any problems entering any of these military posts. My only visible identification was a plastic badge that I had had engraved at a local market with the words "Australian surgical team". Most of the US bases had female Vietnamese staff and even bar girls situated in small buildings where alcohol and whatever else could be purchased.

US Army 'wives' and camp followers... Unlike (at least to my knowledge) the Australian military, US forces were allowed to have their 'year long' wives living in quarters with them. NCOs often rented houses or rooms downtown where they would set up house with a Vietnamese girlfriend. The ordinary 'grunts' had their girls live in the dormitory style quarters. How they maintained security is anyone's guess.

By contrast I once tried to enter an Australian military post at Vung Tau and was confronted by a guard with a machine-gun and a stern warning to produce correct identification. My Australian accent and plastic badge was definitely not deemed to be correct identification on this occasion. Again at the Australian military post of Nui Dat, security was seen to be very tight. It was obvious that the US military and the Australian Army were run very differently.



During the early months I had made friends with two Australian army personnel. One was a major and the other a warrant officer. Both were members of the Special Forces team.

The warrant officer whose name was Terry Egan, knew that I was interested in going out on a patrol. He arranged for myself and Dr Derek Berg, to go aboard a patrol boat (PBR) on one of their patrol's on the Mekong River out of CanTho( River Division 51 Can Tho).



**Self onboard PBR**



We were told by the officer in charge that these patrol vessels had a casualty rate of 30 percent.

So with this in mind we were suitably decked out with flak jacket and helmet.



The gunboat was armed with two .50 cal machine guns upfront, two smaller machine-guns and a grenade launcher.

The crew's job was to intercept other boats on the River at random and check ID and cargo. They were looking mainly for infiltration of Viet Cong and smuggled arms and ammunition.

Our PBR patrol that day, took us up the Mekong river and across the border into Cambodia.

Fortunately on this trip we did not encounter anything out of the ordinary. However on another trip the same crew were shot at and some killed.



CHECKING ID, MEKONG

*Dr Derek Berg, Mekong R.*



The PBR. PATROL BOAT, RIVER.

*“The PBR, the ubiquitous workhorse of the River Patrol Force, was manned by a crew of four bluejackets, equipped with a Pathfinder surface radar and two radios, and commonly armed with two twin-mounted .50-caliber machine guns forward, M-60 machine guns (or a grenade launcher) port and starboard amidship, and a .50-caliber aft. The initial version of the boat, the Mark I, performed well in river patrol operations but was plagued with continual fouling of its water-jet engines by weeds and other detritus. In addition, when Vietnamese sampans came alongside for inspection they often damaged the fragile fiberglass hull of the PBRs. New Mark IIs, first deployed to the delta in December 1966, brought improved Jacuzzi jet pumps, which reduced fouling and increased speed from 25 to 29 knots, and more durable aluminum gunwales.” (excerpt from Rivervet website by kind permission of Don Blankenship.)*



**Photo of PBR taken from the craft we were on.**

**Vung Tau**, was a beach resort originally set up by the French many years before. There was a long stretch of beach locally known as "Back beach". Back beach had an area set aside for the recreational use of Australian troops and visitors. There was a building there that resembled an Australian surf club. There were a few poker machines, a bar, and an outdoor beer garden.



**Vung Tau beach.**

Resit stop was Vung-Tau, where  
we made our approach from the  
sea & passed over some destroyers  
& an aircraft carrier. We refueled  
at Vung-Tau & had a quick trip to  
Saigon, on the way passing two  
F105 jets going into their screaming  
power dives as they released their  
bombs on Charlie.

One day I was enjoying a few drinks at the club with some friends when we heard the sound of gunfire nearby. One of my friends, Major Bill Otte (US Army), and myself, cautiously looked around the corner of the building and saw two Australian soldiers. One had an armalite rifle, the other had a revolver, and they were about 15 meters apart. They were drunk and seemed intent on killing each other. Bullets kicked up the dust in between them and people were running for cover everywhere. Just then an Australian MP appeared on the scene. He spoke to both combatants briefly and to my surprise the weapons were handed over and the two soldiers shook hands and self-consciously walked away. Bill grinned and said "they were just letting off steam" and "that was well handled by that MP".

**Bien Hoa** is a city not far from Saigon. I spent about a week in Bien Hoa in march 1968. Myself and two nurses had been sent there as it was deemed unsafe in Long Xuyen and the RAAF said in the event of an invasion, they could only get in one helicopter to lift us out. (*It was far worse during Tet (february) and we were left isolated at that time.*) After a week there and the utter boredom of the place with no work to do, I evacuated myself back to my job in Long Xuyen.

Life in Bien Hoa was fairly humdrum. The city was a dusty sprawling place, with a huge US air base. I was amazed when I first flew into Bien Hoa. There seemed to be an endless line up of aircraft of all descriptions.

The hospital treated civilian cases, and like in Long Xuyen many of the war injury patients were rumoured to be Viet Cong posing as civilians. It was there that I came across my first case of a Fletchet bomb injury. The Americans had great difficulty in differentiating between civilian casualties and Viet Cong casualties. So they invented a bomb that exploded with thousands of tiny metal arrows. The theory was that If they weren't killed by the blast and later presented at the hospital as a civilian wounded, then the tiny metal arrows would show on any x-ray and identify them as enemy Viet Cong. I saw the results of this bomb on xray film. This device was banned after a short time.

There wasn't much to do after hours in Bien Hoa and the local US officers' bar was a favourite haunt. It was commonly called the "Green Door". There was usually a curfew after 7 PM and the only way to return to quarters after hours was across several rooftops. It was on one such journey late one night with nurse Janet Glasson, that I heard a sharp hiss and thud sound above my head, followed by a few more. Having been a target shooter for many years I knew the sounds were bullets passing over. I don't know if it was one of the many Vietnamese guards, situated on rooftops all over the city, relieving the monotony by giving us a fright or whether it was in deadly earnest. We didn't hang around to find out.

Bien Hoa had a mental hospital. It was designed for about 1000 patients and was the only mental hospital in the country. In fact it had over 2000 patients.

A few of us made a brief visit to this hospital, and I can only describe it as being straight out of the middle Ages.

**Alister Brass** best described this place in his book on South Vietnam "**Bleeding Earth**". And the following is an excerpt from that book. *"Standing apart in the corner of the grounds is a sinister two-storey building surrounded by a high Stonewall iced with pieces of broken glass."... "It was oppressive, smelly and dimly lit."*

*"Inside, the stench of filth was nauseating. On both sides of the hallway tunnels led off into the gloom behind heavily barred gates, and from them welled trickles of black water. Lining these passages further barred doorways going on to dark cells, in which stood naked men covered in excrement, mutely looking at us."*

Further on Brass says-

*“On either side of the landing were two long rooms with high, small windows, although they admitted more light than those down below. Men in one-room and women in the other, about 50 in each.”*

Alister Brass's description is exactly the way I saw it.

**Pleiku.** On a trip I was taking from Saigon to Dalat, aboard an American Army Caribou aircraft, we had reason to land at Pleiku. Pleiku was a medium-sized provincial town surrounded by rubber tree plantations and jungle. It was situated northwest of Saigon and very close to the Ho Chi Minh trail.

The town was often under attack from the Viet Cong. On board was a very young American serviceman. I guessed it was his first trip to Vietnam. His uniform was brand-new and neatly pressed and his boots were shiny.

The Caribou came in from a fairly high altitude, descending sharply towards the apron of the tarmac, air brakes were full on.

We hit the steel fabricated decking that was laid out on the dirt strip with a thud. The engines screaming to reverse the forward movement, we travelled halfway up the strip and did an immediate U turn and rolled back to the start of the strip and turned again.

Before the aircraft had fully stopped the cargo ramp was lowered from the tail section. The young serviceman's kitbag was flung onto the ground outside. The soldier was waved down the ramp and assisted with a hand between his shoulders. He landed in the dust on top of his bag. Engines screamed and the aircraft lurched forward and ascended rapidly. Pleiku was not a place to hang around in.

**Nha Trang,** a sprawling seaside city was to be my next stopover before reaching Dalat.

I had the address of a USAID house where I could stay overnight. However as I had arrived late I was unable to find it before curfew. Not wishing to be on the streets after dark I booked into a hotel. I soon realised that I was the only “round eye” in the place.



However the bed was clean but there was no lock on the door, in fact there was no door. I was woken a couple of hours later by screaming and shouting in Vietnamese. This went on for an hour or two. I always carried a hand gun with me on my travels and this was close by. I was glad to see the dawn.

Next morning I boarded an "Air America" Beechcraft twin engine aircraft headed for Dalat. There was only one pilot on board and myself and I was invited to sit up front.

The weather had turned nasty and we climbed above the clouds for the short trip. After a while the pilot asked me to hold out a map. He was trying to recognise some of the sharp mountain tops which projected through the clouds. There was no radio beacon at Dalat so this was very much a case of seat of the pants flying. After rounding a particularly sharp peak the pilot put the nose of the aircraft down and we plummeted through the clouds. Suddenly we broke clear and there was a dirt road immediately below, which we followed along the Valley floor. After a few minutes of following the road we saw Dalat ahead.

**Dalat** was a town built by the French mainly as a holiday resort. Tiger shooting had been a popular pastime when the French were in occupation.



In the centre of town was a picturesque lake surrounded by well built French chalets and homes. Overlooking the lake was a large white building called the Dalat Palace hotel.

This was one of two hotels in the area and was where Ho Chi Minh signed the peace agreement with the French following the fall of Dien Bien Phu.

**Dalat Palace Hotel grounds.**

I stayed one night at the Dalat Palace hotel and had breakfast at the long dining room table that



Ho Chi Minh had sat at. In the marketplace I saw several moth eaten Tiger skins for sale and one very sad looking stuffed Tiger which could be purchased for \$200.

After a few hours I hitched a ride by helicopter to Danang and then on a Hercules transport plane to Saigon.

99  
L.A.  
8<sup>th</sup> Sept. 68

Dear Mum & Dad,

Well it's just 33 days  
& a 'wake up' to go & I shake  
the mud of my boots & de-de  
off to Hong Kong. We plan  
on leaving H.K. about the 16<sup>th</sup>  
& may be spending a day or two in  
Penh. So should be in the  
big smoke 19<sup>th</sup> or 20<sup>th</sup> Oct.

Have been to DAHAT since my  
last letter, that's up north in  
II CORP. It's just inland from  
Nha-Trang. On the way I visited  
Cam-Ranh Bay, Phan-RANG, Nha-Trang  
& many smaller outposts scattered  
throughout the highlands &  
one right near the Ho Chi Minh  
trail. You can't see the 'trail'  
when you fly over it but  
it's there hidden in the jungle.

The plane trip from Nha-Trang  
to Delat which is about 60 miles,

took 4 hrs. In the woods  
we got lost. There are no radio  
beacons in that area, just mountains,  
valleys & jungle & this day there  
was miles & miles of heavy  
cloud. I was in a biplane  
twin engine plane & was in the  
C. pilot's seat as he'd taken sick  
& didn't come. It was my job  
to spot landmarks thru the  
holes in the clouds. At one  
time I spotted ocean so  
that'll tell you how lost we  
were. Anyway we made it after  
4 hrs. Delat is a beautiful  
french city built round a  
lake & surrounded by mountains.  
I was fond to associate it  
with Vietnam after having  
lived in the delta. I made it out  
of there in a heli-copter & the  
whole trip took 5 days, hitch-  
hiking all the way.

We haven't before last I went  
 to Con-Tho with Derek Berg (Dunston-  
 Tamworth). We went aboard a  
 River Patrol Boat (P.B.R.), that's a  
 30<sup>ft</sup> fiberglass hull, with twin .50  
 calibre machine guns on the bow, one .50  
 cal. machine gun on the stern, a  
 7.62 machine gun on the Port side & an  
 M79 grenade launcher on the starboard  
 that fires 200 grenades a minute.

We went out on patrol for  
 8 hours, searching sampans &  
 cruising up canals looking for  
 V.C. rivercraft. It turned out to be  
 a routine day. The casualty rate  
 for these boys is 1 man in 3 per  
 year, which is pretty high.

Last Sunday I went flying  
 in a single engine Cessna 'Bimblelog'  
 U.S. Army plane & we did some  
 aerobatics. Loops, spins &  
 barrel rolls. These planes  
 are not designed for

aerobatics & the pilot I was  
with had never done a loop  
before so all in all it was an  
exciting trip. Managed to  
keep my lunch down too!

The hospital is fairly quiet  
at the moment. No other news

Bye for now  
Love

Chris

I see that year divided into three segments. The first three months being a period of learning the very different ways of the Vietnamese and wonderment at my surroundings. I had arrived with the mistaken impression (as others did) that part of my duties would be to teach the Vietnamese how to take x rays. I have no idea how I arrived at that thought, however that was my impression. Being in a non english speaking environment, it took me awhile to cotton on to the fact that they didnt want to be taught. The fact that their xray films were often unreadable seemed irrelevant. The next three months was taken up with the feeling that I was beating my head against a wall and achieving naught. "What the hell was I doing there?!"

The following six months was where I went into cruise mode and decided that if they (the Vietnamese technicians) were to improve, then it would be by way of example. That's when I started to do more interesting procedures such as IVPs, fluoroscopy etc., which they were new to. I was also still doing long hours that the government was not paying overtime for (which it would do in Australia). I decided to get some more out of the situation., and at the same time counter impending 'burnout'. I had realized that there was no point in beating oneself over the head. That wouldnt achieve anything.

Time off and travel and return refreshed was the answer. Hitch hiking round South Vietnam was a cinch. Just turn up at an airstrip and wait for the first plane arrival, usually a military plane or helicopter. Ask the crew where they were going and then climb aboard. Simple as that. I was never refused a free ride. That's how I got to Dalat in the northern highlands.

## Cho Moi

Occasionally we would take a medical team across to an orphanage in a village called Cho Moi. To get there we would have to travel by small boat along the Mekong River, under armed escort.

The orphanage was run by Catholic nuns and accommodated two or three hundred orphans.



On one occasion an elderly woman holding up a very small baby confronted us outside the orphanage. She was offering the baby for sale.

Our interpreter told us that if we did not buy the baby that it would be thrown into a canal.

We purchased the baby for just 20 cents and then handed the baby to the nuns at the orphanage. Life was very cheap in Vietnam and female or half cast baby's often ended up this way.

*Shortly after I returned to Australia I read in the news that there had been an attack by the Viet Cong on an*

*orphanage in a village called Cho Moi. This was a reprisal attack and many children had been killed.*

On the last day in Long Xuyen I was given just a couple of hours to pack and get to the airstrip. As it was on a weekend there was no time to say goodbye to my friend Ty (this saddens me even today) or anyone else. There was no contact made with the incoming team as they arrived hours later. No exchange of information was given to the new radiographer. How he or she managed is unknown.

This to my mind made a mockery of the whole thing. What we had learned seemed to be of no account and therefore was not worth passing on down the chain. Whatever, the government of the day certainly got its money's worth.

I know that this bureaucratic indifference influenced me in deciding to get out of the system and find another career in the private sector.

It was obvious in the last couple of months that everyone was jaded and perhaps we were there too long. I had lost about 28 pounds (13 Kilo's) in weight and one only has to look at photos of the team members at the beginning of the tour and at the end to see the evidence of fatigue. It had been a long year.

My arrival back home proved to be a bit of a culture shock. People seemed to fit into two categories. There were those who had very fixed ideas about the war in Vietnam and hated everything about it, and those who didn't know much about it and simply couldn't care less.

There was no such thing as debriefing and I found it very hard to accept life in Australia. It seemed that for the first year, I was always drifting back, every hour of every day. Strangely it took a few years before I was able to let go, in fact I don't think I ever will be able to fully let go...

It had been my great pleasure and privilege to have worked with some of the finest people one can imagine, under extremely difficult conditions. Everyone pulled above their weight.

Do I regret going to Vietnam? Not at all.

We had two team members down with hepatitis. Dr Gordon Hudson was sent home with it and Dr Derek Berg arrived home and fell ill with it. Diarrhea and vomiting were just everyday occurrences for the team. Fortunately none of us contracted dengue fever, tuberculosis or any of the other terrible tropical diseases that surrounded us. However many of our members have experienced major health problems since, such as, depression and cancer. Recently one of our team suffered severe facial cancer. It seems our team members have suffered a higher than average number of health problems and one cannot help asking the question- "are these health issues due to our service in Vietnam?".

We all had our own way of dealing with the stresses. In my case it was socialising with my American friends and trips out of there to anywhere at all.

#### Remarkable people I met:

Dr Brian Kearney our paediatrician who's devotion to his young patients was far and above what any government should expect.

Dr Ken Doust our team leader who kept us all on an even keel and was an outstanding leader, in my opinion.

Dr Gordon Hudson our anaesthetist who had the ability to make a disastrous mind bending bastard of a day into a success and something to be proud of and celebrate (who else would ride a motor scooter into the living room and up to the bar to just cheer us up?!).

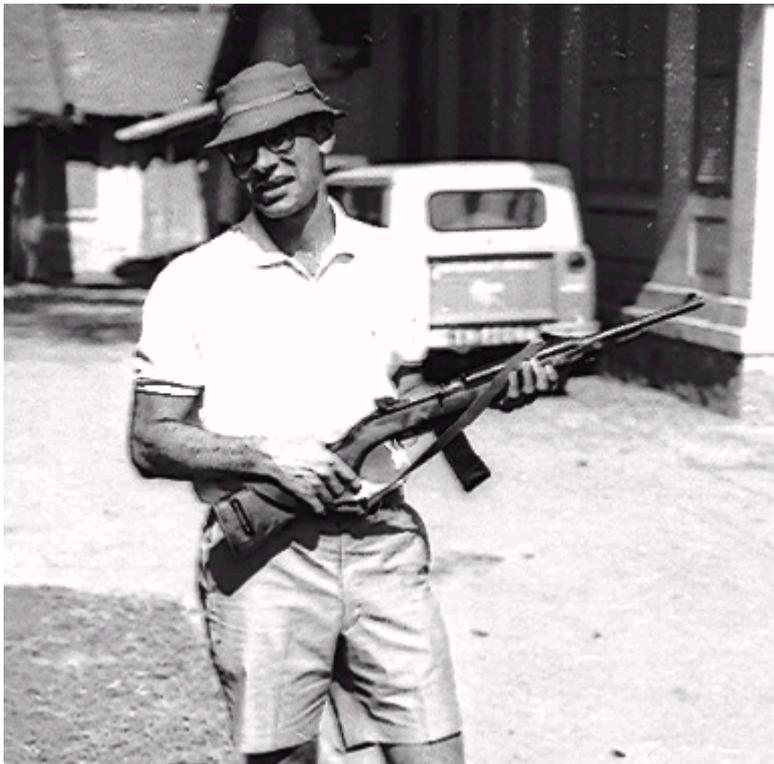
Major William Otte (US Army) with his practical slant on things and timely advice during Tet. Bill Otte retired a full Colonel after his fourth tour of duty in Vietnam. Served- Korea, 4 tours in Vietnam, awarded Bronze Star for Valour.

Major Bill Woods (US Airforce) who would fly at night in his small Cessna "Bird Dog" spotter plane and using a Night Vision Device (Starlight Scope) look for insurgents into the area (very dangerous work).

Warrant Officer Terry Egan (Australian Army,) whose advice on firearms was gratefully received. I got to know Terry well and spoke with him over the past 40 years. Terry Egan received the Distinguished Conduct Medal.

As for the Vietnamese people, they certainly were different. They had different values and ways of dealing with life. Somehow through all the violence and corruption, filth and disease, they just shone through. It's the memories of the children that I find the most difficult to put aside. Kids with limbs blown off. Small bodies, peppered with shrapnel. Often victims of booby traps deliberately set by their own people, the Viet Cong ("Vietnamese communist").

*Memories: Its strange how certain memories remain with you over the years. On one particularly busy night in the xray department in Long Xuyen, I was xraying a small child. Nurse Angela Ross was helping me. The child had numerous shrapnel wounds from an exploding hidden bomb. She was covered in blood (in those days we were not worried about infections from a patients blood and didn't wear gloves). She also had a massive head injury. As I lifted her head into position on the xray table I noticed brain matter seeping between my fingers. Nothing too unusual in that when you have worked in casualty and neurosurgery units for years. Just then the little girl looked at me and gave me an angelic smile... Perhaps it was just an unconscious reaction to being moved. However it remained in my memory for many years... Forty years later, Angela Ross, now Pearson, and her husband visited me in my home town of Blackheath. During conversation Angela said "I remember once when I was helping you position a child for xray, there was lots of blood and brain matter on our hands when that little girl looked up and smiled"..Angela and I had not seen each other for forty years yet we both retained that same memory.- Clive Bond. (Tuesday, 24 November 2009)*



**Dr Gabe Smilkstein**  
**American Physician.**



**Kay Pannell and Janet Glasson**



**Dr. Tom  
Calov and  
two  
Vietnamese  
Doctors**



**Dr Tom Calov**

River scene in Long Xuyen



View of Hospital.



## **Angela Catharine Ross-Pearson**

**October 1967 to October 1968.**

### **The Beginning**

It has been over 40 years since I first set foot on Tan Son Nhat Airport in Saigon and it seems like yesterday. I had written in my journal "Forsan et Laec olim Meminisse iuvabit" from "The Aenid" (translated loosely "A joy it will be one day, perhaps to remember even this").

It was to be the most satisfying and heart rending adventure I had ever undertaken. I fell in love with the land, and the people. When it was time to depart, I left a piece of my heart as I bid farewell to all of those wonderful caring Vietnamese staff and patients, our American friends, the rest of the team and my orphan children with their tear streaked faces. Their sadness was palpable, gazing forlornly as we took those last few steps to the waiting plane. I felt as if I was abandoning them. The war had escalated and the troops were being withdrawn in ever increasing numbers. Public sentiment was running high to stop the bombing and come home. It made me so angry at all those armchair generals, and I thought we were deserting those who had fought so long and so hard. Some had given all but all had given some. Would I do it again, knowing what I do now? Yes!

### **August 1967**

The Beatles recorded Sgt. Peppers Lonely Hearts Club Band as Australia changed her Constitution for Human Rights for Aborigines. The United States increased the military by 750,000. Lyndon Johnson was President and anti war protests were rampant. Australia had demonstrations everywhere that South Vietnams' Vice-President Ky was scheduled to appear.

We had the "Hippy Movement" of make love not war. In the United Kingdom the model Twiggy was wearing minis, and paper dresses were popular.

Israel launched the "Six Day War"; NASA launched Apollo 7. Dr Christian Barnard performed the first successful heart transplant. It was the year I instructed the first Cardio Thoracic Course for Post Graduate Nurses at Sydney's Royal Prince Alfred Hospital, (R.P.A.H.) Page Chest Pavilion.

R.P.A.H. had already sent a Surgical Team to Vung Tau and I wanted to go but had other obligations. One evening as I watched the evening news, Vice-President Nguyen Cao Ky and his exquisite wife were pleading for help in many areas, especially medical help.

I had to go!

At the end of August, 1967 after numerous discussions and much correspondence I received a letter from the Secretary of the Hospitals Commission of New South Wales advising me that I had been selected for the position of Ward Sister in the Medical Team from N.S.W. for 12 months, beginning October 1967. This was subject to the approval of the Board of Directors of Royal Prince Alfred Hospital, medical clearance, inoculations, x-rays, security clearance etc. I had also to request, the Matron and Superintendent of Nursing, Margaret Nelson, for leave , who was less than enthusiastic, and in fact proceeded to inform me I was going to die in a war zone. Actually, that particular thought hadn't crossed my mind until then. There was also the dreaded interview with Dr. Kenneth Doust, who was to be the team leader. I remember him asking me "So, what do you expect, Miss Ross" and I replied "I do not have any idea, Sir". Apparently that was the right answer. From thereon, it was a whirlwind of preparations and farewells.

Leaving home was an emotional roller coaster. On Sunday, October 8<sup>th</sup> a very large, official looking black limousine was purring at the front door of our relatively modest suburban home. My mother looked extremely fragile standing at the front door tears rolling down her cheeks, not wanting the final good-bye.

Later my Mother wrote:

"Of all the ways to spend a day  
Devised by man to revel  
The misery of farewell  
Must be glee for the Devil".

She went on to say

"The house is strangely empty and forlorn,  
and I can't understand how it has to be different,  
to when you are back in twelve hours,  
instead of twelve months, but it is".

I could only imagine how difficult it was for the other team members to leave their wives, children and friends.

Most of our neighbours were aware of my imminent departure for Viet Nam and were standing in groups around their neat front yards, waving and crying.

It was a beautiful white springtime sunny day as many of the team members met for the first time, at Sydney Airport. We could see the famous QANTAS orange kangaroo on the tail of the Boeing 707. The air was tinged with sadness and yet a strange excitement of the adventure ahead. A short stopover in Singapore was planned so duty free shopping for cameras, radios etc. was a priority. The local television cameras were out in full force and Gordon Hudson, our anesthesiologist, and I were on the news that night, as we walked up the flight steps and waved, the cameras were recording our departure for the evening news. My mother had phone calls from friends and relatives we hadn't heard from in years.

The flight to Singapore was superb, first class, and the chef had prepared butter sculptures and a delicious meal. We arrived at Singapore to be assailed by a hot wet blanket of heat. Accustomed to heat but not humidity, it was draining. The air was saturated with strange and exotic smells of the East, spices, sewerage, sweat, smoke, and exhausts from the teeming traffic.

We were booked into the Singapura Hotel where Kay Pannell, the theater sister and I shared a room. That evening, Kaye and I took a taxi, to the famous Raffles Hotel for drinks, and then around the city to sightsee. Raffles was exotic, with Travellers palms lining the gardens and overhead fans turning slowly, in the bar area, where we sat on cane furniture expecting Sidney Greenstreet to arrive in his white suit and Panama hat.

The next day, we managed to cram in shopping, then Brian Kearney our pediatrician, Tom Calov, physician, Kay, and Gordon Hudson our anesthetist hired a car to tour the city, including Lion Palm House of Jade, and Gardens, Singapore University, Scenic point, Chinatown, Change Alley, and the Botanical Gardens, where we saw monkeys and snake charmers. Gordon opted to have his photo taken with a very large snake; I on the other hand would not. Dr. Welby Skinner our surgeon invited us all to drinks at Dr. Taylors, in a flat at St. Mark's hospital, all very English and a wonderful Chinese dinner at Mr. Menon's home, his radiographer.

On Tuesday October 10<sup>th</sup> we flew to Saigon (Happy Birthday to me). We were met by the previous team administrator, Richard Papworth. The United States Military were very much in evidence and Saigon traffic was chaotic. Horns beeping, jeeps, tanks, rickshaws, street vendors, and trucks with livestock, local police and motorcycles clogged the streets.

We had on orientation by the Australian Ambassador and an early night. Early the next morning we left to arrange a flight to Long Xuyen. We spent nearly all day sitting on the tarmac under the shade of a truck, sweat dripping, and assailed by the scream of military jets and helicopters taking off and landing. Howard, our Administrator, managed to get some hamburgers for lunch, somewhat of a miracle as the airport police wouldn't allow us entry into the terminal. Finally an American transport plane agreed to take us on the hour long trip to Long Xuyen. I asked one of the pilots where the rest room was and he pointed to a coffee can in the rear of the aircraft. Well, there was no way I was going to squat for all to see, so crossed my legs and said a small prayer. We sat on canvas webbing, no seat belts of course and tried to look as if we weren't terrified.

As we began to descend I could see the majestic Mekong River snaking through verdant green landscape. Later on other trips we would see the acne scars of bomb craters and defoliated areas from napalm. After the briefing at our new home fondly called the "White House", the previous French Embassy, a charming colonial mansion set in picturesque grounds, I couldn't wait for a shower.

Long Xuyen, I learned, was situated about 150 kilometers from Saigon on the banks of the mighty Bassac River in An Giang Province. It was the most pacified province in the nation, so little in the way of actual violence occurred. Conditions were not conducive to Viet Cong infiltration because the land is flat and unforested providing little in the way of hiding places.

Additionally the Viet Cong had to eat too, and An Giang was the rice bowl exporting over 100,000 tons of rice a year. It was also said to be a popular rest and recreation area for the guerrillas.

Refugees were welcome in An Giang Province and more than 22,000 left homeless by the Tet Offensive moved there. They were turned into assets and provided manpower for redevelopment projects. One of these was the only fully mechanized stone quarry at Nui Sap Mountain established in October of 1967. I was fortunate to visit this massive operation later on. Crushed rock, stone and granite in short supply was normally transported from the Philippines, and many of the old roads needed desperate repair and new roads were needed so the farmers could get produce to market. Other projects included dispensaries, maternity care, and the introduction of "miracle rice" IR-5 developed in the Philippines, a white rice superior to the traditional red floating rice, as it has multiple harvests. At My Thoi village, different breeds of chickens, fish farming and superior hogs were introduced. Other agricultural yields were grain, soy beans, onions, watermelons and so on.

Although the number of communist staged "incidents" in An Giang Province were infrequent we were nevertheless, told to be alert and never travel without armed escorts. My initial impressions were of pale pink geckos, preying on insects; a small lizard found everywhere, especially on the walls and ceilings. Fans spinning lazily overhead; Soft breezes and swallows hurrying to their nests. Palm tree fronds waving like a beckoning lover, purple Bougainvillea draped on whitewashed walls. Rich green rice paddies and stagnant ponds. Water lilies kissed by the sun. Big brown toads, with glassy eyes, stooped old men with long grey beards. Thin, brown, children and fat water buffalo , on the mighty Bassac river sampans floated like leaves downstream. Fishing nets lined the river banks, clean and hung to dry.

Curfews were frequently disobeyed, laughing, as we signed the guard's rosters with "Nom de Plumes" such as Mickey Mouse and Donald Duck.

The first night, Janet Glasson and I shared a spacious room on the second floor with wooden French doors opening onto the balcony. We woke up several times as the doors rattled with the shock waves of mortar fire. After a few nights we slept through it. It was ok unless it was incoming fire.

On Thursday the 12<sup>th</sup> we began our hospital duties. It should be remembered that previous medical teams from Melbourne had set up an infrastructure including the blood bank, central sterilizing, and recovery ward, but much remained to be accomplished. That day was an eye opener. Although conditions were better than I had imagined I was shocked by the unsanitary conditions of the wards and the bathrooms. There were few nurses, the patient's relatives caring for them. Often whole families were encamped beside the bed, using small cookers to prepare food. Frequently more than one patient shared the beds.

That day we saw our first gunshot wounds. Through it all was the lingering sickly sweet smell of hot fresh blood dripping from wounds still raw. The patients looked resigned and without hope. It was naked suffering and war.

In comparison to stories of battles, little has been documented of the Vietnamese civilians, and their struggle to survive in their war torn nation.

About half the size of Norway and with four times the population, Vietnam has had a long and colourful history. It is strategically located along the great trade routes to the rest of the world.

The Viet were a people in South China and the Red River Delta, who fell under Chinese control in the second century B.C. The Chinese ruled the region for more than a thousand years and advanced these fisherman and hunters into the most advanced people of the Indochinese peninsula. They were indelibly marked by Chinese culture. They resisted total assimilation however, and rebelled against the Chinese after a tribal lord had been executed in 39. They finally vanquished the Chinese Army 200 year's later and achieved independence in 939. They then began the long march to the south migrating down the coast in groups made up of clans. Along the way they managed to wipe out the antagonistic Hindu Kingdom of Champa.

During the expansion of Communism during the 1950's, a legacy of the aftermath of World War II and the Korean War, Vietnam became a major scene of battle of the Cold War. After the defeat of the French in 1945 she tried to recover Empire in South East Asia. France was confronted by a rebellion of Vietnamese Nationalists under the leadership of a Moscow trained Communist, Ho Chih Ming.

The rebels resorted to Guerilla warfare and inflicted costly defeats upon the French, so much so, they decided to abandon their efforts. An agreement was signed at Geneva in 1954 dividing Vietnam into two zones. Ho Chi Ming ruled North Vietnam and established his capitol at Hanoi. His followers called the Viet Cong were spread throughout both North and South Vietnam. Had the elections been held as provided for in the Geneva Convention Ho Chi Ming would have been elected President of the entire country. However, the government in the South was backed by the United States and refused to allow the elections to be held. From this point on the U.S. became more and more committed to help and in 1965 a tide of American Military descended into the jungles. A "Pacification Program" was begun but at first was not terribly successful. For example, wooden latrines were built but the Vietnamese thought it was better to do as they always done and that was to defecate in the fields or river. According to Vietnamese culture, it was an affront to expect a Vietnamese to put his behind where someone else's had been. It wasn't long before the latrines disappeared, and the wood used for shelter. It seemed unfair to impose Western culture on a country that had been surviving for thousands of years.

Under the Truman Doctrine the popular conception was to contain communism wherever it was threatening self governing nations. A less popular concept that I personally accepted, was, the Communists wanted to invade all of South East Asia to gain a toehold so they could launch attacks on Australia for her enormous natural resources.

Both the British and Australian governments were wary of allowing Communists to control South East Asia where they could cut off trade routes causing economic chaos and there was little in the way of military might to stop the aggression. Although the United States was a major participant, other countries provided aid and military personnel, for they too benefited in

keeping the trade routes open. These included Australia, New Zealand, United Kingdom, Philippines, Republic of China (Taiwan) West Germany and Korea.

One of the ways to defeat Communism was to establish goodwill in the civilian population, providing relief with food, medical supplies and education. The Vietnamese people had been pawns in unending conflicts by the French, Japanese and Communists. They endured – barely, earthquakes of violence and convulsions of social and economic change. It has been recorded that eight out of ten battle casualties are civilians. The civilian people had to proceed with their daily life and suffer loss of life, loved ones, possessions, homes, food, education and medical care.

The news media showed the bloodiest pictures of the army and air force casualties, neglecting to mention the broken promises by the Communists, promises of farm equipment, land for farming, housing, schools and worse, the beatings and torture, babies with their heads bashed in, as punishment for not joining the “Party”.

The majority of Vietnamese were simple farmers who lived in small villages or hamlets and they little interest in politics. The Gross National Product was agriculture along with forestry, hunting and fishing. The rivers were roads where the farmers transported their crops to ports.

There were few schools and the wealthy sent their children to France for education. Doctors were mostly educated in France, trained nurses rare, the exception being the Roman Catholic Orders of Nuns.

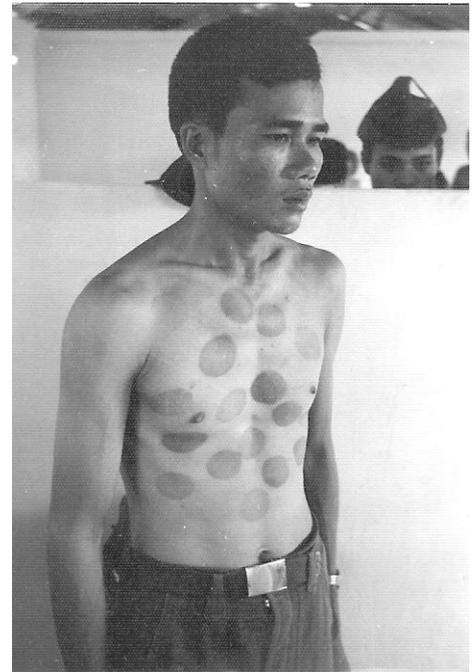
It took some time for the team to acclimatize, get accustomed to strange food, take our malaria pills, and get to know one another. It was amazing how quickly we settled down and worked as a team. I tend to think it was because the team was chosen for their strengths and easy going personalities, thanks to Ken Doust’s discerning eye. They were all extremely proficient and it was an honor to work with the high standard of excellence. In spite of the difficult conditions, the heat and humidity and lack of amenities each and every one conducted themselves with the utmost integrity. More difficult was trying not to barge in and play the great White Bwana and try to not change medical procedures the Vietnamese doctors had adopted over the years. I used to remind myself, that if we were in a years long war with limited means, how I would feel, if a bunch of foreigners came in and told us we were using outdated procedures and doing it all wrong. Improvements were often met with open hostility especially among the surgeons. We had to remember that drugs were not readily available and despite our best efforts to obtain equipment it was often outdated and unreliable.

The Seabees who were stationed in the town were extremely helpful and fashioned some traction beds with water pipes. Later they made underwater drainage apparatus for chest surgery and intravenous stands to replace the bottles we had hanging on the ends of beds. I had my nurses sew up some sand bags, and cover bricks in material for fractures. In other words we made do. There wasn’t much choice.

The local water plant was often broken down and we had to resort to scrubbing for surgery in a coffee can of suspect water. Rubber gloves had to suffice. Wounds frequently became infected especially shrapnel wounds. The electricity frequently stopped working for no apparent reason.

The Vietnamese doctors believed that blood transfusions were not really necessary which at first horrified me. They would instead use plasma. If the patient lasted overnight then he didn't need a transfusion at all. After a while I began to see the logic of that, but it still went against my training. Chinese Herbalists were a popular alternative to traditional doctors and often by the time the patients reached us it was too late. Several practices were strange indeed." Cupping", a cup using suction to bring the bad blood to the surface, Camphor injections, that are mostly life threatening and abscesses as well, or manure on wounds.

**Photo 1. An example of "Cupping", circles are made by using a suction cup to bring the "bad" blood to the surface.**



**Photo 2 Brenda Wilton appears pleased with her new mop**

Gradually we settled into a rhythm of sorts as duty rosters were created, and some progress was made in cleaning and organizing in the various wards.

We quickly made friends with the Americans and the Vietnamese who rewarded us with hospitality and kindness. There was some romance, often fleeting as the military were transferred or died in battle. Some were enduring and some ended in tragedy for all concerned. On the whole, though, most of us made lasting friendships, and became comrades for life.

I was entranced with the children many of whom were orphans or relatives of patients. I had several favorites, "Pinnochio" who lived at the hospital and helped serve food or tended other children. He had had his face and nose burned by firework explosives, his nose was reconstructed.



**Photo 3 "Pinnochio" with his nose reconstructed**



**Photo 4 "Hello Darling" a cherub faced boy who used to repeat everything I said.**

This baby below, whose parents wanted me to adopt him and take to Australia for a better life, and the little boy who blew off his fingers with fire crackers, and who could not be entranced with the triplets born at the hospital?



**Photo 5 Self holding a beautiful baby**



**Photo 6 Triplets born in the hospital**



**Photo 7 young boy with elephantitis of the foot**



**Photo 8: Close up of young boy suffering from elephantitis of the foot, and John Fisher, our surgeon, made it normal again.**

We wrote letters home, worked rotation on weekends at the hospital, generally on call 24 hours. We had housemaids to do general cleaning and a cook, also a chauffeur, Paul, to drive the Holden Station Wagon to and from the hospital or on shopping trips; he was also utilized by me to trap rats at the hospital. We also had a Scout and motor scooter for use.

The Military Assistance Command, Vietnam (MACV) Advisory Team, a covert, unconventional special operations unit, extended privileges to watch movies, play Volleyball, or tennis. They did intelligence, rescues, and patrols and were the first in country in 1962 and last to leave in 1972. The Province Senior Advisor also loaned us his tennis court at his spacious home, whenever we wished, and we would play several times a week.

On our third day we took a boat and an arsenal of guns to an American Outpost about 20 kilometers away, where we visited a cane mill, maternity dispensary, and Buddhist Temple.

We would often dance to taped music till the wee hours, and any excuse was good for a party to unwind. It was a small community of westerners so we tended to socialize with each other much of the time. Most of us enjoyed Vietnamese food and fraternized with them to learn the culture and enjoy their company. Many of them spoke excellent English, far better than our fractured Vietnamese. Other days we would play darts, bridge, liars dice, and table tennis or go swimming at various houses.

Siesta was a must from 12.30-2.30pm after a light lunch, because the whole place shut down, and we used to sun bake on the patio bridge. I became tanned but with white blotches common in the humid conditions. It was a sort of fungus. Additionally, the water supply iffy at best was loaded with bacteria so I broke out in acne on my face arms stomach and legs.

About the second week I began trying to learn the language – difficult for an Aussie. We tend to drawl and have little intonation. Vietnamese language can have two or three meanings depending on the tone or cadence of the voice. One day I had all of the nurses and patients holding their sides laughing because I asked a patient if he had pain and actually I said he had “big testicles”.

The U.S Marines often popped by to take us out, once on their cargo ship for lunch and a tour. The hospitality accorded us was amazing. Of course it helped that we were the only females “Round Eyes” for miles.

Some days we would travel to outlying districts to see Out Patients. This was frowned on by the local doctors, many who were in private practice. Public health has always been a problem in Vietnam, partly because of its tropical climate and partly because war has disrupted the country for years. Clinics and hospitals were few as is medical personnel. There were only 700 doctors, 400 of those in the military.

An Giang Province was relatively prosperous, in that rice, fish, fruit and vegetables were fairly plentiful. So malnutrition wasn't often a problem. However, tuberculosis had the highest incidence in undeveloped countries.



**Photo 9 Male patient suffering from pulmonary tuberculosis**

Lepers numbered 3.5 per 100 in the lowlands and even higher among ethnic minorities in the highlands. Stagnant water, poor sanitation and drainage are an ever present danger for epidemics of plague and cholera. Trachoma another disabling disease spread by poor hygiene and the myriads of insects. Many of the patients were infested with round worms, their intestines impacted with the nasty ascariasis, a member of the family of nematode parasites.

We saw cases of severe goitre, diphtheria and bubonic plague. In fact it was like flipping through medical text books and seeing the pictures personified.



**Photo 10 Young woman with fungating tumour of the face - inoperable**

In October we had a torrential downpour, common in the Tropics and the garden flooded. In our usual spirit of fun we ended up in the water in evening dress. The other nurses and I always tried to dress for dinner in pretty dresses.

Meanwhile we continued surgery day and night. Frequently the patients would “escape” or disappear which was really frustrating.

Our local culinary delight was a small restaurant called “The Dirty T Shirt”. The food was usually excellent even if chickens pecked around the floor while we ate. One night however I suspect I ate one of the local canines in a sausage and became deathly ill for several days. The funny thing about doctors is, if they know you personally, they freak out and have no idea what to do. Fortunately, Tom Calov gave me some sulphur tabs and I slowly recovered. My weight fell to 97 pounds.

In November I began giving English Lessons to two adorable young girls, Co Dau and Co Phuong(see photo with me in our garden) They made exquisite, hand embroidered Ao Dai’s for me to wear, (The traditional costume, a long flowing dress with slits to the waist, a mandarin collar, and white or black slim pants underneath).



**Photo 11: English Students, Left to Right: Co Dau, Self and Co Phuong.**

We used to go to breakfast at the local market and eat fertile bird's egg soup with cold lemonade. They delighted in the fact I would eat the local food and wear their dress. I even bought the traditional toeless, heelless, high heel shoes and had my toes manicured with pointed nails. They kept in contact until 1972 when I fear they became victims of the Communist takeover.



**Photo 12: Self in National Dress – Aoi Dai on Patio Bridge of “White House**

November, Steve Whilden, a Foreign Service officer from CORDS took me on a canal trip, to look at new housing projects in the refugee settlement. This consisted of him kicking the concrete with his boots and putting holes in them. Why? Apparently there was a lot of stealing and the concrete was mostly sand and unsafe.

### **Vung Tau**

Steve Whilden, Janet Glasson and Clive Bond and I went to Vung Tau, first in a Beech craft, stopping at Saigon on the way to do some shopping at the PX. Despite the war, Saigon remained a charming colonial city. If one ignored the barbed wire and sandbag emplacements with armed guards, her lovely old whitewashed homes retained some of their splendor, garlanded with brilliant bougainvillea. It was once known as the "Paris of the Orient" but under her wide boulevards there laid a seam of intrigue and corruption. To Do Street was rife with beggars, prostitutes and shady characters. Cholon where the PX was located it was a teeming cesspool of black market goods and scam artists.

We had lunch at a French restaurant, snowy white linen tablecloths and napkins, a waiter who embodied the ambience of fine dining everywhere, served crabs and Nuoc Mam, (the local pungent fish sauce) and an excellent vintage wine. It was a rare experience. Later that evening I jotted my impressions of the city as we sat on the balcony of the Aid House.

The curtain of night falls darkly, suddenly  
Clouding the sky in velvety blackness  
Voices drift, mingled with the sound of war machines,  
Lights blink on the velvet,  
Red and white and blue, now.  
The sun has set its burning rays  
Cooled by a sweet breeze  
Marching feet,  
A brown man stands by the side of the road,  
His wares not sold,  
Flares fall slowly in the east  
Tracing patterns, this way and that,  
An artist in the heavens brushes glittering stars.  
City lights on the horizon, peeping through the branches of trees.  
Sharp shots heard in the distance, Closer they come,  
Fear mounts in the breast,  
Brave young warriors hasten to the scene in their war machines  
Engines roaring, ugly guns soaring,  
Old French villas, their days of elegance gone,  
Shrouded in sharp barbed wire,  
A guard at every corner,  
The roads once smooth,  
Now rutted by the heavy fleet,  
Of tanks, and trucks, and tired and dusty men.

We managed to grab a ride on an Aussie Caribou to Vung Tau or Cap St. Jacques, as it was formerly known. It is about 100 klicks from Saigon and used to be a popular retreat for French expatriates and well-to-do residents of Saigon had villas there. In comparison to steamy Saigon the weather was balmy and there were miles of golden sands lapped by warm aqua waters. It was a popular rest and recreation center for Australian and American troops, and a base for one of the Aussie Medical teams.



**Photo 13 Clive Bond, self and Steve Whilden boarding an Aussie Caribou**

The waters were home for many fishing fleets, and their billowing sails reminded me of pirate galleons. Off shore we could see war ships patrolling, and while baking on the beach we all dived for cover when some fighter jets roared along the waters edge very low, thinking we were under attack.



**Photo 14: Janet Glasson, and self at fish market Vung Tau**

Peter Miles from the Vung Tau team kindly took us on a tour of the resort where we saw Madame Kys summer home, a two story stucco house with red tiled roof complete with flagpole, and a huge stone Buddha statue beside the road. We went to a local bar in the evening for drinks and I was aghast at the number of bar girls vying for customers. Although no stranger to prostitutes, having nursed many at R.P.A.H. with botched abortions, and one poor girl who had a beer bottle smashed inside her vagina, nevertheless I was shocked by the youth of these girls who had to survive the only way they could by selling their bodies. We had little to do with general infantry in Long Xuyen, most of the military we came into contact with being officers or Foreign Service operatives, these young soldiers were not much older than the bar girls,

In tune to –This Old Man – a song they sang  
Uc Dai Loi, Cheap Charlie  
He no buy me Saigon Tea  
Saigon tea cost many, many “P”

Uc Dai Loi – he cheap Charlie, He no give me M.P.C.  
M.P.C. cost many, many “P”  
Uc Dai Loi – he cheap Charlie.

Uc Dai Loi, cheap Charlie,  
He no go to bed with me,  
Go to bed cost many, many “P”,  
Uc Dai Loi – he cheap Charlie.

Uc Dai Loi, cheap Charlie,  
He made me have one for free,  
Mama San go very crook at me,  
Uc Dai Loi – he cheap Charlie.

Uc Dai Loi, cheap Charlie,  
He leave baby-san with me,  
Baby-san cost many, many “P”,  
Uc Dai Loi – he cheap Charlie.

Uc Dai LOi, cheap Charlie,  
He sail home across the sea,  
He leave baby-san with me,  
Uc Dai Loi – he cheap Charlie

Saigon Tea – Tea sold as drink to bar girls for extra profit  
M.P.C. – Military Payment Currency (sale to Viets illegal)  
“P” – Piastres – the local currency  
Uc Dai Loi - Australian

We returned to Long Xuyen, the same way we had gone, stopping once more in Saigon where we ran into Dr. Welby Skinner, Brian Kearney and Clive Bond and partook of another fine lunch. On the way back we stopped at Chau Tan , and Dr. Douglas loaned us a car and driver to do a quick tour around town.

In November we attended the opening of a school for student nurses, a big ceremony and quite an achievement for Lois Nugent and Janice Raynor who advised the locals on the curriculum.



**Photo 15: My Self (Center) with new nursing students Long Xuyen**

The U.S. Province Senior Advisor Mr. Aubrey Elliot was a frequent visitor to the Aussie house and repaid the hospitality by taking us on trips up river, or use of the embassy house pool (actually a concrete tank with lots of worms, but it was wet)

We visited the Vietnamese Hospital Ship, anchored on the Bassac River; incredibly, they treated a thousand patients a day.

Thanksgiving was spent at MACV, a big turkey dinner with all the trimmings.

It seemed at times, we were always hosting various dignitaries from Australia, newspaper journalists, other medical team doctors, nurses, British doctors, Canadians, Australian troops, U.S. pilots, doctors, and other visitors to the region. We were practically a fixture at the local airport, and became adept at bumming rides on an amazing array of aircraft.



**Photo 16: Most of the men were in the military, so young girls worked on the runway at Long Xuyen airport. They did a super job too. A U.S. air force caribou in background.**

Then there were the Hail and Farewell parties of medical and army personnel changing areas or going home.

Christmas came and went with all the trimmings. A plane flew overhead with Christmas carols playing. We went to mass at the local chapel. For some reason that Christmas seemed very special. My nurses and students inundated me with lovely gifts and I was filled with guilt, because they had so little and we had so much.

I had written home and asked my Mother to buy a whole pile of gifts for the staff, also clothes and makeup for myself. Every letter I was always asking for some amenities. New Year we spent at MACV for a boisterous party, complete with the company of a resident monkey, who took delight on peeing on everyone.



**Photo 17 Colonel Gene Lane with George**

Our days continued to be filled with chores, and surgical cases. We relaxed when we could. On a typical day, had breakfast and went to the hospital for ward rounds and dressings. Cleaned cupboards or organized the charts, home for lunch. Return to the hospital, for dressings or surgery. Home, 4 pm. On call, and had to return to the hospital at 8:00pm. Two operations with Mal Goldsmith, assist Brian with two children who needed intercostals catheters. Return home for party. Return to the hospital for a tracheotomy on a child. Up twenty-four hours and home at 7:00am.

There were patients in my ward who had been hospitalized for up two years. One a lovely young girl had been in an accident and was paraplegic. When I arrived she was covered in large bedsores and hadn't been outside in all that time. One day after getting the sores better, I had Paul our chauffeur, help me take her for a drive.

I sewed curtains for the ward and placed pot plants around, bought a razor for our male patients, covered the shelves in Contac paper, attempting to make it more attractive, and discourage the patients from spitting great gobs of Betel juice on the walls; there it would stay, looking like drips of blood, as if we didn't have enough of that.

Some days we would go to villages to see outpatients, often by boat down river, with armed escorts. Mostly we would see fisherman, and not Viet Cong. The boats were invariably unreliable and would break down many times and we'd have to get towed. But it was pleasant for the most part on the river, at least a breeze would blow and the scenery ever changing would be picturesque, with foliage lining the banks and small fishing boats passing by. When we arrived at our destination, there would be crowds of patients lined up, children by the dozens and many we would have refer to Saigon as they were too far advanced with various cancers.

One time we brought back a young boy with an appendix ready to rupture. I held him burning with fever on the long ride back, for four hours, feeling every ripple in the river as our flat bottomed boat hit them. It was impossible to let him lie down and the seats were mere boards so at least he was cushioned by my body against the slap of the waves. When we finally reached the pier, my arms were aching and I was drenched with sweat.

Three months flew by and Dr Welby Skinner, our surgeon was replaced with Dr. John Fisher. An accomplished neurosurgeon, he was a workaholic and the patients and staff adored him.

We visited a 100 year old orphanage run by the Catholic nuns. They did a wonderful job of caring for children who could have been, and usually were, sold or left to die of starvation on garbage heaps. Most of the children were half American or other nationalities and were outcasts in the society.

Calm, smiling, French and Vietnamese nuns kept these children neat and clean. Inside the orphanage walls were the really sick babies with deformities, and twisted limbs. The air was fetid with vomit and feces, the windows barred. Some of them lay still, some whimpered weakly. Stricken with Syphilis from diseased mothers or already hooked on drugs, their days were numbered. Many of the prostitutes were drug addicts so they passed on the addiction. A picture of the Virgin Mary looked benignly down on the children. A group of them smiled sweetly as they sang songs of welcome for us.



**Photo 18: Steve Whilden listening to children sing at Orphanage, Cho Moi**

In January, I had taken some films to be developed at the photographer in downtown Long Xuyen and he asked me if I would do some modeling for him. I sat for about 40 stills, one titled "A Prayer for Peace" that he wanted to enter in a photo competition, and in fact he won. In another I was advertising one of the local soft drinks and it was on several bill boards around town.



**Photo 19: My self selling a local cola**



**Photo 20: My self modeling "A Prayer for Peace"**

Shortly after, Janet and I had a prowler in our bedroom who stole some small items while we slept. Clive Bond came and slept on the floor the next night but while he was called to the hospital the prowler struck again. We decided to rig a trap for him by putting a bucket on top of the door and have the hairspray handy. It was an unfortunate shock for Dr. Gabe Smilkstein, an American pediatrician, who had just arrived, and tried to wake us for an emergency. The bucket fell on him and I sprayed him with hair spray. We had a good laugh, and promised to let him know next time we planned sabotage.

Stronger measures were needed so Clive sat on the stairs all night and caught our little thief; a small terrified boy, so we let him go. So much for our security guards, supposed to be watching the perimeter. We later had a ceremony for Clive to award him honorable membership in the Long Xuyen Bandit Catchers Club, for bravery beyond the call of duty. Another good excuse to party.



**Photo 21: Clive Bond being awarded Bandit Catcher Badge for bravery**

### **TET Offensive**

The most important national holiday was arriving in late January, February, called Tet, it is the Lunar New Year festival. Celebrations drag on for weeks or more. This is a time to go home or visit friends and relatives. It is believed the first person to enter the house on the first day of Tet sets the conditions for the rest of the year, i.e. good or bad luck. This is also the time of gift giving or pink envelopes containing new bank notes. Most commonly these are given to small children, subordinates, domestic staff and anyone younger than the giver. It does not extend to anyone older than the giver. Other gifts considered lucky, are tea, fruit, and flowers. Peach and apricot trees are used for decorating the house and are thought to ward off evil spirits.

This holiday is time to clean the house, pay debts, forgive others sins, and ones enemies, and do anything, in fact, to appease the spirits, and begin the New Year on a good footing. Feasting is almost continuous and many traditional foods are prepared in advance. Banh Trung, a sticky rice cake wrapped in a banana leaf, and steamed for 24 hours is consumed in large quantities, as is Moon cake, a soy and vanilla concoction rather sickly is also popular.

In late January there was a fireworks display and it was deafening. We had attended several Tet parties at the hospital and at some of the Vietnamese staff homes. We received word one of our good friends Dave Gilletson had been killed by the Viet Cong at Hue Duc. Dave was an American of the International Voluntary Services, a 25 year old social worker who was extremely popular with the Hue Duc villagers. When he was murdered, more than 500 men, women and children marched through town to express their grief. We had a feeling this was a harbinger to the future because Dave used to treat Viet Cong and had free passage throughout most of the Delta.

During the Tet holidays, the household help had gone home for the holidays, so we had to take turns cooking and doing the washing. On January 29<sup>th</sup>, 1968 we were placed on grey alert and curfew was imposed. There were three stages of alert, grey, yellow and the most serious red. There were more fireworks, then at 5:00am we had 6 grenade wounds at the hospital plus 13 cases of fireworks injuries.

By January 31<sup>st</sup> I could hardly remember what we did, there were no nurses in the ward and the casualties were rolling in by the truckload. Many of them from a neighboring hospital and still had intravenous tubes dangling from their arms. There were so many we did a triage of those we thought we could save and those who were already dying. We operated all day and night. Colonel Lane from MACV issued the team guns and 800 rounds of ammunition, and we were placed on yellow alert and were required to travel in pairs. There wasn't a soul on the streets and it was eerily quiet. The team began taking watches, the men moving their mattresses to the upper floor and we put extra guards on the gate. For the first time we locked the house up tight. We expected to be attacked! I was deathly tired but must keep going. We had Derek Myers from Vung Tau staying with us at the house and he was unable to get back so I had him pegging clothes on the line and helping me with 40 dressings that needed changing. Yellow alert continued and the Vietnamese staffs were obviously frightened. Our medical supplies were getting short as was food at the "White House". Tea consisted of turkey sandwiches at the hospital while we continued operating on the injured.

By February 2<sup>nd</sup>, Saigon was still in a state of chaos as was Chau Duc. We were hearing of forays at small outposts not far from town. A policeman in Long Xuyen was assassinated and we were placed under house curfew. We had an endless supply of canned turkey and fresh vegetables and eggs but I swore I would never eat another turkey as long as I lived. All of the major cities in the delta were attacked, the U.S. Embassy in Saigon, including the Presidential Palace.

By Saturday the February 3<sup>rd</sup> we were back on grey alert and Derek managed to get a military flight back to Vung Tau hospital. We were given permission from Colonel Lane to return to the hospital so we all went to take care of the wounded while Tom Calov stood guard. Food, alcohol and cigs already in short supply was getting scarce now. I was exhausted from disturbed sleep and the hordes of mosquitoes due to the doors open onto the balcony, from Janet's and my bedroom. Personally I was more scared of Brian Kearney, our pediatrician, with his M16 stumbling over the mattresses than I was of the VC. He was positively nerve wracking.

During this time we continued to get loads of war casualties, many crippled for life and I sometimes felt they would be better off dead. The days of strain began to tell on us, tempers flared easily and we hadn't had mail in weeks. One of my patients gave me two oranges, it was so touching, I cried. Finally, with great excitement, the Aussie caribou landed with mail and packages from home. Thank God!

A young Cambodian boy had stepped on a land mine that blew apart his leg and both arms. It was tragic. Dr John Fisher did a marvelous job, as always of saving what he could. After a time we sent him to Can Tho to the orthopedic hospital for artificial limbs.



**Photo 22: Cambodian boy Tet victim who stepped on a mine. He was an adorable child.**



**Photo 23: This elderly lady had a gunshot wound that shattered the humerus**

This elderly lady was shot in the arm, shattering the humerus and was badly infected. I persuaded Dr. John Fisher not to amputate until I had a chance to use my nursing skills. I rigged up an intravenous using EUSOL, (Edinburgh University Solution), and irrigated the wound constantly washing out the pus. EUSOL is an old antiseptic standby used infrequently. It worked, and the patient went home with her arm intact.

I had been filled with emotion as we watched the small truck beds being unloaded with patients and corpses piled one upon the other. There was a child maybe 3 to 4 years old, and we didn't have anywhere to put her, so I sat her on top of the x-ray machine, Clive remembers this, her grey matter was spilling from a head wound down her forehead. She looked like a doll and was so pretty when she smiled at me. It was heartbreaking and I have carried that image for over forty years.

I had quickly penned on a scrap of paper my feelings. It went like this:

The news is read  
The enemy has struck  
Where most it hurts  
They arrive by truck, sampan, on foot or by bus  
Some are dead  
The clouds roll dark, sun seems not to shine  
Sirens whine, there is a breeze  
The air is filled with moans, but softly,  
We gather the nurse and I,  
Serious we stand and wait as they were waiting  
When through the sky,  
It hit and felled them  
There they lie.  
They straggle in, in twos and threes  
Bearing their burdens,  
Their faces taut and strained  
Aged with weariness  
The child is at its Mothers breast  
Blood is falling, dripping from it's chest  
The Mother strokes its matted hair  
Crooning, crying, praying  
A limb lies loose, it's tendons bared  
Is it fair?  
The farmer does he know  
The hand the tends the rice so well  
Can never again till the earth – can he tell?  
What did they do, harvest late?  
Too late it seems now.  
A clod of earth clings to a foot,  
Splashed with blood, sweat changed to blood  
A story tells – a day of toil  
Suddenly shattered  
Family scattered  
Who knows where?  
What do they know of war, who is to blame?  
What do they care,  
A baby crying, gently now  
A whimper here and there  
Their faces lift filled with anguish  
Fright  
No more spirit left to fight  
And yet  
Behind the eyes so filled with grief  
A stir, a glimmer, ah but weak

Their heritage of ancestors past  
Of strength, persistence stands fast  
Still they have a will to live  
And build again  
The child awakes, a smile bursts through  
Midst tears and pain  
Blood and guts  
Through memories  
Too frightful to sustain  
For now, all take heart  
The child will it live to see a better life?  
Is it worth it? Will they fight?  
And when the day has dawned anew  
With the promise of who knows what  
Work will go on as before  
Hope rekindles nature's law  
And God looks down from heaven for a few.

By February 5<sup>th</sup>, things were getting better, and Major Bill Woods flew down to Can Tho to pick up some mail for us. It was a relief to hear from home as we looked forward to mail more than food.

The casualties kept on coming from Sadec and the nurses were doing procedures normally done by doctors. I had periods of anger at the world, for the mess it was in. The suffering of the Vietnamese was really getting to me, especially the children. The electricity kept on going off and we had to resort to candles, even in the operating theaters. You can imagine the trepidation as we were using ether anesthesia, a highly flammable gas. We were still under curfew and the days were getting longer with theater cases coming in at all hours.

One child we tried to resuscitate on the floor of the operating room with no success. It was depressing to lose a child, and I would cry with frustration at the lack of equipment and medical supplies. I would request new needles, a blood pressure sphygmomanometer, or floor cleaning to no avail. Mr Corkery from the Australian embassy came to visit and promised to see what he could do but I was not optimistic. My patients with war wounds had a new custom. I had to kiss them good night.

By March, we were still getting casualties from outlying areas but it was business as usual and much quieter. I left for Saigon and then on to Bien Hoa for a week. We had to wait for a flight out in the Aussie caribou for several hours as one had lost its wing in Saigon. We sent Paul our chauffeur, home to get a picnic lunch and some beer to share with the locals. The flight was always a heart stopper as the caribou would spiral straight up in circles, and then land the same way to avoid snipers. On one flight I took the pilot was wounded in the arm. Another time one of the engines failed.

We saw many bombed villages consisting of piles of rubbles. In Saigon the night sky was filled with falling flares and there was barbed wire everywhere. Howard and I took a tour of the city and inspected a Viet Cong armament display. We looked at large guns where children had been chained so they would keep firing at the “enemy”.



**Photo 24 Bomb damage at Can Tho University**

I spent the next week at Bien Hoa with the team, mostly in the operating room.

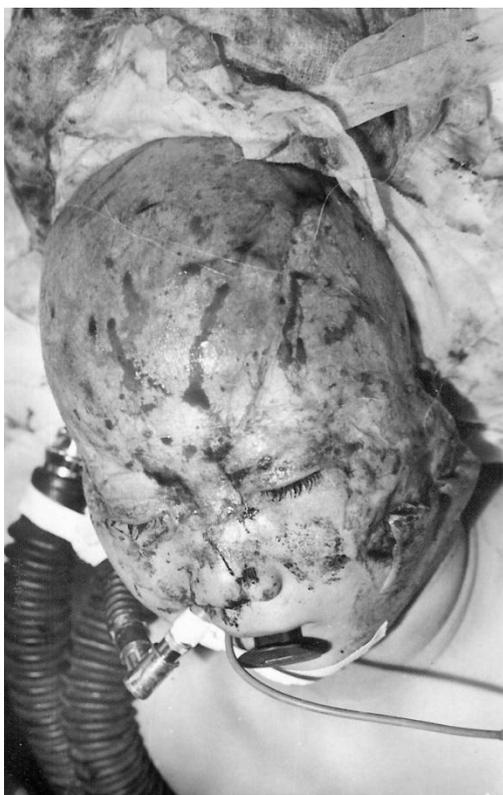


**Photo 25 Self assisting Dr John Graffe at Bien Hoa**

They did not have Vietnamese doctors so it was really busy. I flew back to Long Xuyen in a small Cessna, where I was able to sit in the co-pilots seat and watch as we flew over huge holes made by mortar rounds and areas of defoliation from Napalm.

By the time April arrived I was ready for a break and left on rest and recreation (R & R) for Hong Kong, Japan, Bangkok, Cambodia and Taiwan. The first day in Hong Kong, someone let off a firecracker and I threw myself under a parked car. I suppose I was more stressed than I had thought.

After check in at the hotel I ordered a large pitcher of Gin Slings, and had the first bath rather than a shower, in six months. What a luxury, then slept for twelve hours. I had a large shopping list from everyone back in LX, most important was two wigs for our patients who had been scalped by outboard motors. Many Vietnamese bathed in the river so if women who traditionally had long hair, swam to close to the outboard motor; their hair would get entangled in the propeller. It took many skin transplants to replace the scalp and I would use olive oil to soften the scabs. You can't imagine the joy on their faces when I took those back.



**Photo 26: Young Girl Scalped by Outboard Motor**



**Photo 27: Same Scalped Girl with Wig (note bandaged Head)**

When traveling alone, I was looked after by everyone from the hotel employees who would carefully write directions in Japanese, Thai or Chinese, to a very elderly man who insisted on carrying my suitcase and putting me on the correct bullet train to Kyoto, to the New York dentist who escorted me around Ankor Wat in Cambodia, and a young Japanese tourist who rode the tramway with me in Tapei. There was also the charming elephant guide in Cambodia who made sure I wouldn't fall off, and a serene monk in Thailand who thoughtfully gave me his lucky charm, a brass Buddha on a piece of string, which I still have. Frequently I would run

into other team members or Aussie tourists and we would share rides, and or stories of our adventures.

Refreshed I returned to Long Xuyen, and it was great to be back among friends. We still had curfew but not as restrictive. There was a continuous stream of visitors from the outlying military outposts, such as Chou Thanh and Lap Vo. The boys from Lap Vo brought me a blood stained Viet Cong flag. In May we got about fifty casualties, we worked all night. The wounded civilians were ongoing all that month.

A new plastic surgeon arrived, Aussie Tim Furber and also an American paediatrician from Georgia, Dave Harvey, I began to have lots of outpatients of my own, and in late May some wounded Americans arrived for treatment. Sergeant Fernandez from Lap Vo had gone to Can Tho for supplies and very kindly dropped in with meat and booze. I asked him how he managed to get the meat because we were always short, relying on the canned turkey. He laughingly said "I just stood there in the store with a clipboard looking official and told the guys to load up the truck". Another time I gave him some pictures of me in a bikini for their quarters and we got case of champagne.

Dr. Ken Doust, our team leader, had completed his six months and we had a big send off party. Tom Calov was now Team Leader. We then learned of Bobbie Kennedy's assassination and I had a letter from Mum telling me my beloved grandfather had died. Not long after Mum informed me my little pug "Bubbles" now twenty years old had to be put to sleep. What a lousy week that was.

It was time for John Fisher to leave and we were all a bit depressed, especially the Vietnamese who adored him. They made cakes with little kangaroos and orchids on them.

The Sea Bees made me an underwater drainage trolley for our patients who needed a tube to drain their chest cavity either for fluid accumulation or post-operative after lung surgery. This was a huge improvement to having a bottle and tube standing free, which frequently tipped over letting air into the chest. At the same time, our interpreter Mr. Tang went into the army and Brad Vogel 26 years old crashed his plane and died. I had just talked to him two days previously and had a vivid picture of his orange T shirt and laughing eyes in my mind. Mr. Elliot, the U.S. Province Chief took me home to his place for dinner, I was so sad.

It was now the season of odd creatures visiting the house. A very large Gecko more than a foot long had taken up residence, much to my consternation, behind the wardrobe in our bedroom. Janet didn't seem too perturbed but I immediately had Clive come and snag him on a tennis racquet and toss him off the balcony. There were also some very large toads, and a couple of small bats, even a birds nest in one of the lights in the living room.

Major Bill Otte got his Bronze star for valor, and that evening Drs Kiet and Tho from Long Xuyen hospital dropped in with a couple of movies, one the opening of a Buddhist Temple, the other slightly risqué, called " the Dance of Venus". We even smoked Jasmine cigarettes. Wow!

## **Bien Hoa**

In July, it was my turn to go to Bien Hoa for six weeks; and a busy six weeks it was. I already knew where everything was from my previous trip so it wasn't too hard to settle in. The Bien Hoa team was a fun group and worked solidly every day in theaters. My first day, we did fifteen operations before collapsing into bed. The Aussie military were stationed at Bien Hoa Air Base, the busiest airport in the world at that time and we were very close to the perimeter.

One night a group of us sneaked in and painted red kangaroos on all the American planes we could find including the Colonel's helicopter. I heard he wasn't too thrilled. I met a darling officer, Major Hank Browning, of the 118<sup>th</sup> Assault Helicopter Company, called the Thunderbirds, and who was due to finish his second tour, he used to take me to the Officers Club for lunch and dinner almost daily in his jeep. One night, as we sat on the balcony on the top floor of the teams headquarters, he threw me under the table to avoid sniper fire coming over our heads. Another night we were going to dinner when a couple of "wise guys" made some disrespectful remarks, he put them both on report. It was rare for me to be treated other than with the utmost respect and courtesy. I never carried a suitcase in Vietnam; it was always a race to see who could carry it for me.

When I reflect on some of the crazy and dangerous things I did, I'm embarrassed. One day one of the helicopter pilots took me on a joy ride down the river letting skids skim the water. It was insane, knowing what I know now about helicopters.

The Bell UH-1 Iroquois affectionately called "Hueys", helicopters flew by my bedroom window every morning on missions; I would count them as they wop, wop, wopped, into the rising sun, their 48 inch, 21 inch wide rotors and gas turbine engines making their distinctive noise. In the evenings I would count them coming back, sometimes there would be a break in the formation and I would heave a sigh as one would come way behind with holes in the side. Some didn't come back at all.

I had started doing some surgery under supervision, by Don Leaming, and Dr. Peter Gran; a couple of circumcisions, inserted a pin in a fractured hip, an appendectomy, and a removal of a paling fence from a young girl's groin. Here too, the electricity would go out and we would end up operating in near darkness.

There was an enormous amount of bomb damage after Tet at Bien Hoa and the local Mortuary was full of coffins. Our days at Bien Hoa were so busy I would get exhausted but managed to stay up for the boys from the 90<sup>th</sup> Air Squadron, who would bring their guitars and champagne and sing until the wee hours of the morning. I still love hearing "The House of the Rising Sun".



**Photo 28: TET Bomb Damage at Bien Hoa**

We took a quick trip to the leprosarium not far from Bien Hoa, run by a Padre and French nuns, it was a most attractive and clean, well run hospital set in landscaped gardens. We did some surgery for the lepers and hurried back to the hospital at Bien Hoa for more surgeries.

**Photo 29:  
Bien Hoa  
Leprosar  
ium**



That evening Charlie Pearson, one of the Rangers from Advisory Team 98 brought me a red beret from the Vietnamese Ranger Squadron – equivalent to the Green Berets, as a going away gift, and the pilots who flew F100's threw me a big farewell party. In no time, my six weeks were up in Bien Hoa and I was back at Long Xuyen.

### **Joshua's Story**

Clive our intrepid radiologist had brought to the "White House" a beautiful red Doberman named "Joshua". Dobermans were sometimes used by the Marines or in this case the Sea Bees as war dogs used to accompany sentries to detect snipers and warn of approaching enemy soldiers. They were also used on search and destroy missions as well as mine detectors with their keen sense of smell. Originally bred in Germany they were used primarily as police or war dogs. The Doberman is very agile and fast and extremely loyal to his handler. Most of the famous war dogs were German Shepherds. War dogs are said to have saved more than 10,000 lives. It was a travesty that none of them were brought home from the war until as late as 1971 when a U.S. Congressman honored them as unsung heroes.



**Photo 30: Joshua and my self in garden of "White House"**

The story was Clive observed one of the Sea Bees abusing the dog. It was a trained military search dog and was in really bad condition. Josh had a urinary tract infection and was painfully thin. His previous handler had gone back to the States. Clive brought the dog back to the "White House" and we x-rayed him, gave him some antibiotics and I stole a dozen eggs from the kitchen for him. In no time he was my constant companion. Josh would take a shower with me and sleep on my bed. When I took him for walks, everyone would move to the other side of the road. I used to take him to the hospital, where he would sit outside the operating room and not let anyone in or out. All I had to say was "On Guard Josh" and he would growl and bare his teeth.

Josh had been given obedience training so all one had to say was "stay" or "sit" and he would do as he was told. I always felt very safe with him by my side and he loved to go everywhere, especially in the car with Paul our chauffeur. Although he was very suspicious of Vietnamese in general, amazingly he loved Paul.

I was so sorry to leave him behind when we left Vietnam. I had actually investigated the possibility of smuggling him back to Australia with me in a Royal Australian Air Force plane. A few of my friends were willing but I was reluctant to expose other animals to his unknown tropical diseases. Australia had very strict quarantine regulations and it didn't seem ethical. I remembered the day my grandfather had to shoot his entire herd of cows with tears streaming down his wrinkled cheeks because they had foot and mouth disease from an imported cow. It wasn't just the money either, he genuinely cared for them. I just hope Joshua didn't end up in a pot of stew in the local eatery.



**Photo 31: Joshua and self going up river**

### **Winding Down**

By the middle of August there was supposed to be another offensive and we were back on yellow alert. One of our friends, Tom Martin who I suspect was from the Central Intelligence Agency used to have us over for drinks, or took us on the river in a boat with Josh as guard.

We hosted the Australian Ambassador, His Excellency Mr. Ralph E. Harry, CBE and the Air Attache, Group Captain Colquhoun along with Mr. Corkery, and had set about cleaning the hospital, hosing down walls, and toilets etc. On our tour with them, of the hospital, the most amazing thing happened. There wasn't a patient in sight; they had all left taking their intravenous, casts, dressings, relatives, cook pots and the whole shebang. I couldn't believe my eyes. The patients thought we would lose face if the big wigs saw what it was really like, so everyone "escaped" to make it look really good. Of course His Excellency thought we did nothing all day, and when he made his recommendations he would later say the team was not needed. What a joke!



**Photo 32 Water Buffalo boy on the road to Can Tho**

By September we were "getting short" as they say in the military. In other words our tour was coming to an end and we were counting days. There were still lots of social get to-gethers and days of casualties requiring surgery. We had bid farewell to so many over the past eleven

months. Now we were “old timers” we would tease the new comers by pretending to be totally Vietnamese. We would greet them at the airport sitting on our haunches in the local dress, spooning rice with chopsticks. There were some horrified looks as we tried to keep a straight face.

For some reason over the months we had all succumbed to various influenza attacks and the dreaded “Ho Chi Minhs” a type of dysentery, with acute vomiting and diarrhea. In the last month we had scores of visitors staying at the “white house”. Aussie military, Americans, and some more team members from Vung Tau.

Now it was time for our own farewell parties, and there were many. The Vietnamese doctors, and staff, MACV, Marie House, Aubrey Elliot, each of the houses, where CORDS employees lived, Thot Not outpost, Chau Thanh sub sector where I listened to the Beatles song “Yesterday” with tears rolling down my cheeks; and the Sea Bees who crowned me queen and tossed me into the pool.

Clive, Howard and I were among the last to leave. On our final day, we tearfully drove to the airport for the first leg to Saigon. One of the pilots, Skip (Swamp Fox) flew over us giving an aero show and trailing colored smoke, and everyone from the hospital waved goodbye. I cried all the way to Saigon.

#### **About the author Angela Catharine Ross-Pearson**

An only child, I was born in Woolahra, New South Wales, Australia and spent most of my early childhood on my grandparents farm in northern New South Wales. They were carefree days, riding horses, milking cows, feeding chickens and lying on the grass making dream pictures in clouds. I loved life on the farm.

My ancestors on my father’s side were Venezians on the ill fated Marquis De Rays expedition from Northern Italy to the new paradise aboard the ship “India”. They arrived in New Guinea, an inhospitable area where many of the original passengers died. Appealing to Sir Henry Parkes for help and unable to continue the journey in the “India”, Parkes sent the “James Patterson” to take the survivors to Sydney where they finally settled in an area near Lismore called “La Cella Venezia” later known as New Italy. There is now a museum located at my great grandfather’s inn.

On my mother’s side, great grandfather was a sergeant at arms on one of the first ships to transport convicts to Tasmania.

After attending boarding school I received my General Nursing Certificate at Sydney’s Royal Prince Alfred Hospital (R.P.A.H.) in 1960. I immigrated to Canada in 1960 via the United States and toured every coastal state ending at Niagara Falls. I worked as an Orthodontic Technician for three years in Toronto.

Having traveled extensively in the U.S. and Canada, I returned to R.P.A.H. to work in the Recovery Room at the Page Chest Pavilion. I gradually moved from Sister in Charge of the surgical ward to Supervising Sister and relieving Assistant Matron for Page Chest Pavilion. I instructed the first post graduate course in cardio thoracic nursing at the hospital.

Upon completing my year in Vietnam in 1967-8 I took long service leave and toured almost all of South East Asia. I then returned once again to R.P.A.H. where I was in charge of the Coronary care unit. After Vietnam I could not stomach the hospital routine or the number of deaths from heart disease averaging seven per week.

I was fortunate to obtain a position at QANTAS Airways Medical Center as an industrial nurse and instructor for airline personnel in aviation medicine which included escorting ill patients between countries. I was a member of the International crash team for QANTAS. Working for the airline afforded me the opportunity to travel the world, to Britain, France, Italy, United States, New Zealand, and Bali. On the maiden 747 flight from Sydney to Singapore, I met my husband Gary through a friend. Gary was working for Litton Industries, contracted by the Singapore Department of Defense, building gunboats to patrol and protect the Malacca Straits from pirates. We lived in Singapore for the remaining two years of the contract, and later returned to Los Angeles in California, where Gary obtained a position with Hughes Aircraft Company as a Radar Scientist.

We have two children, a son and a daughter. I stayed home with them until they were in their teens and then I managed a charter helicopter company at Van Nuys Airport, in California for 10 years.

Gary and I retired to make our home on a ranch, named "Wild Coyote Ranch", in the Tehachapi Mountains north of Los Angeles.- Angela Ross-Pearson



## **Janet Glasson R.N.**

### **Memories of my time as a civilian nurse in Vietnam October 1967- October 1968**

I was working in theatres at RPAH , Sydney at the time. A team from the hospital went to Vung Tau for a 3 month term. The letters from the members in Long Xuyen inspired me. I then read Susan Terry's book " The House of Love "based from her experiences in Long Xuyen. This totally convinced me that this was where I would like to go after completing my theatre courses.

Fortunately I saw advertising for a NSW surgical team being put together. I was overwhelmed by the number of applicants waiting for their interview.

There were quite a few on the interview panel, one being Dr. Ken Doust who was to be the proposed team leader. After the interview I only waited 2 weeks before I received a letter confirming my position with the team. We only had a few weeks to prepare for departure with inoculations , medical and dental check ups , passports , suitable clothing and uniforms.

There was mixed feelings from my parents. My 2 brothers Bob and Ian and sister Helen felt very proud of me but also had mixed feelings about what I was letting myself in for.

The flight over was extremely memorable ,mainly because we were flown Qantas business class. Dr Ken Doust, team leader, Howard Menzies, manager, Clive Bond, radiographer, Brenda Wilton, nurse leader and myself , Janet Glasson were flown out 3-4 days prior to the rest of the team. On arrival at Singapore airport I was amazed at the crowds of busy people who were all like me, mostly short in stature. Managed to do a bit of shopping and then had a delightful evening with Ken Doust who introduced me to Singapore Slings. The high humidity there proved to be a new experience.

On approaching the airport at Saigon in Vietnam , I was staggered to see it was such a busy place. Aircraft of all different types were there. Helicopters of all sorts including the big Chinooks. Planes like the Australian RAAF Caribou and big and small military aircraft for transporting men and machinery. Seeing so many people in uniform also had a bit of an impact on me.

After our introductions to the staff at Australia Aide House in Saigon we were then given a basic rundown about Vietnam and what we might expect during our tour of duty.

Shortly after our arrival in Saigon we were flown to our destination of Long Xuyen. This was to be our new home for the next 12 months. We were given cooks, cleaners and a driver so that all our energy could be with our work. I think we were all a bit overwhelmed and excited at what lay ahead of us. The countryside was so green and lush and tropical.

We were met by the previous team leader Dr Stanistreet (I think that was his name ) plus the unit manager and a nurse. Our new home was totally different to Saigon and as it proved to be a lovely quiet town populated with friendly and charming Vietnamese people. There were hardly any personnel in uniform , only a few Vietnamese policeman and American advisors. After a delicious meal we were shown the hospital , local markets , hairdressers and shops and

other points of interest eg. US Military Advisor Corp Vietnam (MACV) headquarters , US Navy Engineers (Sea Bees), plus naval advisors. I found the gracefulness of the Vietnamese girls enchanting but this was countered by the ever hurrying local rickshaws. The quality of the men's and women's clothing in the local shops also caught my eye. The humidity along with the pungent smell of " nuoc marn " pervaded the tropical heat. Elderly Vietnamese were seen to be squatting and chewing betel nut by the roadside with large pans of boiled rice and vegetables hoping for a sale to passers by. Our accommodation consisted of one bedroom comprised of 2 beds an ensuite and a dresser. The room had 2 doors , one leading to stairs and the other to an outside deck which we would use for our "siesta time" .

Unexpected animal visitors to our rooms were the local huge geckos, some 4-6 inches long. The Vietnamese told us that they would creep across the ceiling and would fall on us while we slept. We were shocked by this but after a while they reassured us that this would not happen.

Most evenings we would dress up and have impromptu parties. This was wonderful therapy after the day's work. Also if the Navy Sea Bee's or the MACV advisors were having a special occasion we would be invited and naturally we would don our finest gear and make a night of it.

On several occasions we became the special guests presiding over the opening of new bridges and the like in the local area. We also attended special dinners held by the Vietnamese doctors and their wives with our doctors being the V.I.P.'s . Thank goodness they were there as this meant, for some reason, we didn't have to eat some of the dishes that were served up, namely duck's blood and turtle . On the topic of food I seem to remember a special cake that was made by the locals - a Mooncake ! It appeared to be made with unbeaten eggs on the inside and when sliced the yolks of the eggs would represent the moon.

There was a local restaurant we frequented. Lovely cuisine ..... baked sparrows .. very nice really, you had to hold onto the beak to eat them. There would be chickens and dogs helping themselves to anything that fell onto the floor but then that was probably a usual occurrence in that eatery.

We loved the costumes worn by the local girls and so it was inevitable that we should all have one made plus matching shoes. I believe the Vietnamese name for the costume is ' Ao tu than ' which comes in 4 parts.

We were lucky enough to have a local hair dresser nearby which I frequented as often as I could. I would have a shampoo, hair set , comb up, my nails done and pedicure all for 1-2 dollars Australian. With regard to the pedicure , it was usual for the girl or "ba"( a married women) to sit on a little footstool sometimes with a baby at breast, and proceed to attend to my toe nails. If you asked for a neck rub they would do that too. While in the local town I always enjoyed going to the markets as they proved to be both colourful and lively.

When in Saigon we were able to shop at the American P.X. . As it was all duty free the purchase of french perfumes was a must as was the best of cigars for Dr. Welby Skinner.

Occasionally we received parcels from home which included cakes, boomerangs and jars of vegemite. I swapped a couple of boomerangs for an American light doona which I still possess as it comes in very handy plus a pair of pilot's kid gloves which unfortunately disappeared shortly thereafter from my room. Our families back home also sent us clothing which was much appreciated. On the more practical side when we requested bits and pieces from home we would ask for useful items which would help us in our daily work. Atraumatic sutures were one of our main requested items and sometimes we actually received some in the mail.

Gifts from home proved to be an attraction to some as one night Angela and I had some items go missing from our room. In one instance I had a kangaroo paw bottle opener and a boomerang disappear from our room. It was decided that a trap should be set to catch the culprit.

Angela and I moved into one of the men's rooms and Clive Bond (radiographer) moved into ours. One night he was awakened by hearing footsteps on the stairs outside the room. On opening the door he was alarmed at the size of the intruder and threw, what I think was a type of powder all over the person who was standing there. It turned out not to be an intruder but an American paediatrician Dr. Gabe Smilkskein. Apparently he had spoken to an ambulance driver outside our "Australia House" accommodation and was told that there were casualties in his ambulance at the hospital. Dr Smilkskein had just arrived at Long Xuyen and thought he had better let us know that there was work to be done. No one from the team had come to tell Clive of the American visitor and Dr. Smilkskein's reaction was to confirm his suspicion that the Australian's were indeed a weird mob !!! It would appear that Dr. Brian Kearney, a hospital doctor had been overwhelmed with a multitude of sick children. Most were suffering from dehydration, gastric worms, post Chinese medicine and these were but a few of the conditions with which he had to contend.

On our first day of work it was a bit of a reality check to see how primitive conditions were in the hospital and theatres even though I had read about it before leaving Australia. It had a huge impact when I saw it for the first time. However that day we were met by delightful Vietnamese staff which lessened the blow. They were all so pleased to have us there. So to make do, improvisation was the order of the day.

The wards were freshly scrubbed led by Brenda's leadership. The C.S.S.D. people had been tutored by prior surgical teams. The local theatre nurses were a great help as some could speak in broken English. We were also presented with a pair of thongs as footwear to work in much to our dismay. With interpreters we all managed to understand one another and any time we caught on to and understood what they were saying the theatre rang out with peels of laughter.

We soon got into the daily routine which ended in much chatter at the end of the day. All of us got to experience new things plus a whole new culture and everyone worked well together.

The Vietnamese staff would have a siesta break for 2 hours at lunch time. If time permitted we also would take this time off to rest before returning to the hospital. At about 4.30 pm the patient's families would arrive with bowls of soup, rice and other dishes. They would also bring hammocks etc. to set up for the evening to look after their sick family member. The

Vietnamese staff would leave about 5.00 pm. We would work on to finish whatever was booked for that day or if injured arrived we would just keep operating.

After a few weeks Dr. Doust requested all nurse team members do after hour calls for the theatre to make it fairer and even out the work load. Because we had cooks , cleaners and drivers we were able to concentrate all our energy on the work at hand.

While we were hard at work in the theatre Brenda, Angela and Lorraine were very busy scrubbing out the wards and tending to the needs of patients. At that point in time the hospital was over loaded with patients with sometimes there being 2 or 3 per bed. This was before the Tet Offensive commenced and we were kept busy with all sorts of general surgical problems. Bowel obstructions, deformities, huge goitres," spongectomies" and " wormsectomies" were amongst the most seen cases. During this time a few casualties would arrive also by rickshaw, bus or on foot. Some came from as far away as Cambodia.

The Vietnamese people never ceased to amaze me!. They were so grateful and uncomplaining. One never saw a crying child , the toys with which they played were simple like empty cans or even more primitive objects.

I also recollect that some days our routine cases would disappear sometime after surgery still with I.V. fluids lines in situ.

As mentioned before we performed many operations on patients with bowel obstructions mainly those from worms of all types that could be found listed in a medical handbook.

We worked with both Vietnamese nurses and doctors and I can remember one of the Vietnamese surgeons along with his nurses playing a huge joke on me. We were operating on a child with a bowel obstruction from worms. You could see the worms moving even before surgery. After the surgeon had removed 2 kidney dishes full of worms I was told by the surgeon that I had to count them . To my dismay the count got to 168 and there was still 1 full kidney dish to go. It was then I heard the chuckling from the Vietnamese team and I realised the joke was on me.

Another very vivid memory of working with the Vietnamese team was when the surgeon requested that the operating table be adjusted to a head down position. With that the lady patient slid down to the floor to my astonishment. What saved the lady from injury was her long hair tied in a bun. The Vietnamese nurses were amused to see the mortified look on my face as the patient came to rest on the floor.

Sometimes one of us would go with one of our doctor's for a clinic held in the town or to a refugee camp or another town, Chow Thanh. There is a photo of Dr. Gordon Hudson and myself leaving Chow Thanh after a Saturday clinic in October, 1967. Once again the Vietnamese people would welcome us with beaming smiles thus making our visits to the clinics very worthwhile.

I remember that the Vietnamese were intrigued with the hairs on the bare legs of the Australian men. They would try to pull them out!. At the time I had long red/ golden hair which they all wanted to touch.

Each month 2 or 3 of us would take off for 2 to 3 days. This time off was primarily to regain our sanity and it usually involved catching flights around the Delta . Other passengers on these flights were news reporters and military personnel. Howard Menzies would do all the organising for these trips and mainly we ended up in Vung Tau , Saigon or Bien Hoa.

I remember on one of the weekend getaways with Lorraine , our aircraft , a Caribou had a flat tyre at Duang. We had to wait on the airstrip for several hours because a new tyre had to be flown in from Saigon. One of our most adventurous flights occurred on take off when the plane came under heavy gun fire . This also happened to Lorraine and I when changing planes at Can Thou on another occasion. I can remember us both running across the tarmac when light arms fire could be heard going off close by.

A trip to Saigon on days off also contributed a vivid memory. It was with Dr. Welby Skinner (plastic surgeon ), Clive, Angela and myself when Welby decided that we should all visit a local bar. Angela wore a lovely rope necklace of pearls as we girls always got dressed up when outings were on offer. To our dismay , on entering the bar , the local Vietnamese girls made Angela and myself feel very unwelcome due to us having "round eyes" and being accompanied by European looking men. Angela had her pearls ripped off by these Vietnamese local girls but Welby , in some strange way, thought that this was amusing and shouted drinks for all in the bar. I think we left that place earlier than later.

It came to my attention that the Americans always did things in a grand manner. While on a weekend in Vung Tau we were invited to a picnic and flown there in a Chinook helicopter. It was a great day!! On other occasions we got to fly in helicopters of all different types and sizes. I was also able to sit in the cockpit of a F100 jet fighter ( only on the ground though ) and be in the cockpit of a Caribou while airborne.

The most impressive aircraft I got to fly in was a Dornier which was able to climb from take off in a near vertical position at a very fast rate. Howard Menzies did a wonderful job to liaise with the right people so that we could experience all these different types of aircraft plus see a bit more of the Vietnamese country side on our days off.

On evenings when we were not on call we would either visit MACV headquarters for drinks , go to a movie, write letters home, play cards or simply play music to which we could dance and enjoy each others company. When attending the MACV or a movie we could be a few minutes late in returning to quarters thereby being outside the curfew limit which happened regularly and having to explain ourselves to the local police whom would get very frustrated because we did not comply with their rules. Needless to say the next day an American colonel would be on our doorstep to see Dr Doust to ensure he gave us all a stern talking to about our short comings in respect of the curfews.

We once went to a party at a Naval Air Base and during that evening there was a tropical storm. As a result we had to wade home with all our bags and belongings above our heads. On arriving back at our rooms and after enjoying a lot of champagne, 2 of the doctors were worried that I might not wake up in a fit state the next morning. Dr. Hudson and Dr. Kearney then proceeded to sober me up by making me drink jugs of water. However while I was drinking the water both doctors were drinking scotch and discussing paediatric problem patients. The next morning I was in fine fettle and played a game of tennis with an American colonel while Brian and Gordon suffered hangovers under the oppressive tropical heat.

Another memorable event was being on an aircraft that was en route to Butterworth, Malaysia carrying fallen Australian soldiers. This was very upsetting for all on board as you could well imagine. Another sad memory was that of a young American pilot, whom we all knew, who died while delivering mail by plane. His plane hit power lines and from memory he left a wife and 2 small children.

Our Christmas at the hospital was unforgettable. We were all having a few quiet "aperitifs" before lunch when an ambulance arrived to let us know that they had wounded and more were on the way. Immediately we all got up and it was back to work. I can't remember how many victims we operated on that day but I do remember that none of us had time to eat very much before the ambulances arrived. I also remember talking to team members and declaring that it was a pity that the patients hadn't had time to have a pre-med but that was all right as all the team had!!!.

Getting back to our work at the Hospital, a plastic surgeon visited us for a 3 month period. During this time arrangements were made for a lot of the patients mentioned earlier, who had major deformities, to be seen while he was in Vietnam. Dr Welby Skinner, was this surgeon's name and he worked tirelessly to correct the most common complaint, mainly huge hare lip and cleft palates. Patients travelled from far and wide to be seen by this doctor as knowledge of his expertise had spread widely across South Vietnam. Vietnamese doctors in attendance while Dr Skinner operated on this type of patient I'm sure learnt a lot of valuable hints in how to deal with similar cases that they knew they would come up against in the future.

Another general surgeon, Dr John Fisher was also with us for some months. He too worked tirelessly in theatre and operated on a wide range of simple and complicated cases including many young female patients with very large goitres. He was a great help to Dr. Tran Thuoc Tho, who was a fairly young and keen local Vietnamese doctor.

Photographs below showing :-

1. The whole medical team
2. Doctors operating under torchlight—in Picture Dr Derek Berg, Dr Tran Tho,
3. Lois Nugent - walking to her quarters after a heavy shower of rain in the gardens of Australia House. The room pictured in the background was our dining room.





Blackouts at the hospital were a huge problem. I can remember one such case when we were removing a bullet lodged in a patient's and a blackout occurred . Unfortunately we lost this patient!. When the blackouts happened the theatres would quickly become hot and stuffy and very uncomfortable for us all . Needless to say the loss of sterility in our working environment due to our "sweating" was a great concern.

I remember assisting when 2 young Vietnamese ladies were de-scalped. Their long flowing black hair had been caught in the propellers of outboard motors while travelling on the Bassal River. When we operated on these girls they needed quite extensive surgery. When Angela was away on her R+R she bought wonderful wigs for these girls who were naturally delighted to receive them. Apparently de-scalping such as the above from outboard motors was not uncommon in the local area.

The safety of those at the Hospital was a concern to everyone especially the American military. As there was no military base nearby they insisted that all team members should be shown how to use a firearm . This included rifles , pistols and grenade launchers. So on Sunday's 1 or 2 American military personnel would arrive and take us out to teach us how to hold and fire these weapons. This was done if we were not on call or operating in theatre and included

lectures on the safe handling of firearms and of course the practical demonstration in the use of all different types of guns on the firing range. I include a photograph of myself and Ken Doust on the range firing weapons under the eagle eye of an American instructor ,” Sgt. Vick “.



**Dr Ken Doust and Janet Glasson on the range with Sargeant Vick**

After Tet broke out the local police were allowed to stay in their own homes to protect their families. Because of Tet we were all required to be on a guard roster system within our team.

This made our team very unique ! As a consequence we had an M16 rifle in our theatre for our protection and were on a 24 hour curfew for several months. This changed our lives dramatically. We were not allowed to walk to and from the Hospital to go to work but were driven there and back , always with the car windows tightly wound up.

Our life during this period was comprised of going to work and having a happy hour before dinner. No outings were permitted. We worked tirelessly during this time and I remember my longest shift spanning 32 hours. With the doctors flat out coping with the number of casualties with which they had to deal we helped out by debriding wounds prior to operation and the cleaning and suturing of smaller wounds where possible. Most of the patients we helped in this fashion were on stretchers on the floor in what was a makeshift emergency room. To fill in our time after dinner we would play cards , play I spy , listen to music to keep ourselves amused or write letters.

As the war continued we were all offered the chance to return home to Australia but we all declined. It was then decided that myself, Lorraine and Clive would travel to Bien Hoa where there was a large Australian military base and hospital. There was a civilian surgical team , like ours, working at this hospital . On our arrival at Bien Hoa we found it not to be as pleasant as

our home base at Long Xuyen. This was a very busy place! By its very nature and its closeness to the war the 3 of us never really felt that we were an integral part of the medical team who worked there as we did at Long Xuyen under the leadership of Ken Doust. It seemed that the special bond we had between our team members was somehow missing and the family type atmosphere we had known was also in short supply.

The doctors at this hospital were required to perform an amazing variety of major surgical procedures as the casualties just kept coming by the bus load or any other means of transport that was possible. Life at Bien Hoa was very hectic but we still managed to find time for a little entertainment by way of visits to an Officers Recreational bar called the "Green Door". The workload at Bien Hoa was so full on that I wished I was back at Long Xuyen.

I can remember my parents being very unhappy that I had moved so close to where the war was going on. Clive Bond left Bien Hoa prior to myself and Lorraine Bignall to return to Long Xuyen. Lorraine and I were very much happier when we did arrive back at our home base even though we were not afforded the protection of the military.

Our team at Long Xuyen was unique because of its isolation yet we could still hear the war and exploding bombs at night off in the distance. We relied heavily on one another. The respect and love we held for each other was a vital factor in helping all of us deal with the realities of working as a civilian in a war zone with all its associated death and trauma.

As a single person at the time I marvelled at the wonderful sacrifice and commitment made by our married doctors and army personnel during my stay at Long Xuyen. I was also surprised one day to be given the nickname of "Miss Sunshine" by an American Major, Bill Otte who had a dedicated wife and family back home in the States. Our presence in this area, I'm sure, gave the military a little bit of sanity amidst the terrible war. It was hard on us all, working as we did, but each day something would happen that would reward us and make our endeavours all the more worthwhile.

After 6 months Ken Doust left to return to Australia and Tom Calou became our team leader. He, like Ken, proved to be an excellent leader and for the next 6 months of our stay continued to enable the team to work in harmony and at the same time giving us all the feeling that our work there was important and special.

Towards the end of my 12 month stay I was able to take 2 weeks off. I flew to Hong Kong where I met up with my sister, Helen and we both stayed in lovely accommodation at the Repulse Bay Hotel. We had a delightful 3-4 days together. I was able to catch up with all the news from home as well as fit in some mandatory sight seeing.

I then flew to Japan for 10 days where I joined quite a few organised tours around the countryside. I found Japan to be very scenic, clean and culturally interesting. However after this 2 weeks of so-called "freedom" I had to return to Vietnam and after a warm welcome from the team, it was back to work.

In closing this chapter , I can say that by the end of my 12 month stay I had become very tired and had lots of mixed feelings on my departure. I so enjoyed working with our team and the Vietnamese people who we went there to help.

I left on the 4<sup>th</sup> October, 1968.

In recent years I have thoroughly enjoyed the moments when I have been able to catch up with fellow team members in a social setting and chat about our time in Vietnam. I would also like to thank Gary McKay and Elizabeth Stewart for the production of their book “With Healing Hands” which chronicles and epitomises everything the Australian civilian surgical teams did when they volunteered to help the people of South Vietnam.- *Janet Glasson.*



## **John Gordon Hudson Mb, BCh, DARCS&P.**

Long Xuyen, Vietnam October 1967 – April 1968

Ken Doust and I had always been good mates from when we first met in the Wollongong area, which was where myself, my wife plus two boys and a girl first settled in Australia in the year 1961. I was a qualified anaesthetist but initially I concentrated on general practice in order to feel my way and get to know the local medical fraternity and the surgeons in particular. I mostly worked with a well known and very competent doctor, by the name of Neville Powrie.

He had excellent skills, not only in general practice but also in surgery and obstetrics. What good training that was for the future medical life I was to have down the track in circumstances that I never dreamed of when I left the shores of the U.K.

From the start, strangely enough, I began to get anaesthetic work not so much from the specialists but from the general practices. That of course was a time when they were still doing quite a lot of their own smaller surgical jobs but at the same time several practices continued to do their own Caesarian operations as they had done for many years. However, most of the operators I think they felt more secure with an anaesthetist at the head of the table rather than one of their G.P colleagues and I think the G.P. anaesthetist felt quite relieved too.

It was through such a relationship that I came to know, our team leader, Ken Doust and it was through belief and trust in each other and the trust that later permeated throughout the team that made this Civil Aid undertaking, so successful.

It was a bit of a surprise when in September 1967 Ken Doust approached me to see if I would be interested in being the anaesthetist for a medical team that the Hospitals Commission of N.S.W. was proposing to send on a Civil Aid mission to South Vietnam. The team would be made up of highly qualified nursing sisters, a paediatrician, a surgeon, a pathology technician, a radiographer, an anaesthetist and not forgetting our administrator, Howard Menzies, who ably carried out his duties with care and good humour.

The first leg of the journey was to Singapore and then on to Saigon . On the appointed day I was very excited about having such an opportunity to be doing something beyond the usual and so challenging

When I boarded our Boeing 707 at Sydney there was a pleasant surprise awaiting me. There sitting by herself at a window seat was a beautiful young woman probably in her mid twenties and I thought I could be quite comfortable sitting beside her on the journey at least as far as Singapore but that was not to be for the air hostess had other ideas saying that the seats were already allocated and immediately escorted me to the other end of the plane. So much for a romantic start to an exotic destination. This young lady, Angela by name, did however turn out to be one our team and I did have the had the good fortune, many times to put our skills together, in caring for the many sick and injured Vietnamese who came to the hospital for medical or surgical attention.

In due course the 707 flew into Singapore and those who were part of our team made the most of the rest of the day a time to relax and intermittently eat some beautiful food. Then it was on to Saigon and the amazing Ton Son Nhut Airport which seemed absolutely filled to capacity

and where there didn't seem to be an inch on which an aircraft could move, yet the American war planes were taking off and landing every 10 seconds. It was at that time the most highly mobile airport in the world, We realized later when we had the opportunity of visiting American supply depots known as a P.X. that when America goes to war all their needs and comforts are accommodated if at all possible. I remember going to one of these depots in Can Tho and literally you could buy anything from the best clothing to the best recording equipment. Even Fisher loud speakers, which at that time were known to be the best available in the world.

So now it was off to Long Xuyen down south in the Mekong Delta where inferior roads, the waterways and walking were the only means the locals had to get around, People like ourselves did what travel we required, most often official or semi – official trips to Saigon In this case we could mostly get a lift when the Australian Army Caribou aircraft made its scheduled flights between Long Xuyen and Saigon.

As I said, short journeys around the district were managed mostly by walking, bicycle or scooter and there seemed to be thousands of scooters and bicycles in the Long Xuyen district. In fact we had a scooter allocated to the team and kept at the White House mainly for the short trips to the hospital, but also for recreational purposes when the hospital was quiet. There is a photograph somewhere with six hefty members of the team riding on it very successfully. It was still running sweetly when I left Long Xuyen.

The White House was our living quarters while the team was in Long Xuyen. It was built in the French Colonial days and was a beautiful Villa of two levels which accommodated us all very comfortably. It was completely surrounded by a beautifully kept garden and that in turn was enclosed by what appeared to be a formidable white concrete brick wall. This to some of the residents at least gave the appearance of increased security, but in fact it was very flimsy and in my opinion could have been pushed over with ease.

As far as security was concerned there were a few South Vietnamese soldiers that I believe were supposed to be around to give us protection, twenty-four hours a day. I think we all felt that if at any time we were threatened these guys would probably disappear at the sound of the first shot.

In view of these thoughts, we made our own arrangements about our own security. Indeed there were times when we were genuinely under threat as reported to us by American intelligence, But the real threat came with the advent of the Tet offensive. One particular night, intelligence had it, that we were going to be attacked by the V.C. at our villa or at the hospital.

We had all decided to gather at the White House because with the two floor structure it would be easier to defend than the ground floor area. As the day progressed and darkness fell we were particularly concerned about, not only ourselves but also some members of the Vietnamese nursing staff who were not accounted for, which included quite a number with whom we had established great friendships.

Where were they was the question? On discussion with Brian Kearney, he and I decided that it was most likely that they were probably lying low somewhere in the hospital area and so we decided that we would get in the International Scout and head to the hospital.

The journey was only about 500 metres but was probably the longest journey either Brian or I had taken in our lives for there was no knowing where the V.C. might be. However we arrived without incident, parked our vehicle at a suitable point and went looking for the missing friends but despite looking in every nook and cranny we were without any results. By now we felt we could delay no longer and had to return to the White House to assist with its' defence. The journey back to the White House was no less scary for it was now pitch dark and we had no idea what might have happened there in the meantime. Fortunately all was well.

On our return to the villa we found that all of our friends had somehow filtered back there, including someone we were particularly worried about called Ba sou. I think her many children were in the shelter of her friends near her home.

The White House was built in such a way, with a large stair case of concrete up to the first floor, this area could accommodate the many people we had taken responsibility for. There was a large veranda surrounding almost the entire building which gave us a good opportunity, from that level, to defend ourselves, as well, another advantage that we had was that the only way into the lower part of the house was through the hallway at the front and that was a very exposed and open hallway. From that height, we could lob down into the hallway the hand grenades we had been previously given by the Americans. We had accumulated many weapons should a situation such as that described, arise. All this preparation of course was organised without any training whatsoever. So maybe we were in more danger from ourselves than from the VC.

As it happened it was indeed a long and very tense night and fortunately, we had none of the V.C confrontation expected, probably because the VC were needed for some other more pressing operation. Fortunately we escaped the attention of the insurgents from the north and as far as I know we were never threatened again, certainly not in Long Xuyen.

One of the really sad things that we experienced time and again was the terrible injuries to the non-combatants in this war. This was partly explained because South Vietnam army personnel mostly had their children and families travelling with them and usually close by and inadvertently became casualties in skirmishes. So if one had to deal with the combatants who were injured, almost certainly there were casualties, often severe, amongst the families too. At any time of the day or night casualties might arrive as a result of an encounter with the enemy; maybe just one or two, maybe as many as 20. These patients were assessed on a bed or stretcher but if the injured were many perhaps the quickest and less traumatic way, to do the assessment on the floor.

Needless to say the seriously ill would be dealt with first whether that was surgery in the operating theatre or resuscitation in preparation for surgery. Many injuries needed only simple stitching and dressing. With the help of the Vietnamese staff and Vietnamese nurse anaesthetists, mostly everything ran remarkably smoothly for in this situation our visiting surgeon and their expertise was excellent as was our nursing staff. Of great assistance was the fact that because of the good training of the Vietnamese nursing staff and their anaesthetic capabilities we could run 2 operating theatres at the same time.

On many occasions I mainly acted as an anaesthetic supervisor. I was very grateful though, that I had talked with Dr Ross Holland, at Concord Hospital, in Sydney about the best way of

dealing with things in the LX hospital theatres regarding anaesthetic equipment, availability of anaesthetic gases and resuscitation etc. and I went off to Viet Nam in a more relaxed frame of mind.

We, in Long Xuen hospital were highly respected in the city and in the surrounding area, not only by the local people but I believe also by the Viet Cong, as they knew we would treat anyone who needed medical attention without any discrimination. During our period at LX hospital we knew that we had treated many Viet Cong. At LX we all worked hard but I must say that we had some wonderful times too.

From time to time we visited orphanages and checked on the health of the children and occasionally the health of the staff. We usually visited by being flown in by helicopter and that was always an exciting flight with young but very competent US pilots determined to give our members a thrill they were unlikely to forget.

Sometimes the pilots were particularly naughty by flying over the paddy fields and giving the farmers and fishermen a scare as they hedge hopped and boat hopped very low over the countryside, and the paddy fields. Despite the fact that the Americans were on the side of the South Vietnamese and the peasants knew that, the noise and low level flying was not appreciated. We often had remnants of tree branches caught in the skids of the helicopter.

At regular intervals we would have half day excursions up or down the huge and tortuous Basac River (a branch of the Mekong River) I went on one or two of these but never felt all that safe for the western side was known as a haven for the Viet Cong, whilst the eastern side was said to be quite safe. Fortunately, there were never any incidents and it was nice to be able to communicate with some of the local population.

These forays into the unknown, despite the possibility of danger were always, as I said, a nice change from the normal routine. However, let me not hesitate to say that following the beginning of the TET offensive at the end of January 1968 (Chinese New Year) the atmosphere in our peaceful Ang Giang province changed and that meant a cessation of any trips of the kind just described \_\_ as it was for Dave, our young American associated with the Peace Corps, was shot and killed at a place called Hue Duc. Executed – Viet Cong style, probably, because of his friendly association with the South Vietnamese. and non Viet Cong. Dave had been working amongst the farmers, teaching them farming methods for some three years. and had been working amongst them, as a volunteer for some three years, and taken on their style of living.

He had done what he had set out to do, for the betterment of the people for 3 years. I had seen him often in Long Xuen but unfortunately never had the chance to speak with him. All of us were very sad about his death.

Another pleasurable time in LX that came to an abrupt halt with the advent of the TET Offensive were the tennis matches we used to play on a very nice tennis court at the villa of the Provence Chief. He very generously gave the Australian staff of the hospital permission to go whenever we liked.

For a while we thought we were quite accomplished players until one day a couple of Americans who were also guests of the Provence Chief came to play, they must have been

professionals previously for they exhibited all the power and ability of top players. That exhibition depressed our spirits a bit but it wasn't long before the Viet Cong curtailed our activities and stopped our forays to the Chief's court.

The TET offensive came and went but the relaxed atmosphere that was present previously never really returned.

I remember being allocated the task of going out from LX to check on the drugs in a small clinic under the charge of a Vietnamese male nurse, a job that had to be done at regular intervals about 20\_ 30 kms from LX city. I had never been there before but it seemed a simple task.

I set out to this clinic with adequate instruction and had quite an enjoyable drive across country, using a four wheel drive International Scout, which looked a stout vehicle something like a Land Rover. It was from the US army.

I got to my destination, carried out my duties and then started out on the way home. All went well until I was about half way back when I saw, down the road ahead, a crowd of 20 or 30 people. I didn't know whether to stop and turn around or to proceed.

Anyhow the crowd seemed peaceful enough and I advanced with some trepidation for one never knew what tricks the VC might be up to. Nobody seemed to pay much attention to me and I took my place in a queue that was now forming at a small bridge over a stream, small but enough to stop a vehicle for there was a big wooden plank missing from the middle.

By the time I had taken enough courage in both hands and got out of the Scout I had a better view and still nobody taking much notice of the stranger, I was able to confirm that there was indeed a big cleft in the middle of the bridge but a few enterprising Vietnamese had found a branch of a tree, that, to a degree filled the gaping hole. The good thing was that the VC was not a part of all this. Without taking any more chances I hurried back to the vehicle, started it up and when the "new" plank was in place, got out of there like shot out of a gun and didn't take my foot off the boards until I was back in Long Xuen city.

It was not long after that 'scary' episode that I was struck down with hepatitis and was summarily shunted off to a field hospital in the middle of no where, to get some tests done and when the doctors came back they were very grave about my survival but in fact what had happened was they had made an error in calculating the tests and when they came back to me with the results, they were most apologetic, and a much better frame of mind because the tests showed that I was not as sick as they had thought. I slept well that night and much to my surprise in the morning I was greeted by an American General doing his morning rounds he was also very surprised to find an Australian ensconced in one of his beds.

I was flown by helicopter to Saigon where I stayed the night and then off to Saigon airport to catch a plane back to Australia, via Singapore.

All in all this was a wonderful and fulfilling experience and I am still excited about the friends who became part of my life.

*Gordon Hudson*



## **Beryl Nichols.**

### **Medical Technologist. October 1967- October 1968.**

I was in Grafton , had been for most of 1967 when my boss brought in an add he'd found in a local paper [I think?] asking if any Med. Tech. would be interested in joining a Surgical Team to work in South. Vietnam. I was interested, applied and the rest is history. I knew very little about the situation there but I was appointed after all the preliminaries still knowing very little of what was to come. Not a problem -all will be revealed in time, so off I went. I don't recall meeting many of the other members of the Team.

The trip over was most enjoyable- the dinner at Singapore was a real treat. Flying over Vietnam we were introduced to the war scene; there were a lot of bomb craters evident on the flat area we overflew- then on to Tan Son Nhut airport. The airport was very busy planes all sizes and shapes, soldiers being moved from one area to another various officials milling about looking officious and noise! We were taken to the Customs area to officially enter the country. It was slow, so one of our Doctors told us to just open our passports and walk through; this created mayhem and we were rescued by the previous Administrator who took all our documents back to the officials. We were allowed to stay in the Country. I think we might have stayed in Saigon [don't remember this well.] and then flew down to Long Xuyen Our accommodation here was great, a beautiful house and the staff we found very good.

Next was our introduction to the hospital! Not exactly awe inspiring, in fact I was probably the least horrified at what I saw. The Lab. was in the front of the hospital, a large airy room with a lot of benches and a second room which was shared with the Blood Bank. This room had running water-most of the time!



The staff consisted of 2 people –not involved with us-who were involved in malaria distribution in the people; the laboratory itself had 2 Vietnamese trained technologists, the nurse who ran the Blood Bank and a general cleaning girl. Do Thi Cam and Mr Quan were the 2 technologists I worked with, but neither of these were there for the full year. Quan was conscripted into the South Vietnamese army when he reached the enlisting age. Cam came to Aussie, went to the St Vincent's Hospital, Melbourne for a year initially but her time was extended to 18 months. I

found out her trip was organised through SEATO- just as ours had been and all other Aussies – Armed Forces also. I saw a bit of Cam when she was here. I was living and working in Cairns at the time.



I never did see Quan again- he'd told me he expected to be killed

Considering the situations I was quite well equipped in the Lab. The equipment was brought from Aussie by the first team. There was an EEL Flame Photometer to determine electrolytes. There was a patient with typhoid perforation of the bowel. The Docs could do nothing for him but said he would at least die in electrolyte balance. Unfortunately this didn't happen – the machine broke down. I had not known at this time that Dr Santamaria had previously been in Long Xuyen; he would have been able to get me a replacement galvanometer spring. I didn't realise this at the time and could only have got that from Aussie. – English equipment! I was probably still a bit in awe of everything at that stage. The colorimeter in the

other room fortunately did not present any of these difficulties. I did contact the Sydney Red Cross in regard to getting a Standard blood sample so I could Standardise the Haemoglobin method- had to recalibrate the machine every month or two.

Most other biochem. tests were done using kit tests-no calibration of machines were necessary. I did have a problem with no distilled water, tap water was far from crystal clear. A Seabee Team lived immediately opposite where I was working, it became mandatory for me to have morning tea with them every day. They were nice guys – I had to have 2 cookies

and a drink of cordial every day. The aim was for me to put on weight and when I reached the required weight one of them was going to marry me! Don't know what his wife would have said!!



I decided I had to get my own Still so I asked if they could make a metal coil for me so I could

connect 2 cleaned used bottles , I had a kerosene stove which I could use to boil water, used a wet cloth to condense steam in the coil and collected the water in the other clean bottle. It worked but did not impress any of the Vietnamese! They did not stay around. When I was about to leave a beautiful glass distilling apparatus was delivered to my room. It was not of much use as we didn't have running water all day. The water was turned off about the time I started work and on again when I finished- my still saved the day.

The only part of microbiology that I could do was micro urines and staining. It was impossible to store prepared media. There was only one refrigerator in my area and that was used to keep blood for transfusions at about the required temperature as well as any of the blood bank nurses other requirements. I must say that I was rather horrified when I saw how he grouped and xmatched blood. He mixed the patients red cells with the ABO



typing sera , mixed them on a glass slide covered them and let them stand at room temp. for 5-10 mins. and then looked for the agglutination pattern.

They did not do rhesus typing which initially horrified me. Fortunately I came to my senses when I realised there were no rh-negative amongst the Vietnamese. Cross matching was done very similarly, but here the patients serum was used and mixed with the donors cells, again being left at room temperature for about the same length of time, and again examined for agglutination. If all OK the blood was given to the patient. There was very little blood available for transfusion as the people could not understand the donation concept. If a relative donated a

unit then one already in the fridge-if there was one - was used. However the only other alternative was to get someone else to sell a unit of their blood for 60piastes [?600] , a meal and a bottle of iron pills.

I did have one other foray into micro. An American medic came to the Lab. one day and asked if I could help them with personnel who had a discharge. I explained that I could not culture organisms but I could stain and examine to see what organisms were present.

This was as diagnostic as I could be but I was sure it would provide the answer required. I had a reasonably steady roll-up of patients and had no problems with diagnosis- GC



We did have transport available. We were provided with a left-hand drive Holden station wagon with driver-Paul.

He spoke French and Vietnamese. We spoke English. Marvelous what sign language can accomplish! We also had a Lambretta and 2 Jeeps[?]. We were not allowed to leave Long Xuyen by road unless we were part of a military convoy. We could travel by air, there was the Carabou mail run 3 times a week which ended up in Tan Son Nhut.

Other planes touched down in Long Xuyen during the day. An airstrip at Can Tho could usually result in another plane going to Saigon. I did go to Can Tho in a convoy, Clive Bond drove. Everything was fine but on the way back we almost ended up in a ditch. I don't think I stopped talking until we got home!! (*I fell asleep at the wheel-editor*)

Usually in the evening we'd sit around the bar, talk, have a few drinks and generally unwind.

There were always letters to write, if we wanted to hear from home we had to write. We used to get visitors- being the only round-eyed females in the Delta meant we were very popular. We also used to go to MACV and join in the entertainment- the American boys could really dance, it was a joy to watch them. At home we had a tape- player and we had a tape of the original Seekers. The only problem was that there were 2 different size reels. I always seemed to have the tape ending up on the floor- just as well I was used to unravelling Dad's fishing lines. Kept me occupied and it was something vaguely familiar from home. We played tennis, there was a swimming pool and we had numerous visitors.

We also went on a trip to an orphanage by boat. The journey was interesting following various canals we were well protected and looked after. The orphanage was full of young children many with quite severe abnormalities. If they were going to be too difficult to care for after birth they were placed under a tree and left often being found by an elderly lady, who took them to an orphanage and she was paid a small amount for 'rescuing' them.

Our staff performed Medical Examinations on the children. We had intended going back again but the major Tet Offensive in 1968 occurred leaving the country very unstable. We were under

curfew. Long Xuyen was not attacked we were told the next day and we all had to stay together for security.

I will always remember the first helicopter ride we had in a Huey. Took off nicely, the side gunners busy reading comics as we skimmed across the rice paddy. No life to be seen one largish tree appeared as a man stood up on a small boat we swerved into the edge of the tree acquiring a few small branches. I'm not sure who got the biggest surprise the man, us or the crew! We were on our way to visit a small village up-river and it was an enjoyable day.

After the Tet Offensive it was deemed too dangerous for all of our Team to remain in Long Xuyen. We did not have any Australian protection and if this type of attack occurred again we could not be evacuated, so it was decided that only one chopper load of team members would remain. I was sent to Vung Tau to work with the team there. They had a nice house overlooking a beach- we were able to swim here as well as in the swimming pool which was part of the house. We generally had a bbq in the evening so had guests for the meal. Here we had Australians as well as Americans so it was a different mix of people and interests. We were even able to go to one of the concerts.

I was taken on various trips around the district and remember seeing Baria which was quite unsafe. It was all lovely country.

I was working in the laboratory at Le Loi Hospital and the laboratory was quite small. In fact there was only one table and chair. I did get a very pleasant surprise, the lab. technologist was a friend of mine and a very good haematologist; just as well as he had no equipment to do anything else, in fact he did Hb by the old [even then] Sahli method. When I was with him he had to sit on the rubbish-bin there was only one chair in the room! And he had a lot of microscopy to do. As we had no electronic equipment we were lucky to be able to get some Biochem. done at the US Forces Lab. LeLoi was not supplied with any kit tests so could not perform any of these tests we here consider essential.

Whilst I was at Vung Tau I took my R&R at Long Xuyen we were joined by a US Paediatrician who had been here briefly with other teams. He told us about a place in Cambodia, Angkor Watt. Showing my ignorance I and 2 other girls decided to go there, never having been to Cambodia it sounded fascinating. Lorraine Bignall and I went to Hong Kong first and met Marita a day or 2 later. We were fascinated with a water crossing- they had to pay a certain price for elephants. We arrived at Seim Reip, it was hot but fascinating. The temple ruins of the Khmer people and the main temple were something I had never seen before.

The trip back to PP was interesting. We are rather wider than the Cambodians so when we caught the taxi we paid for 4 seats that was the whole seat. On the way down with cab full he wanted to pick up another passenger- there were only 3 in our row. We said no we'd paid for it - fortunately the locals agreed with us, another person would not have fitted.

I have remembered actually an incident from when I was in Vung Tau. When I went to work one morning I forgot to put my watch on, actually I'd left it on my bed. No worry I could get it when I returned home, I had locked my door so it would still be there. It wasn't! Reported it to the administrator because it was quite a loss. I had to have a watch with a large easy readable

face and most importantly a second hand- there were no timing clocks in the lab. Word spread and others thought they should check some of their belongings- one person had lost a diamond ring he'd put in a drawer; another a writing set she'd been given; all small costly and personal items. He reported all of this to the local police, I had to go with him to the Police complex to formerly complain. As we were crossing the outside of the complex, I heard an Aussie voice call out "Ow yer goin' mate", looked around and couldn't see anyone so kept going. The voice called out again, still couldn't see anyone! My companion laughed – it was a Vietnamese some of our compatriots had taught a few Aussieisms to 'impress' any high visitors- it sure caught me out! After our duty of the day we returned home.

Investigations revealed that one of the maids husband had recently purchased a new Lambretta plus other very useful items. The whole family were restrained in a complex for around 3 months when we were asked what punishment we wanted inflicted on them. We were shocked and said to impress on them that we were not affluent even though we had so much more than they did. We felt they had been punished enough.

The Vietnamese had so little they must have envied us. I am sure that now with the war long ended and life more settled they themselves are aware of the difficulties the war caused them. Hopefully they are more at peace within themselves.

I can't remember how long I stayed in Vung Tau but in due course I returned to my team. Vung Tau was OK but it was nice to get back to my own team. I remember later Angela and I both got sick. I stayed in bed 3 days was bored so went back to work Angela took a couple of weeks off. She got better and I didn't. Not sure if it was this time or later but I developed night rigors and high temps also lost my appetite. I came home a little before others had a spell at Saint Vincent's hospital but they could find nothing wrong. My weight was 6 stone- I'd lost a couple of stone in the year.

There were so many other things happen can't remember any more. On the whole, I had a very good time, learned a great deal enjoyed the experiences. I know that I learned a great deal about the Vietnamese and their country.

My name in Vietnam was Beryl Nichols. I married and became McLachlan. My husband died 1994.

## **John Fisher, Surgeon.**

### **Long Xuyen, January 1968 to July 1968**

Almost all of the team to Long Xuyen were contracted for 12 months and had been there for three months when I began my six months in Vietnam. They had settled in and were comfortable with each other, and consisted of high quality nurses and doctors, really of the highest quality.

I was settling in after a few weeks when the Tet offensive occurred. This was a difficult time for all of us and was followed by an increase in surgical cases until I left Vietnam.

During my time there I became friendly with one of the Vietnamese surgeons, Tran Thuoc Tho, who had spent nine years in their army and had been out for just two years. I started to do cases with him and in total assisted him in over 100 major cases.

One day, very distressed, he walked me around the hospital grounds hand in hand, the Oriental way, and told me his wife was very ill and that he was probably due for call up to the army again. I asked him if would he like me to see her, (we never visited their homes). He said yes. At their home I found his wife was having hysterical fits, because of the possibility of her husband's further army service. The treatment of this is for patients to 're-breathe' their air, by covering their head. I couldn't suggest this without vast offence, so I suggested very heavy sedation.

After this, Madam Tho would bring her five children to our quarters, and unaccompanied, they would sing to me on Sundays.

I found the gratitude of the Vietnamese people most moving. They would travel one or two provinces away to give me a mango, which my fellow Australians insisted had to be shared. When I was leaving, I told Dr Tho to keep in contact as I didn't think his side would win the war. In 1975, I had two letters from him, terrible letters that he had been marked to be killed. Malcolm Fraser was our local representative and I obtained one of only five permits to come to Australia, for Dr Tho and his family. Unfortunately, he had travelled to Saigon and missed my letter.

Years later, at a surgical meeting, I asked a Vietnamese doctor if he knew Dr Tho, and he told me he was alive and in Paris. He also said that he (Dr Tho) had had a very hard time in prison, cleaning toilets and being physically abused until Vietnam invaded Cambodia and he was reinstated as a surgeon in the army. I managed to contact him and on a holiday to Europe with my wife and two daughters, I spent time with Dr Tho and his family. It was truly, truly wonderful.

So, my six months in Vietnam when the war greatly increased, is coloured by memories of the fine Australians I worked with and my regard for the Vietnamese people and how they managed the horrors of war.



Dr Tran Thuoc Tho and Dr Ken Doust



John Fisher 1968

## **Janice Rayner Mills RN MC DNE BA MHSc**

### **The first year of the Long Xuyen School of Nursing- a Year of Challenges September 1967 to September 1968**

In July 1967, I was employed as a young Nurse Educator in the School of Nursing at Melbourne's Prince Henry's Hospital in when I was approached one afternoon by the then Principal of the School of Nursing, Robyn Holmwood seeking my interest in going to South Vietnam as the first Nurse Education Advisor. The Australian Government, as part of a SEATO response, had based a series of Civilian Surgical Teams since 1964. At the time, Victoria was represented by Melbourne's Prince Henry's Hospital Civilian Surgical Team based in Long Xuyen, The Prince Henry's Hospital team was due to return to Australia about 6 weeks after the proposed commencement of the year long appointment as the first nurse educator advisor position to the planned School of Nursing was to begin.

The explanation about the role included the fact that the response was required the following morning and had to be kept totally confidential as Federal Parliament was not due to discuss the proposal of sending a Nurse Educator until later until later that night. The request for total confidentiality presented a challenge to me, firstly my parents were a long way from Melbourne in Northern New South Wales on the family property...

Secondly, I recognised that the role would be unique and would be a fantastic professional opportunity but would also create great difficulties for me personally.. My cousin and her husband, with whom I spent a lot of time and were literally my family in Melbourne, were well known academics and with other academic friends; were all significant figures in the very active anti-Vietnam movement in Melbourne at the time. In the end, the opportunity of assisting to help establish a new school of nursing in another country was too great a challenge to miss even though it did make me feel somewhat disloyal to my cousin who had very strong feeling against Australia's involvement. .

My parents were more concerned about my going into a war zone and the inherent danger. My mother was the youngest member of a large family from the Darling Downs in Queensland, one of her older sisters served as an Army Nursing Sister in the Middle East during World War 1. My father also lost his eldest brother at the landing of Australian troops at Gallipoli.

On reflection, although I was clearly aware of the anti-Vietnam controversy in Melbourne at the time, a factor heightened by President Lyndon Johnson's visit to Melbourne earlier in the year and media interest. My knowledge of Vietnam and the country's history was limited at the time and, I suspect, I was not alone as a health professional embarking on a tour of duty particularly as a member of a civilian surgical team to a war torn country in that lack of knowledge.

Taking on a unique position as the first Australian Nurse Educator, unlike other civilian surgical team members, I was to travel to Vietnam alone to join a Victorian surgical team which was due to complete their tour of duty and would be replaced by a new team from NSW. Fortunately for me, I was welcomed by the Victorian team and later by the NSW team, despite

the fact that the Team Leader of the NSW Team had no idea that an Australian Nurse Educator existed prior to his arrival in Long Xuyen.

In terms of preparation to undertake the role in Vietnam, certainly there was no advice on development of language or customs of the Vietnamese people. Other than being assured that interpreters would be available and that the Vietnamese language was tonal and difficult to learn, it literally was “flying by the seat of our pants” much of the time! We did have interpreters – sometimes - and sometimes this proved problematic! The designated interpreter for the school was a delightful young girl who had attended high school in America for a year and had her own version of American teenage language coupled with Vietnamese teen speak..

The only clinical preparation I received was to spend a couple of brief visits to the Eye and Ear Hospital in Melbourne and the Royal Hospital for Women. A couple of brief meetings with people who had been previous team members in Vietnam and also key senior members from the Victorian Department of Health was useful but limited. The information from former team members was most useful especially from (now Professor) Jenny James who I remembered from my early training days at The Prince Henry Hospital in Sydney. A most valuable resource was also Susan Terry’s book “House of Love” which I gave later to my parents on my departure to Vietnam. Susan was a member of the first civilian surgical team to go to Long Xuyen from the Royal Melbourne Hospital in 1964.

I remember the last weeks before departure in September 1967 being extremely hectic. There were passports, vaccinations, X-rays and medical examinations, clothes including uniforms from natural fabrics suited for tropical countries.

For myself as events later proved, making a few days available to spend a few days leave visiting my parents in Northern New South Wales was very memorable prior to one of the most challenging years of my life. Unfortunately, it was to be the last time I saw my mother. My mother suffered an unexpected fatal cardiac arrest whilst visiting relatives on the Darling Downs in Queensland the following April during my year long tour of duty at Long Xuyen.

The day I departed for Vietnam was exciting but also a few anxious feelings, here was I as a solo traveller embarking on my first trip overseas. The first stop was Jakarta in Indonesia, and I recall the first blast of hot tropical air coming in the door of the Boeing 707, especially after a freezing Melbourne winter. The first overnight stop was Singapore where I was met by a representative of the Australian High Commission in Singapore before leaving the following morning on a Pan American Airlines flight to Saigon.

On arrival at the very hectic Tan Son Nhat airport in Saigon with military and civilian aircraft and military personnel everywhere, the streets chaotic with traffic, buildings heavily sandbagged and protected by bunkers and guards. At the airport I was met by Richard Papworth, the Administrative Officer, for the Prince Henry’s Hospital members of the Australian Surgical team at Long Xuyen. This was definitely a whole new world. .

The Australian Government had a house in a suburban area of Saigon where Australian civilian medical team and other Australians stayed when in Saigon. I also visited two hospitals in Saigon including the children’s hospital where a British paediatric team was based and met with nurse education representatives of the South Vietnamese Ministry of Health

My first few days included a very limited orientation to the country including a visit to the Australian Surgical team at Bien Hoa, the first hospital I visited where an Australian team was working. The conditions at the very busy Bien Hoa Hospital for the civilian team were very poor and a reality check for the next twelve months. The reality of the state of health facilities in Vietnam compared to the Australian teaching hospitals that I was so familiar with and the run down standard of health facilities in Vietnam was one of shock – despite having been warned by previous team members.

Most hospital facilities in Vietnam had been built by the French between 1925 and 1935 and had no surgical facilities of any worth (Brave Women Home Page). Walls and clinical areas of most hospitals were grimy and in dire need of replacement. Beds generally were shared by more than one patient with relatives carrying out most care, the relative generally sleeping either in a hammock or on a mat near the patient's bed. Patients beds were frequently without bed linen. At Long Xuyen, bed linen often appeared when VIP's were due to visit and was quickly whipped off the bed and placed in a cupboard at the conclusion of the VIP's visit. Patient's mainly rice diet was often cooked in makeshift stoves on the hospital verandas or alcoves.

During the visit to Bien Hoa, we were also taken to an immense American Air Force Base nearby where the Commander gave a presentation on war tactics including a discussion about napalm. I remember being stunned when he stated that we were entering "the theatre of War!" –a somewhat bizarre description to a person with no previous military experience..

The first stage of the flight from Saigon to Long Xuyen was broken by a lengthy wait on the tarmac at Can Tho Airport, the major American military base in the Delta. Surrounded by luggage, mail packages and medical stores for the Long Xuyen Hospital at Can Tho airport awaiting transport to Long Xuyen The team Administrators for Long Xuyen, used such excursions to Saigon to meet team members to obtain medical stores and other essentials such as organising travel documents. The arrival at the dusty Long Xuyen airport in the small Air America plane was to be the first of many such flights in Vietnam. Travel for team members was either by the RAAF Caribou "work horse" on the "milk run" around the Delta conveying urgent supplies and mail or by Air America small planes or by American or Australian Army choppers in preference to hazardous road trips..

Welcomed by members of the Prince Henry Hospital nurses and doctors, I was made to feel at home. The Prince Henry's team was in the final six weeks of their tour of duty in Vietnam when I arrived. Accommodation was in Australia House or "big house" or "white house", a very elegant but somewhat run down French Colonial built mansion with a colourful history and leased to the Australian Government by the Vietnamese owners who lived in a smaller house in the grounds to the rear of the main house. The house was occupied and used as one of the main headquarters in the Mekong Delta by the Japanese military during World War II. Evidence of the attempt made by the Japanese army to burn the house down still existed on the lovely old tiled floors.

Introduction to the hospital at Long Xuyen was less of a shock after the visit to Bien Hoa hospital, perhaps by then I was expecting the worst. The hospital was more spread out than some I had seen but condition of clinical areas and the operating theatre suite was similar to

others. The long awaited maternity unit under construction hardly progressed during my year long tour of duty.



**Janice Rayner**

I was also to meet my US Aid colleague and counterpart at the planned Long Xuyen School of Nursing. Lois Nugent was an experienced nurse educator from the University of Colorado in Denver and also a recent arrival in Long Xuyen. US Aid had a small number of nurses working as Nurse Advisors in South Vietnam to establish several schools of nursing in 1967. Lois and I also developed close working links with Maree Smith, the Nurse Advisor at the Can Tho School of Nursing

My arrival in Long Xuyen coincided with the wet season with heavy downpours occurring regularly each day at a similar time causing flooding around the house where the team resided and in the hospital grounds. Lois lived in a trailer in the grounds of the Australian Team House and regularly had to paddle to and from her trailer each day for meals or to join the Team for any evening social activity.. Amazingly the water seemed to disappear after a few hours – only to reappear after the next downpour the following day. Needless to say, the heat and humidity were unbelievable. My own room was a small room on the first floor and overlooked the street and part of somewhat neglected tropical garden and opened on to a closed in veranda where the Vietnamese house girls completed the daily ironing for team members.

At the time, Long Xuyen was a town of thirty thousand people situated on the Barsac River in An Giang Province in the Mekong Delta south west of Saigon and approximately sixty kilometres from the Cambodian border. An Giang Province, was estimated to have had a total population of 450,000 is one of the richest agricultural areas in the whole of South Vietnam. The population in An Giang Province and neighbouring Chau Duc, in the majority remain faithful to the Hoa Hoa sect, a very powerful breakaway form of Buddhism which was established in 1939. The Hoa Hoa had a history of fighting the South Vietnamese Government along side the Viet Minh, later termed the Viet Cong, the relationship turned sour when the Viet Cong assassinated the founder of the Hoa Hoa religion. Despite this fact, claims were often made that members of the Viet Cong frequented the Long Xuyen local community.

Long Xuyen, prior to the Tet offensive, largely bore limited resemblance to many other areas due to the lack of military visibility. Few military incidents occurred in the province during the first few months of my term in Long Xuyen although buildings, including the hospital and the house where we lived, frequently shook from tremors caused by bombs being dropped from the huge B52 bombers across the river in neighbouring provinces.

The extraordinary difference between An Giang Province and surrounding provinces was that there was less military activity despite the fact, or perhaps because of, Long Xuyen had a South Vietnamese Army Division Base and an associated military hospital in the town as well as the civilian hospital where the Australian civilian surgical team worked. Both hospitals continually received extensive admissions of patients suffering all sorts of war trauma with the civilian hospital receiving many civilians and some injured military persons suffering war trauma as well as road trauma and mine and other war related injuries. War injury related admissions increased dramatically during and following the Tet offensive. Many war casualties were admitted to Long Xuyen hospital from other provinces surrounding An Giang Province requiring surgical intervention by the Australian Surgical Team. The Australian Surgical Team workload increased substantially following the commencement of the Tet offensive in February 1968.

Medical admissions continued plus other serious obstetric emergencies requiring urgent treatment. Communicable diseases such as typhoid fever, cholera and tuberculosis and other gastro type diseases were not uncommon. In particular, children succumbing to malnourishment disorders including kwashiorkor and gastroenteritis type infections. The high number of patients with bowel obstructions due to Ascaris (a parasitic worm which frequently perforates the human intestine). Congenital conditions such as Hare lip and cleft palate saw the Team Plastic Surgeon frequently conducting repairs in children and adults. Labouring women arriving via basic transport such as Cyclo's from hamlet and villages midwifery clinics in dire obstetric emergency situations including conditions rare in Australia such as ruptured uterus.

The Long Xuyen School of Nursing officially opened on the 16<sup>th</sup> November 1967, just two months after Lois Nugent, the American Nurse Advisor and I commenced our roles as Nurse Education Advisors. It was the seventh school of nursing to be opened in Vietnam although the school in Hue was to be destroyed during the Tet offensive in February 1968 and had to be rebuilt. The schools were well supplied by US Aid equipment although not always suitable for the Vietnamese hospital teaching environment including medical slides which did not fit the supplied projector. Often strong arguments had to be made with Vietnamese teaching staff to

place the supplied clinical equipment where it would be of most direct use for patient care including theatre instruments and a theatre table transferred into the Hospital Operating theatre suite to be used by the Australian Surgical Team and Vietnamese doctors.

The school at Long Xuyen opened with a class of fifty students who were selected for the assistant nurse training course following a very competitive entrance examination by two hundred and fifty applicants from all over the Mekong Delta Region.

An anecdote of the entrance examination was the attempt by various family members and boyfriends to try to provide unauthorised examination assistance by attempting to pass answers to candidates through building windows. Twenty seven of the selected fifty students lived on campus for the length of their nursing course in the dormitory adjacent to the School of Nursing at the Long Xuyen Hospital. The remainder lived at home with their family in Long Xuyen. The students did not receive a salary during their training but were dependent upon their parents.

The program was under the auspices of the Ministry of Health of South Vietnam . however, due to inadequate numbers of doctors and three year Baccalaureate nurse program graduates, assistant nurses were expected to deliver much higher levels of clinical care than would normally be expected.. Despite the obvious inadequacies, the assistant nurse training formed the back bone of nursing in South Vietnam with shortages of medical personnel due to the effects of war. At the time only two three year Baccalaureate nurse programs existed, the second program unfortunately was to be destroyed in Hue during the Tet offensive in early 1968.

In Long Xuyen, the Nurse Teachers and other Vietnamese had spoken about the traditional holiday celebrations of their Oriental New Year. The school had closed for a week for the traditional Tet celebrations and the American Nurse Education , Lois Nugent, and I had taken a rare opportunity to have a few days holiday visiting the Vung Tau Australian Surgical Team .

A few hours after we arrived in Vung Tau, Lois and I had been invited by the Commander of the US Navy Seabees to dinner. The dinner came to an abrupt end when a radio message came through announcing an offensive had started which became the start of the Tet Offensive, naval members disappearing then reappearing dressed in black pyjama type uniforms, their faces blackened as they raced out on their Vietnamese patrol boats. Later we heard that the military was aware of a build up in movement of Viet Cong troops across South Vietnam..

The Commander drove Lois and I in a jeep minus lights and racing at speed through the deserted streets of Vung Tau, with an armed guard riding shotgun in the back of the vehicle, back to the Hotel where the Surgical Team was staying, Initially, we were able to assist the Surgical Team at Vung Tau Hospital. Concern for the both the Team's welfare, and also Lois and I, led to an order for us to be re-located to the Australian Army camp where 8<sup>th</sup> Field Ambulance was based. Lois, as an American citizen decided to return to Long Xuyen and hopped on an American Army plane for Can Tho where she then spent 6 hours sheltering under a truck whilst the airport town was under attack from mortar fire before being able to return to Long Xuyen two days later.

I spent 3 weeks in Vung Tau before being able to return to Long Xuyen, The members of the Vung Tau Australian Surgical Team and I were evacuated to the Australian Army base near the Vung Tau Beach where we spent about ten days accommodated with the Army medical and nursing staff of the 8<sup>th</sup> Field Ambulance Military Hospital sleeping in the nurses tents, and helping out where we could. The Army Medical team was extremely busy with medivac choppers returning continually with seriously wounded or deceased soldiers. The Australian Surgical Team and I all worked very hard during this time. Even my experience working in busy city Emergency Departments in major Australian hospitals had not prepared me for that. Even years later, I find it difficult to watch the TV series M.A.S.H or similar shows.

When it was considered safe enough for the Australian Surgical Team to return to the Vung Tau Civilian Hospital, I accompanied the Team and we were extremely busy with wounded Vietnamese continually arriving by the dozen. Baria, a small town between Vung Tau and Nui Dat where the Australian Army was based, had been overrun by the Viet Cong and the Viet Cong has attacked the hospital as well as town. I met members of the Korean Surgical Team who had been based in Baria when they arrived in Vung Tau, after they had been rescued by Australian Army tank from their hideout under the rafters of the hospital. Patients from the hospital and injured members of the Baria community rescued were also arriving. The "dust off" choppers came in loaded with casualties – as well as every other conceivable mode of transport from ambulances to Cyclo's. Everyone was treated, regardless as to whether they were Vietnamese (Army), civilian and even a few Viet Cong were treated. I remember one thirteen year old Viet Cong with a shattered leg treated and later taken away. The involvement of young children in war activities is something abhorrent!

I worked at the Vung Tau hospital with the Australian Surgical Team for a short time before security considered it safe for me to travel on the regular RAAF Caribou to Long Xuyen. Fortunately I was able to take much needed supplies from Vung Tau as supplies normally transported by armed convoy from Can Tho and due to the risks of attack and dangerous mines on the road, this mode of transport was abandoned for some time. At this stage Long Xuyen had even exhausted fuel supplies.

The Tet Offensive had severely affected the normal operation of the School of Nursing as well as seriously adding to the workload of the Australian Civilian Surgical Team in Long Xuyen – all under very difficult circumstances with limited supplies. The Team were totally house bound for nearly a month and now subjected to 6pm curfews previously unheard of as security wise, Long Xuyen had been considered safe. The Australian Surgical Team was only allowed to have a maximum of eight team members in town at the one time. Other team members were sent to work at Bien Hoa or Vung Tau. The reason given was that if the team had to be evacuated under emergency situations it would be by helicopter from one wing of the Australia House. We were also told that if the situation deteriorated Australian troops would be sent to Long Xuyen. Fortunately that did not eventuate. The strictness of the curfew certainly had further impact on the limited social activities relieved only by a couple of afternoon parties.

When the nursing school was eventually able to reopen, only four of the fifty students were present, they gradually returned later. The nursing school class room on the first floor of the hospital administration building at the front of the hospital was heavily guarded by armed Vietnamese troops. Guns were everywhere, even grenades hung from door knobs in the

nurses class room and machine guns propped against the wall of the class room along side the black board. In the hospital theatre, machine guns were even propped against the wall in case of emergencies.



The student nurses underwent many difficulties during the first year of operation. One such problem occurred after the Tet offensive early in 1968 when eight of the students lost their



homes and all their belongings during the war activities which occurred throughout the Mekong Delta. These nurses were only able to continue their training through the generosity of the Australian Government, the US Navy and an anonymous group of Australians. Much of the food supplies for the students were donated by social welfare groups and service personnel. Seeking food for the students sometimes involved surprises such as the time we were asked to collect some bulgar rice from a storage silo, much of the grain unfortunately had been allowed to spoil.

The affects of the Tet Offensive continued for a considerable time to affect the planned public health clinical experience of the students. Previously we had been able to undertake clinics in a couple of hamlets and villages in the province, usually with doctors from the Australian Surgical Team. Trips outside Long Xuyen were not possible for over a month after I returned

from my enforced stay in Vung Tau following the war activities of the Tet Offensive. The first trip outside Long Xuyen was to visit Chau Duc on the Cambodian border. Chau Duc was hit almost nightly by Viet Cong mortar fire and a good section of the town had been completely destroyed. One of the first targets had been the hospital, targeting the operating theatres and the American Medical team was operating under extreme conditions.

In 1966, several pilot model hamlets had been built as part of a scheme to upgrade the living standards of the Vietnamese citizens. Although the hamlets had a rural health worker who has completed a brief two month course set by the Ministry of Health at one of the provincial hospitals such as Long Xuyen., the ability to provide health care was limited. We felt this was providing learning experiences in the hamlets was an important part of the whole program and believed that this was an area where the student nurse could do a great deal to assist the community and also gain experience under the guidance of instructors. The nurses were all rotated through this program and we had visited all of the areas in the province, except for the ones on the outer borders with security concerns and also lack of transport facilities. Security had to be guaranteed before any of these excursions. On one occasion we did receive clearance to visit a hamlet which was clearly inappropriate as the hamlet had been overrun by Vietcong the night before, fortunately we returned back to Long Xuyen with the students and Vietnamese nurse teacher without incident.

In many instances, the nurses will practice in villages without the guidance of a doctor, the nurse would be expected to bear the responsibilities of a far greater magnitude than Registered Nurses in Western countries. The assistant nurse program provided health care which otherwise was unable to be provided. Also, due to the lack of medical graduates, most anaesthetics in Vietnam were provided by nurse anaesthetists who had completed a further year long post-graduate study. In Long Xuyen for example, extremely capable nurse anaesthetists gave anaesthetics for Australian surgeons completing complex surgical procedures.

The curriculum included public health clinic visits to villages and hamlets throughout the province where the students would assist with the clinics sometimes held by Australian Team doctors and nurses. At times as many as seventy patients would be seen in a morning clinic. Public health advice , particularly on the need to boil river water before drinking. The river and canal water being used for everything from washing cattle as well as humans, garbage and all laundry as well as direct disposal from the latrines positioned over the river. Water was often drawn from rivers and canals , wells being a rarity as were latrines. In a brief survey of local villagers as to why water was not at least boiled, the response was usually that they did not like boiled water due to its " flat " taste. Public health education was therefore identified as a key goal to improve community health and one which could be incorporated into the nurses education program The community largely found it difficult to relate to water as the cause of disease The public health program proved to be a very worthwhile exercise for the students

Another innovation for the Long Xuyen school of nursing program was the addition of a period of observation for the students in the maternity ward. As many of the students would face a wide variety after graduation particularly for those who work in rural areas, the experience was included to provide as broad a clinical experience as possible albeit brief.



Despite the many difficulties which the school encountered during its first year of operation, the school progressed beyond expectation and was regarded by the Ministry of Health and US AID as the most successful of the seven which had opened that year. Most of the teaching is conducted by Vietnamese nurse instructors and the quality of teaching was very good, despite only having completed a three month course of instruction by the Ministry of Health earlier in 1967. Unfortunately, the Vietnamese instructors often encountered a lack of cooperation from the hospital administration often due to delegating responsibility to department heads but no authority to carry out the responsibilities. This resulted in staff being terrified of the medicine chief's capricious wrath and hesitating to approach the medicine chief to overcome issues.

Some of the directives also caused divisiveness caused by the extremely strict discipline and supervision administered by a Catholic Nun affecting the students who lived on the hospital site versus the freedom enjoyed by students who lived at home. The discrepancy between the two groups created constant friction.

Amazingly, the faculty in the school became a cohesive group who functioned despite all sorts of obstacles. The members of the faculty worked long hours and were very diligent in their roles. Despite this, they were continually criticized in front of hospital staff and the students. In spite of this treatment by the medicine chief, they continued to strive for progress of the school. There remained a certain amount of resistance to Western medical practice and this was well exemplified by the Chief Nurse. An example of this was following a request by the Ministry of Health asking me to present a course for head nurses which had been developed

officially by the Ministry of Health. During presentation the Chief Nurse refused to permit demonstration of more current nursing procedures. During my career in nursing education, I have encountered resistance to change many times in Australia so such resistance to changing methods of nursing procedures was hardly new then or now.

Resistance to change did affect morale of the faculty. A qualified Vietnamese nurse had been sent to Washington for fourteen months post graduate education. On return, the nurse was given the position of surgical supervisor, but authority to carry out the role was not forthcoming. The end result of this was that when the nurse presented her plans for modernising nursing practice to the medicine chief, she was told “.We don’t want any of those Western ideas here!” The nurse’s efforts were continually frustrated and undermined.

The attitude of the students to their work and the fact that despite the many frustrations they have had, they remained so keen that it was a delight to be associated with their training. Unfortunately, few spoke more than a few words of English almost all communication required the assistance of an interpreter. Entrance to the program required being aged between 18 and 29 years of age. Education was required to be at junior high school level and preferably to the equivalent of approximately a year 10 level in Australia. The requirements and design of the course curriculum were laid down and directed by the Ministry of Health in South Vietnam.

The nurses spent increasing amounts of time gaining clinical experience in the hospital wards where they gained practice in a range of procedures. Some of the patients suffered from extensive war injuries, I particularly remember a young child who always smiled despite the fact he had lost both legs and most of an arm due to landmines. Student nurses often carried out this young child’s dressing procedures - with their not so brave supervisor fighting tears at this young child’s plight.



The surgeons of the Long Xuyen Civilian Surgical Team provided regular lectures once a week followed by question time and when possible the sessions were followed by a ward round by the surgeon. This was beneficial for both students and the Vietnamese instructors. The Team OT nurses also by teaching and supervising stents in the Operating Theatre. The Paediatrician, Dr Brian Kearney, and his American counterparts also provided informative lectures pertaining to care of the infant and included dietary deficiency diseases such as Beri Beri, Scurvy and Kwashiokor . Ward rounds carried out regularly also provided very valuable experience for the students.

We had barely regained some normality in the school when I received some devastating news from home. My mother had suffered a fatal heart attack whilst holidaying in Queensland with her family. News of this personal tragedy did not reach Long Xuyen for approximately eighteen hours and further difficulties were encountered tracking down my passport which was away awaiting completion of a visa application to visit Japan for forthcoming leave. Unfortunately, despite a rushed trip back to Australia I missed my mother's funeral due to the length of delays. It was probably the most distressing period of time I have ever experienced.

Despite this, after a while at home followed by a short visit to Bangkok and parts of Cambodia exploring the historic Angkor Wat temple area , the challenge travelling on my own in a foreign country with only the benefit of limited French language skills was probably at its peak. The greatest drama for that visit was when it was revealed the flight to Saigon had been double booked, a few of expecting to board the plane at Siem Reap and fly to Saigon suddenly finding we had been bumped off the flight in favour of taking a group of Japanese tourists to Hong Kong - after our luggage had been loaded on the plane. I recall a French woman and myself arguing, using a lot of sign language, with a Cambodian airport worker under the wing of the plane in an effort to have our cases returned prior to the plane leaving for Hong Kong..

Returning to Long Xuyen determined to complete the remainder of my term with the School of Nursing, some sense of normality had returned. The soldiers were still guarding the Hospital and School of Nursing, it was both disconcerting and strange to see guards all along the balcony outside the classroom armed with machine guns and numerous other firearms. Language skills remained an issue and sometimes interpreters were unavailable. On one occasion, we had to ask one of the helpful Seabees ( US Navy Construction team) to erect a frame for some charts on the concrete wall.. This required a power tool and extensive and imaginative sign language to the armed guards on the balcony.

The lack of nursing material written in the Vietnamese language for Vietnamese conditions was an impediment for teaching. Lack of interpreters and limited language skills of both advisors and Vietnamese teachers was a continuing issue.

On the whole I believe that the first course was a success. Involvement in the public health work throughout the program throughout the province was particularly beneficial. The nurses gained benefits of teaching improved community health strategies. I was fortunate that I was able to accompany the students and teachers out into areas all over the province, travelling by both boat or road. Development and trialling of resources for the public health program for teaching the public health program was also beneficial.



The experience of working with the Vietnamese people, especially the young nurses and teachers, was fantastic and leaving at the end of my year long term was tinged with sadness. Despite the difficulties and stress related to working in a war zone, particularly the sadness and shock of my mother's sudden death plus isolation from family and friends, I would not like to have missed the opportunity of this challenge.

I travelled for a short while after leaving Vietnam before returning home

As far as I can gather no civilian surgical team members received any form of debriefing. I never encountered any form of hostility but that may have been due to the fact that I returned to my rural home in country NSW rather than a city. I was asked to give several presentations to groups on my experience in Vietnam. I have continually kept in contact with a few members of the Long Xuyen team , my American Nurse Advisor colleague Lois Nugent and a Vietnamese Laboratory Technician , Do Thi Cam who the Australian Surgical Team had organised a few months working experience in Melbourne.

Like most returnees it was difficult to pick up threads again initially but for me it was on with a new challenge to work with one of the first tertiary programs for nurses in a pilot program in Armidale between the University of New England, Armidale Hospital and Royal North Shore Hospital in Sydney About a year after I returned from Vietnam I married my husband, Ron Mills, my first boyfriend after meeting after a gap of ten years apart and we celebrated forty years of marriage recently. Three children and now three grandchildren plus a career have kept me busy during a period of enormous change in health care. I have worked almost continually since returning from Vietnam, most of that time in nurse education in Northern NSW- combining a health career, family and as a partner in a busy beef cattle grazing enterprise the challenge continues.



## Dr Brian Kearney

Paediatrician

October 1967 to April 1968.

### TRAI MUOI (WARD 10) – THE CHILDREN’S WARD

We were told before our arrival in Long Xuyen, that the Children’s Ward there was the best equipped in the hospital and that Long Xuyen Hospital in turn was said to be the best in Vietnam. I had read Susan Terry’s book (House of Love) and knew how different medical practice there would be, that there would be shortages of equipment and the importance of adaptability. But I had also volunteered for the job feeling that to the people of the Mekong Delta, I’d be able to bring not only the rigorous clinical training that Australian paediatricians received, but also the logistical support of the Australian External Affairs Department and the massive resources of the American Government’s USAID (United States Agency for International Development), with its cornucopia of modern medication.

Never was the cliché “nothing prepares you for the reality” more true. The handover from the previous Australian team was patchy, so I had no chance to do systematic ward rounds with members of that team to learn from their experience about the common (and idiosyncratic) patterns of disease in the Delta and what did and didn’t work. Instead I was told of the appalling death rate in the ward, with the grimest figure in the preceding six months being nine deaths in four hours. My average in the first two days in the ward was three deaths a day, but at that time the ward was only half full and I was seeing only some of the patients, the rest being in the care of one of the local Vietnamese doctors.

The Children’s Ward had thirty cots, but with routine placement of two or three children to a cot and occasionally eight, the number of inpatients was commonly forty or fifty and sometimes as high as sixty. The record number was either twelve children in cot thirteen or thirteen in cot twelve, I was never sure which, but it must be said that some of those twelve or thirteen were ambulant and therefore slept under or around cot twelve, had their observation and drug charts located there and the parents knew that during medication rounds, they would only receive treatment if they gathered at that cot.

The ward staff was led by one trained nurse and supported by three nurse’s aides, a cleaner, an interpreter and a Vietnamese doctor. The Vietnamese doctor was paid to work three or four hours a day, but often would not turn up for days or weeks on end, if she was confident that the Australian paediatrician was present.

Especially in the early weeks, the confusion was immense. One of the nurse’s aides, Co Hue, spoke good English and the Head Nurse, Ba Le, could read English treatment orders, but generally everything had to go back and forth through an interpreter. With time my initial confusion lessened, but never to a degree that allowed me to feel completely relaxed.

Ward rounds were public affairs. Each cot containing as it did several children, had numerous surrounding family members; and friends and relatives of other patients would join us to watch and listen. Strangers too stood nearby, perhaps intrigued by the ways of the Uc Da Loi (Australians). In a country where 60% of the people have the surname Nguyen, the chance of mistaking one child for another was high and not helped by the custom of some parents during

the ward round “bed hopping” i.e. one of the children in say bed three having been seen, would then be taken to bed twelve so that he could be re-examined all over again, when I arrived there an hour later.

The children in general were much more often desperately ill than I had encountered in Australia and were often brought to hospital terminally ill after days or weeks of serious symptoms, treated ineffectively by Chinese herbalists or by “medics” (self styled doctors with no formal medical training) or at best by the local chemist, who could sell any medication he chose, without a doctor’s prescription. In a modern, developed hospital environment, many of these children, perhaps the majority, would have been admitted to an Intensive Care Ward. My pattern of doing ward rounds attempted to replicate an ICU setting. In the morning I did a complete ward round of the thirty or forty patients and after the midday lunch and siesta, often interrupted by acute new admissions, I returned to do another complete ward round. Then back to our quarters for an evening meal and relaxation, followed at 7 and again at 11pm by two briefer reviews of all the sickest children in the ward. Added to that was an average of eight new admissions a day (the greatest number was fourteen) each of which required at least twenty to thirty minutes for history taking, physical examination, procedures such as a lumbar puncture or insertion of a drip, making a diagnosis and ordering treatment.

A call to the hospital in the early hours of the morning to a newly admitted desperately sick child was not uncommon. Sometimes the English speaking nurse, Co Hue, was on duty or my rudimentary medical Vietnamese gave me a reliable history of the illness, but sometimes if the child was to have a fair chance of survival, I would have to drive to the home of the on-call interpreter who in turn would sometimes refuse to come to the hospital. In those circumstances, I would go to Co Hue’s house, who God bless her, never refused to come back with me.

Effectively I was on call continuously, worked five full days and part of the night, each week, as well as part-time on Saturdays and Sundays. My youth and enthusiasm made such a work load sustainable for three months, but not for the six months I was there had it not been for the support I received from the Vietnamese ward staff and the other members of the Australian team. Also vital were occasional breaks in Saigon, a trip at one stage to Cambodia and Thailand and especially some days spent at the Saigon Children’s Hospital a month or so after our arrival in Vietnam. The Saigon Children’s Hospital had a small but excellent Vietnamese professorial team and as well, a British paediatric team headed by an internationally renowned paediatrician, Dr John Apley. From these two groups, I received invaluable advice about certain disease patterns which I otherwise would not have expected to encounter in Vietnam.

The immense satisfaction we got from saving many children’s lives and health (the ward death rate dropped by more than 50% when the Australian team was in charge) was always tempered by the sadness of losing at least one child a day and the longest period I ever experienced with no child dying was two days. Towards the end of that second day, it slowly dawned on me what was different and when I mentioned this remarkable fact to Tom Calov, who was helping me at the time, he responded with the black humour so essential to our coping mechanisms “God! Brian, what are we doing wrong?”.

Adding to that sadness was the frustration of the phenomenon of “escaping”, that is parents removing the child from the hospital sometime after their initial assessment. The time between

admission and “escape” could be anything from hours to days or weeks. On one spectacular occasion, it was due to a bad omen. Arriving one morning, I found the ward nearly empty. I was amazed that I had not been informed of this mass exodus during the night and on enquiry of the reason, was told that an owl had landed on the ward’s roof, thereby making it unsafe for almost every patient. Fortunately the owl didn’t linger and some of the patients drifted back in the ensuing days.

One form of “escape” we encouraged was when a parent correctly sensed that their child’s condition was fatal. For most of the people in our province (members of the Buddhist Hoa Hao sect), death at home surrounded by family was necessary for the person’s soul to be at peace. And we quickly learnt to offer parents the choice between probably futile treatment in hospital or certain death, but a peaceful afterlife at home. The resilience and grace the Vietnamese parents often showed in responding to such a grim prognosis, by bowing with hands clasped and saying “Cam On, Nhieu Lam, Bac Si” (Thank you very much, doctor), was very humbling.



Photo: Dr Tom Calov and Ba Sau.

## THE DISEASES

As soon as I returned to Australia I wrote a detailed report on the disease patterns I had encountered and treatments I used during my six months (the dry part of the year), as a medical guide for doctors who might subsequently work in the Children’s ward in Long Xuyen or elsewhere in Vietnam. What follows here is directed to the general reader and incorporates more of my personal responses. My fear that I would fail to recognise exotic tropical diseases rarely encountered in Australia, proved to be much less a difficulty than anticipated. The problem was largely that of treating the common diseases such as gastroenteritis, pneumonia and other infectious diseases, but in children already malnourished and at an advanced or terminal stage in their illness.

Children would commonly be brought to us suffering from chronic diarrhoea and malnutrition and to this day I carry in my memory the haunting picture of a four year old boy admitted to the ward weighing only six kilos (the average weight of a three month old Australian child) who for the previous six days had been given only 20 or 30mls (two or three tablespoonfuls) twice daily of rice water and for some weeks prior to that, rice as his only food. Equally disturbing were the children brought to us early in the course of their illness, appearing well nourished and otherwise healthy, who failed to respond to appropriate and up to date treatment, instead progressively worsening and sometimes dying.

We were fortunate not to encounter malaria, plague or Thai haemorrhagic fever, all of which were reported from other parts of the country or in the wet season.

I saw vitamin deficiencies never encountered in urban Australia, such as Vitamin A deficiency Xerophthalmia (progressive eye disease, leading to blindness). One child's father was a day labourer, so he and his son had food to eat on the days he worked, but not otherwise. The two year old was brought to us at a stage when his progression to blindness could be arrested with daily doses of Vitamin A. Sadly after two days of treatment, his father took him from the Children's Ward, presumably to seek work further afield and we never saw him again.

But balancing such nutritional disasters was the joy of seeing what to me more than forty years later, still remains the most rapidly miraculous reversal from imminent death to complete recovery in all of paediatric medicine. These were babies brought in with Acute Beri Beri Heart failure due to Vitamin B1 deficiency. The child would be severely breathless from lungs full of fluid, heart grossly enlarged and abdomen swollen from an equally enlarged liver, with seemingly only minutes rather than hours to live. Five or ten minutes after an intravenous injection of Vitamin B1, there was a dramatic transformation, the breathing no longer laboured and rapid, the heart rate back to normal and the child clearly on the way to a complete recovery.

The ability to diagnose and treat such a child was due to my being alerted by the Paediatricians at the Saigon Children's Hospital to expect a spike of cases around the time of Tet (the principal Vietnamese festival, celebrating New Year). Appropriate celebration of Tet was not possible for many Vietnamese unless outstanding debts had been repaid, making it necessary for poorer people to curtail the family's food intake. In such circumstances, children would of course be fed first, but if the baby was breastfed, his mother's B1 deficiency was passed through her milk and he was more vulnerable than she.

The story of a boy known to many members of the Team as "Cactus", demonstrates all the highs and lows that the Children's Ward could provide. When a person gets pneumonia there can be an accompanying pleurisy, which is inflammation of the two pleural membranes moving against each other with each breath, one lining the outside of the lung, the other the inside of the ribs. Infected fluid can accumulate in the potential space between these two membranes, a so called "Empyema". These are commonly encountered in Australia, but usually only reach a volume of a few hundred millilitres because of prompt diagnosis and treatment. In contrast, a Vietnamese child would remain at home untreated for a week or two until brought to the hospital in extremis, with on casual inspection the chest on one side grossly distended by a massive Empyema, sometimes measuring one litre (1000 millilitres) or more. The result was to push the heart to one side thereby compressing the healthy lung so that in effect, the child had

only about 10% of his normal lung capacity. If his life was to be saved, he had to be rushed on arrival to the operating theatre for the insertion into his chest of a wide bore rubber tube to drain the Empyema, thereby allowing both lungs to fully reexpand. In severe cases, the infected fluid would re accumulate repeatedly and over the next week or two, a further two litres might need to be drained.

Such was the pattern with Cactus but after about ten days, his fever returned, he looked to be extremely unwell again and surrounding the site on his scalp where intravenous antibiotics were being given, I could feel trapped gas, what doctors call “subcutaneous emphysema or crepitus”. That suggested a disease such as Gas Gangrene, a severe infection of the tissues and muscles beneath the skin, usually seen when war wounds or other forms of trauma are severely contaminated by dirt and debris. Knowing that he had served in World War II, I consulted our Surgeon, Welby Skinner, who assured me that I would have no trouble diagnosing Gas Gangrene, because it was associated with an offensive, pervasive fishy smell. The penny dropped. Just outside the Children’s Ward was a large open barrel where fish rotted and fermented as part of the process of making the low cost Nuoc Mam (fish sauce) used by our poorest families to add flavour to their unvarying diet of rice and a small amount of dried fish. I had assumed that as the fermentation progressed, the barrel smell would worsen and invade the ward, but in fact its apparent spread was due to Cactus’s Gas Gangrene.

Welby came promptly to the ward, confirmed the diagnosis and told me that excision of a large part of the scalp was essential to the boy’s survival. He was too sick for a general anaesthetic, so he was wheeled into the ward treatment room and unprotestingly had a large part of his scalp removed under local anaesthetic. Gradually over the days a subtle but progressive improvement was noted. Four months after I had left Vietnam, he was discharged fit and well, with much of his scalp regrown and I still keep a picture of his pensive but healthy face taken on that day.



Photo: “Cactus” on the day of his discharge 4 or 5 months after admission. With his mother and brother.

I mentioned earlier the ever present confusion and this when decisions had to be made rapidly in critically ill children, inevitably led to mistakes of which for me the most chastening involved a child with one of the less severe forms of Empyema. As I would have done in Australia, I decided to place a needle with a three way tap through the chest wall to withdraw 20mls of Empyema fluid at a time. Once the needle went through the chest wall, it started to beat at a rate of more than one hundred per minute, alerting to me to the fact that the tip of the needle had lodged in the outer wall of the heart, because I had chosen the wrong side of the chest to insert the needle. Aghast, I hurriedly withdrew the needle, waited for thirty seconds and then inserted it into the correct side, where mercifully I was able to withdraw the Empyema fluid. The child never showed any harmful effects from having a needle in his heart and made an uneventful recovery from his illness. My embarrassment was somewhat lessened some weeks later when one of the other doctors in the Team relieving me one day in the Children's Ward, found himself in an identical situation, but again with no harmful effects for the child. Both he and I finally felt we could plead very mitigating circumstances, when a visiting American doctor did the same thing a month later.

### THE VIETNAMESE WARD STAFF

Three members of the Children's Ward staff deserve special mention. In charge of the ward was Ba (Mrs) Le (Tran Ngoc Le), the sole trained nurse. Without her organisational skills and incredible memory the confusion in the ward would have been insurmountable. She was the one who would alert me to "bed hoppers" and who could locate the records of a previously admitted child in a hospital that had no Medical Records Department. In a Western hospital, this is as important as the X-ray or Pathology Departments. That she could read English treatment orders was invaluable in the supervision and guidance of the nurse's aides and ensured that treatment was correct and timely. As a plus she was able to cannulate veins, so that fluids and medication could be given intravenously with an effect that was, compared to oral medications and fluids, much more rapidly effective and at times, life saving.

Nguyen Thi Hau, universally known as Ba Sau (literally "Mrs Six" i.e. the sixth child of her parents) was the ward cleaner a job she did devotedly with very basic equipment. But she was much more than our cleaner. She spoke no English but that didn't prevent me from having animated and I believe meaningful interchanges, she speaking in Vietnamese, I replying in English, but the linguistic gap bridged by body language, our shared experience and common commitment to the children's welfare, and her feeling that the Children's Ward was as much or more of a home than her dwelling. She was a source of endless encouragement and affirmation murmuring, either "Bac Si So Mot" (number one doctor) or "Hay Qua" (very good), while she fanned my back either to calm my mood from the stress and frustration we so often encountered, or to cool my sweat soaked body, the result of working without ceiling fans during the frequent power outages. It was common for several of her children teenage, or younger, to be with her in the ward. Ba Sau couldn't cannulate veins, but two of her teenage sons, though completely without medical or nursing training, could do so and as part of the flexibility so essential, we didn't hesitate to use their skills when necessary.

Bui Thi Hue ("Co" or Miss Hue), the English speaking nurses aide, had done only three months nurse's training in Saigon. She had worked in the Children's Ward for some years and her intelligence enabled her to quickly learn which children needed urgent treatment and often

what their likely diagnosis was. Her request in the middle of the night to come urgently to the ward was always justified and in circumstances where we had no laboratory proof that a child was suffering from say Typhoid Fever, Hue's agreement with my clinical diagnosis, was an additional reassurance. Her medical interest was intense as she listened to how children with Down Syndrome came to have three instead of two number 21 chromosomes and the effect of that on them. One Saturday afternoon she called me down to the ward to see a child she believed had Haemolytic Uraemic Syndrome, a potentially fatal form of kidney disease and one which would be hard to diagnose in the confusion in which we practiced paediatrics in the Mekong Delta. I expressed doubt about the likelihood of the diagnosis, but she assured me that she had already got the Vietnamese laboratory technician to check for the characteristic blood film appearance of reduced platelets (the cells which cause blood to clot) and fragmented red blood cells.

Mercifully, it wasn't Haemolytic Uraemic Syndrome but I was once again reminded of the value of having in the ward somebody with such an alert and questioning mind.

I mentioned earlier that Hue never refused to act as an interpreter in the middle of the night. Her willingness came at the cost of clashing with her parents, something not easy to do in a society where Confucian filial piety was rightly so highly regarded. They of course were concerned at the damage to her reputation in being seen by the neighbours to be whisked away for an hour or two at 1 or 2am "in that big white Australian car". Her response was to question how they could allow potential gossip to deny their own people the excellent medical care the Australian team provided. Because the ward's total number of nurses was only four, each nurse did on average two night duties a week. This involved starting work at 9am and continuing through the day, followed by the start of their night shift in the early evening and supervising the ward solo until joined by the day staff next morning, finally finishing thirty hours of continuous responsibility about midday.



Photo: Myself, Ba Sau, Ba Le, Co Hue.

But if that afternoon we had an influx of severely ill children or Hue sensed that the burden of death and disease was threatening to engulf me, she would willingly work through until that evening.

## THE TEAM

Despite being a composite team drawn from country and metropolitan NSW, we were a cohesive group, who worked and socialised very harmoniously. Several of us had previously worked together, Ken Doust and Tom Calov having been students and Residents at Sydney Hospital and Gordon Hudson, our Anaesthetist, was practicing in Wollongong during Ken Doust's time in the Illawarra. Clive Bond as Radiographer and myself as Senior Resident had worked in the Neurosurgical Unit at Prince Alfred Hospital in Sydney.

It was a well balanced team. Ken Doust, Team Leader and Tom Calov, our General Practitioner brought all the variety of skills and expertise that the best of Australian family doctors are capable of, including performing war trauma surgery, giving anaesthetics and relieving in the Children's Ward. Both were superb diagnosticians. Edward ("Welby") Skinner was a General Surgeon particularly interested in Orthopaedics who had worked previously in the Tropics and been an Army Surgeon throughout World War II. The hard work of Malcolm Goldsmith, our Surgical Registrar substantially enlarged our surgical capacity. Howard Menzies, the Chief Executive Officer of a NSW country hospital brought in a calm and approachable way, the administrative skills needed to keep open the supply lines so vital to our isolated situation in the Mekong Delta.

With Beryl Nicholls, as Pathology Technician and Clive Bond, our Radiographer, we knew that whatever the limitations of their equipment, the accuracy and reliability of the pathology and radiology services they could provide would be first class.

John "Gordon" Hudson not only provided a first class anaesthetic service to our Surgeons, but was able to hone and polish the skills of the Vietnamese Nurse Anaesthetists and introduced our other doctors to the latest anaesthetic techniques, thereby providing invaluable backup for when he was taking leave and ultimately when he contracted Hepatitis A and had to return to Australia.

Brenda Wilton was the leader of our team of nurses, a roll she exercised with immense integrity and skill. The others were Ward Sisters, Angela Ross, Janet Glasson and Lorraine Bingley, Theatre Sister Kathleen (Kay) Pannell and Nurse Educator Janice Rayner.

I would now like to flesh out my recollections at a more personal level, but of necessity it will be selective, because it will focus on those Team members who lightened the burden of the work in the Children's Ward. Such was its all consuming nature that virtually all of my hospital time was spent there with occasional but often urgent trips across the courtyard, carrying a gravely ill child to the operating theatre.

Ken Doust's leadership contributed greatly to maintaining the Team's cohesion and especially at the time of the Tet offensive and in the months after, when we realised how isolated and vulnerable we were. He had a wonderfully broad knowledge of Medicine and an alacrity in absorbing the essence of any medical question he studied. During the second half of my six months, the combined pressures of the workload, death and disability, pushed me close to burn out. That I was able to avoid it, regain my equanimity and continue to work productively was due to Ken's intervention in reducing that workload, by recruiting Tom Calov and Gordon Hudson to work with me and in having Lorraine Bingley do the 8pm paediatric ward round.

And then there was Ken's direct support for me, best illustrated by a quote from a letter written to my wife on New Year's Day 1968. "By yesterday, I was so depressed that I felt physically nauseated each time I went to the ward. There was so much death and misery most of which I could do little for and last night, instead of going to the New Year's Eve party at MACV (the small American Army Base in the town), I put in three and half hours at the ward and again the same story, sick and dying children everywhere. But at 10.30pm, Ken came across and gave me a hand and then went back to our house, waiting for my return at 11.50pm. Everyone else was at the party, but he waited so that I could have someone else to have a New Year's Eve drink with. I went to bed about 3am and tossed and turned until 5. I dropped off to sleep and woke at 9.30 to go down and do a ward round. When I got there, I found Gordon Hudson halfway through the round, so I stayed only five minutes, just long enough to see that most of my horrors of the previous day were still alive and some even improving. Gordon told me he would attend to the ward for the rest of the day and night, so I've had a whole day's relaxation with no medical worries at all".

Like Ken, Gordon Hudson supported me and also the rest of the team. We first met at the airport and he greeted my young wife (we had been married only three years and Gordon was eight to ten years our senior) with the reassuring words "Now don't you worry, I'll bring him back safe for you. I'm going to look after him". We sat together on the Qantas 707 and such was his gregarious nature that we were firm friends by the time the plane had cleared the Western Australian Coast. Originally from Fermanagh in Northern Ireland, he embodied the romanticism, wit and charm of the Irish. Gordon played two mouth organs, one of conventional size, the other so small it fitted into his mouth. For a Team whose only other source of music was a long reel to reel tape of every song The Seekers had ever recorded, this musicality was priceless, especially since he knew the words and music of the all the best Australian folk songs.

We liked it best when Gordon returning from an evening round of the hospital, drove through the grand entrance of our house on the Team's motor scooter and into the main living area pulling up to what by 1967 had become an impressive bar, headlights on, engine purring softly, ordered a V.B. and pulled out his harmonica.



Photo: Gordon Hudson on his Vespa at the 'Drive Inn'.

Sometimes on Sunday mornings, we would be woken by a knock on our door to find that Gordon had decided to serve half the Team with a breakfast in bed of cereal, tea and toast.

Tom Calov gave to the Team all the broad experience that country general practice in Australia in the 1960's provided. Firstly and mainly in coping, together with Ken Doust, with the huge clinical load that Outpatients morning and afternoon involved. As a Graduate of the early 1950's, his only anaesthetic training had been with the use of ether dripped onto a pad of gauze covering the patient's mouth and nose. He quickly learnt from Gordon how to give the most recently developed anaesthetic in which a patient is paralysed with a curare type drug and then ventilated, via an endotracheal tube inserted into the patient's windpipe, with oxygen and anaesthetic gas.

Not having had the opportunity of doing a Paediatric Internship after graduation, Tom's only paediatric training had been the standard medical student's three months term at the Children's Hospital. But country general practice and his innate ability meant he had to do such things as manage a medical colleague's newborn baby with meningitis (something full time Paediatricians find daunting) with occasional telephone advice from Sydney. The sheer volume of work in the Children's Ward meant that once he came to help me there, he was quickly exposed to more seriously ill children than the average Australian family doctor would see in a lifetime, so after Ken Doust returned to Australia, Tom added to his role of Outpatient Physician, the tasks of Team Leader and Children's Ward Paediatrician. In his early days in the latter role, he was ably assisted by Dave Harvey, an American Paediatrician.

Following Dave's return to the States, Tom held the fort until another American arrived in Long Xuyen. She had only just completed her paediatric training and Tom's knowledge of paediatrics in Long Xuyen was by then such that she needed several weeks guidance from him, before feeling comfortable, unsupported, in her role.



Photo: Dr Brian Kearney armed during Tet.

Tom had a remarkable equanimity and in the six months we lived and worked together, he never lost his temper no matter how trying the circumstances. As an eighteen year old, he had flown missions against the Japanese in the Pacific as a radio operator/tail gunner in Catalinas, the slowest and most cumbersome of all the planes that fought in World War II. An excellent sportsman, who had played with GPS 1<sup>st</sup> grade teams in both Rugby and Cricket, he was also a great lover of literature, T S Eliot being his great hero. The Christmas present he received from his daughters, a parcel of four or five of that year's best novels, was a boon to all the book starved readers in our Team.

Edward "Welby" Skinner our English Surgeon was a much married (five times) much travelled (he was a Surgeon with the British Army during World War II in South East Asia, The Middle East and Italy), raconteur, prankster and bridge player. He returned for a second spell in Long Xuyen from October 1968 to February 1969. It was a delight to see such confident and skilled surgery performed on ill, malnourished babies and toddlers, suffering from such conditions as Pyloric Stenosis or Retropharyngeal abscess, which he as an adult Surgeon would probably never have previously encountered. Amongst his many colourful stories, the most remarkable was of his being in charge of the advanced party (he swore it was a British Sanitary Brigade), which effectively occupied Iran for the allied cause in World War II. This in turn he assured us, led to his being appointed Physician to the Teheran conference of Churchill, Roosevelt and Stalin.

Welby was followed by another skilled adult Surgeon, John Fisher, whom I could call upon to perform surgery which was lifesaving for my paediatric patients, but again far removed from his adult surgical experience.

One memorable case involved a boy who had fallen out of a tree and was unconscious on arrival at the hospital. If this was due to bleeding into the brain, our only option was to wait and hope, but with a high probability of death or permanent disability. If on the other hand, his bleeding had occurred in the region between skull and brain, (known as a subdural haematoma), then appropriate treatment could restore him to consciousness and a full, normal life.

In Australia diagnosing a subdural haematoma consists in doing first a common carotid angiogram, using a sophisticated x-ray machine under general anaesthetic. I would push a needle through the skin of the neck into the common carotid artery (the main artery to the brain) and then inject 10ml of x-ray dye which would on the x-ray films light up the brain's arteries. If they were pushed to one side, then it was reasonable to assume a subdural haematoma was responsible and proceed to "burr holes". This involved using a high speed drill to create a small passage through the skull bone allowing the subdural haematoma to be drained.

Clive Bond, our Radiographer and I had at Royal Prince Alfred Hospital in 1961 developed the partnership necessary to do common carotid angiograms. It involved perfect timing between the doctor's injection and the Radiographer's taking a rapid sequence of x-ray pictures. The problem was that that day, the only functional radiological equipment was a small old fashioned dental x-ray machine never designed for such demanding work. And further we had no such drill, so any surgery instead of the relatively safe, non destructive procedure of burr holes, would involve the piece meal removal of a significant part of the boy's skull. We could

only ask John Fisher to do that if we had a diagnostic common carotid angiogram. Based on my appreciation of Clive's radiological skills I said to him "I'm game, if you're game". He readily agreed and shortly after provided us with excellent pictures which confirmed the exact location of the subdural haematoma and enabled John Fisher to do a craniectomy and drain a very large haematoma, which would surely have been fatal. Instead our patient made a complete recovery. In this context it should be said that for General Surgeons, neurosurgery as performed by John Fisher that day was about as far removed from their comfort zone as they can get.

Kay Pannell, our Theatre Sister was supremely calm and efficient, preparing the operating theatre for any procedure with extraordinary speed. I knew that within minutes of sending a message to the Surgical suite, all would be ready for the urgent and lifesaving task of draining the massive Empyemas which would have quickly killed a number of my patients.

A person of great initiative she was, remarkably, a fully Trained Nurse by the age of 18. She lived an adventurous life, has continued to travel extensively to this day, became a champion Golfer and with her taste and design skills, she is the best gardener I have ever met. One of the happiest outcomes of our Team's time in Vietnam was that she and Tom Calov married a few years after their return to Australia, where she created a series of enchanting homes and gardens. Sadly, Tom died in 1988 not long after fulfilling their long held dream of moving to an idyllic property just outside Launceston. Despite that devastating loss, Kay's engagement with life has continued to show those qualities of mind and spirit that our Team so admired.

## POSTLUDE

The opportunity to work in Vietnam came at an ideal time professionally for me. I had recently completed my Paediatric training, so it was merely a matter of deferring for six months my entry into Consultant practice.

Not so for our family. My departure a month before our third wedding anniversary left my wife, Anne, not only lonely, but having to cope solo with both our 21 month old daughter, mystified and unsettled by the disappearance of a father to whom she was very close and our 2 month old son, who was suffering from very troublesome eczema. This loneliness was compounded by the fact that our only contact during my time away was via the vagaries of Australia Post, a service disrupted twice by strikes lasting for some weeks.

But I had always wanted to work for a time in a developing country and have ever since felt grateful, not only that I took the opportunity when it presented but most especially to Anne. Firstly for the fact that the initial decision that I would go to Vietnam was a joint one and then for her continuing support of my resolve to complete a 6 months term, even after it became apparent that in some measure the Team's safety depended on the dysfunctional organisation of the Department of External Affairs.

My loneliness for my family was intense with each letter from Anne a treasure to be read over and over until the next arrived. The camaraderie our Team so quickly developed was another antidote to loneliness. That camaraderie and the opportunity to experience the professionalism of our Team's members, has led to lifelong friendships of the most special kind.

Another benefit was our exposure in a very close way to Vietnamese life and culture. We mixed with people of every level of sophistication from cosmopolitan Francophiles in Saigon to surgeons, soldiers and peasants in the Mekong Delta. But it was the daily contact with ordinary people, enduring the most harrowing episodes of their lives with such dignity and courage, that has led to my lifelong affection and regard for the Vietnamese.

Thinking back especially to evening ward rounds, with Vietnamese families clustered around cooking fires in the darkness of the hospital courtyards and of my treading carefully by torchlight over a maze of children sleeping in the arms of mothers on the children's ward floor, so that I could check on the sickest of the day's patients, I am reminded of Kipling's lines

"I have eaten your bread and salt  
I have drunk your water and wine  
the deaths you died I have watched beside  
and the lives you led were mine"

The strength of the friendship and mutual respect that developed with our Vietnamese co-workers was never better exemplified than when I revisited, with Anne, Long Xuyen Hospital in 1994. It was a delight to see an expanded Children's Ward with for the first time both its own High Dependency (i.e. Intensive Care) ward and its own trained Vietnamese paediatricians. But most intoxicating of all was to arrive unannounced on Ba Le (the head nurse) who immediately launched into a flood of reminiscences about Ward 10 in 1967-68. By the time we had reached Ba Le's ward, a crowd of several hundred curious adults and children were following us. Through an open window they listened to Ba Le's rapid Vietnamese repeated like a Greek chorus, the frustrations and fulfilment of our time in the Children's Ward. Later that day I met again Ba Sau and two of the paediatric nurses aides, Kim Hue and Cam Hung.

That circle of remembrance continued when I resumed my friendship with Co Hue on a visit to Perth in 1999. It is tempting to say the circle was finally completed by the dedication of the Commemorative Plaque to the Australian Civilian Medical/Surgical Teams at the Australian War Memorial in 2008 and by the publication of "With Healing Hands" by Gary McKay and Elizabeth Stewart in 2009. But of course it will continue until the last of us is no more. -

*Brian Kearney*

*Paediatrician*

*Long Xuyen*

*October 1967 – April 1968*



Photo: Gordon handing Brian a burnt offering.

**Derek Oliver Berg MBBS FRCS FRACS FACS**  
**Long Xuyen, June 1968 to October 1968.**

Although I loved my new home life in Tamworth I became somewhat restless, feeling that Tamworth had not enough to offer in terms of medical interest. The war in Vietnam was intensifying and the government was calling for civilian doctors to volunteer for service in medical units, designed to deal essentially with civilians.

Judy knew how much I wished to go and although we had been married for only two and a half years, she gave me her blessing. So I volunteered for a three-month period during 1968 (the year of the Vietcong and North Vietnamese offensives).

Prior to departing for Vietnam I was flown to Canberra and very thoroughly briefed and warned of the dangers by an official at the External Affairs department. Early in June 1968, Judy and I went to Sydney and spent two nights at the Shore Motel before she saw me off on a Qantas flight to Singapore. I over-nighted in Singapore, bought a camera and departed next morning for Saigon, via Pan American Airlines and arrived at Tan Son Nhut Airbase at 1 pm.

The airport was packed with an incredible number and variety of aircraft: small, single engine, propeller-driven Cessnas, helicopters, jet fighters and giant American transport aircraft. I was told, and could well believe, that Tan Son Nhut was the busiest airport in the world. Jet fighters were lined up in separate concrete bays as protection against Vietcong rockets fired from the nearby jungle. I was met by Howard Menzies, the Australian Administrative Officer from Long Xuyen, and taken to the Australian transit house in Saigon where I spent the night.

Next morning we were up early, driven to Tan Son Nhut and departed in an RAAF Caribou (Wallaby Airlines) for Long Xuyen. We flew at 3000 to 4000 feet with the rear access hatch down the whole time. We had a few exciting stops en route and finally arrived at Long Xuen where I was met by Tom Carlow, the team leader and an old colleague from my days at Sydney Hospital. Long Xuen was the capital of Ah Giang Province, about 100 miles (160 km) south west of Saigon and situated in the centre of the Mekong delta at the junction of the Long Xuen and Bassac Rivers.

The Bassac is one of the huge outlets of the Mekong River; three quarters of a mile wide at Long Xuen, it provided passage for deep-water ships to and from Cambodia.

Long Xuyen was a pleasant town with curved streets, markets selling French bread, housing all with television aerials, Japanese motorbikes everywhere, and countless small boats with outboard motors on the river. More picturesque were the delicately beautiful Vietnamese girls in their black trousers with flowing white Ao Dais and straw hats, riding past on their bicycles to and from school or work. Where was this war?

Ang Giang Province was governed by a quasi Buddhist sect, the Hoa Hao, which seemed to have come to some arrangement with the South Vietnamese government and the Vietcong, allowing the area to remain a small haven of peace in a land of turmoil. The hospital consequently attracted patients from far and wide, including Cambodia.



Long Xuyen Hospital had been built by the French and was of relatively modern construction. It contained 400 beds and was administered by a staff of Vietnamese, headed by two doctors. The Vietnamese nursing staff spoke French or Vietnamese and very few understood English. The hospital provided each patient with two meals a day and 24 hour nursing cover in the children's ward. The adult wards were closed at night and without nursing cover, and patients needs had to be handled by relatives who slept on the floor, usually under the beds. Vietnamese anaesthetic nurses, who were excellent, administered all anaesthetics.



Male ward



Female Ward

Our team was one of three medical teams supported by the Australian government, it was the most remote from Saigon and, from what I can gather, the busiest. These three teams were a credit to Australia.

We lived in a beautiful old French colonial villa (referred to as the White House) within walking distance of the hospital. Our facilities at work may have been difficult and primitive but we certainly lived well, the rooms were spacious and cool, the meals excellent and we even had a mess and bar.

I started operating the morning after my arrival (10 July) and virtually never stopped for three months. Some of our patients were routine civilian surgical problems, but the majority were war casualties; women, children, men and some, no doubt, Vietcong.

Besides having to deal with a large number of gunshot, shrapnel and mine injuries, I came across problems I had never previously encountered: chronic suppurative osteomyelitis (bone infections), perforated typhoid ulcers of the intestines, severe tuberculosis, diphtheria and worms.

Children and adults in South Vietnam commonly suffer from intestinal worms and these were often a problem. Gun shot wounds (GSW) or shrapnel wounds of the abdomen (intestine or gut) and perforated ulcers (typhoid or gastric) required a laparotomy, which is an operation to open the abdomen in order to repair the perforated and damaged intestines. On these occasions the surgeon, on opening the abdomen, is faced with spillage of intestinal contents, blood and often wriggling worms that have escaped from the intestines through the perforations.



Before one can proceed, the mess and worms have to be cleaned up (utilising electrical suckers and swabs), so the surgeon can proceed to either resect a segment of damaged gut and/or close the perforations. This is, however, only part of the problem.

Normally our intestines (gut) propel (peristalsis) all we take in by mouth to our bowel and rectum. However, damage to the intestines usually paralyses the intestines and the normal 'downward' propelling action ceases (paralytic ileus). When this happens worms within the intestines can now wriggle 'upwards' into the oesophagus and even be inhaled into the larynx (voice box) and the lungs. It is a most distressing sight to see worms wriggling out of the mouth of a badly wounded and distressed child!

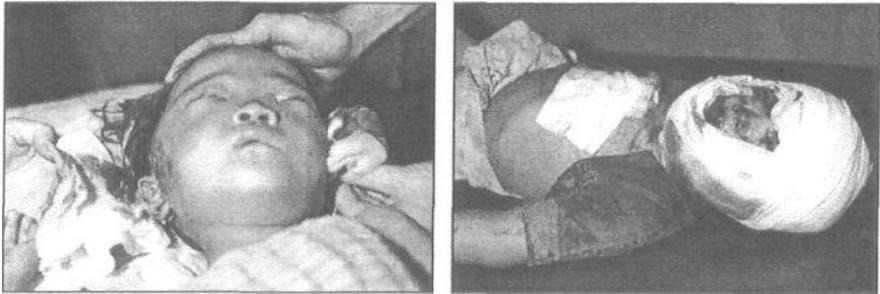
An equally formidable problem was that of infants in acute respiratory distress due to diphtheria. Unfortunately, immunization of children against diphtheria was unknown in many parts of Vietnam, and consequently the disease was not uncommon. Diphtheria is an acute infection involving the throat, larynx (voice box), nose and conjunctiva. The disease may cause a dense, whitish grey membrane, made up of diseased and dead (narcotic) tissue, which obstructs breathing as it forms across the larynx, and unless dealt with urgently, leads to asphyxia and death.

The only way to overcome this problem is to carry out an urgent tracheostomy (i.e. to make a hole in the wind pipe just below the voice box) and insert a little tube. As a general anaesthetic cannot be administered under such circumstances, the whole procedure has to be carried out under a local anaesthetic.

Below: Amputation following gangrene.



Left: Surgical repair & colostomy after shrapnel wound to abdomen.



Stepped on a landmine.

In Long Xuyen there was often a significant delay before the distressed parents could bring the child to hospital, and due to fighting in the vicinity, the parents could only get through at night. The procedure had to be carried out quickly under a local anaesthetic, and it often took four adults to hold the wriggling, distressed and terrified little child, while the surgeon opened the trachea and inserted a small tube. This procedure was often carried out by torchlight, due to frequent power failures.

Shattered limbs often had to be amputated and chest wounds required the insertion of tubes into the plural cavity; this was a major problem when the bullet passed through both lungs. Head wounds required careful observation and, unless there was bleeding inside the skull, operative intervention was rarely justified. Night emergencies were common as wounded patients were often only able get to hospital under cover of darkness; this often entailed a journey across the river by sampan.

One very distressing and unforgettable problem involved a very pretty, teenage Vietnamese girl. Long Xuyen was a river port and along the foreshore were hundreds of little river craft (nearly all with Japanese outboard motors), and one of the more tragic civilian accidents involved this girl of seventeen.

It appeared that her brother was having trouble starting the outboard engine; the girl leant-over the stern of the boat in the hope of identifying the problem and in doing so, her long black hair fell into the water when the motor suddenly started. Her hair became entangled in the propeller and her whole head of hair, together with the superficial layer of the scalp, was ripped away, leaving a raw, bleeding head, devoid of hair. This caused a great deal of pain and shock. She survived, but at a terrible cost. Let us hope she was lucky enough to have later acquired a wig. (*Nurse Angela did acquire a wig from Hong Kong-Editor*)

Rather than elaborate further on the multitude of problems we had to deal with. I have listed the procedures we carried out over a three-day period in October 1968.

1/10/68 Gun Shot Wound to gut. Baby requiring operation. GSW right leg. Saved leg. GSW left leg. Amputated. GSW involving chest and lung. Inserted drainage tube.

2/10/68 Operation for stomach ulcer. Removal of large prostate. GSW gut. Pregnant woman requiring operation. GSW right chest and lung and upper arm. GSW shoulder. GSW left chest and lung.

3/10/68. Repair hernia.

Shattered foot. Stepped on mine. Foot amputated. GSW involving pelvis and leg.

No wonder surgeons at Long Xuen had a short tour of duty.

We were fortunate not to have to deal with patients suffering from burns, particularly napalm burns. Napalm is a powder used to thicken petrol for use in bombs or flame throwers and was sometimes referred to as 'jellied gasoline'. When Napalm bombs burst, they splatter, burn and stick to everything they touch, causing death or horrible burns to the survivors. It is an awful weapon.

It would of course be wrong to write that it was all work. Due to the heat we started operating at 7.30am - 8.00am, took two hours off at lunchtime and then continued working, sometimes late into the night, till all the problems had been dealt with. At lunchtime we

swam or rested and wrote letters (I wrote to Judy every day). The greatest news I received while in Vietnam was that Judy was pregnant again and all was going well. In the evenings I sometimes took our big Doberman for a walk along the riverbank. Doctors caring for poor civilians in a war torn country had many privileges and seemed to be immune from any violence.



Stepped on a landmine.

I found our American allies kind, helpful and generous, but I always felt that they had problems relating to the Vietnamese. It was as though they brought with them a little bit of America and rarely appreciated, let alone adopted, the local ways of doing things.

The Americans certainly introduced some novel ideas into the war. One was to lay a wide concrete strip all the way from the sea to the Annamite Highlands and Laotian border in order to separate North and South Vietnam, and thereby prevent infiltration of North Vietnamese troops to the south. Fortunately this rather ridiculous idea was not put into practice; after all, the northern troops would simply walk around the concrete.

Another idea, this one was certainly put into practice, was to aerial spray large areas of jungle with an herbicide in order to deprive the enemy of cover. The herbicide used contained Dioxin, one of the most toxic synthetic chemicals every produced. The military code name was Agent Orange'.

Agent Orange was used without a proper understanding of the long-term consequences. Dioxin degrades slowly and may lie in the soil for a very long time. It now appears that human exposure to Agent Orange may increase the incidence of a number of cancers and chronic skin conditions. Worst of all are the mutagenic effects (birth defects) that are now being seen among the descendents of Vietnamese survivors. It has been claimed that over 1,000,000 Vietnamese suffer from serious health problems as a result of exposure to Agent Orange.

We were welcome at the American base headquarters of the army river patrol stationed at Long Xuen, This unit operated shallow draft, high-speed patrol boats; they mounted machine guns forehead, and two light automatic weapons aft. These men and their boats patrolled the rivers and canals about the Mekong River. Their base had a small swimming pool but was really not comparable to our quarters at the 'White House'. They did, however, rig up a

sort of water ski board, which they towed behind one of their patrol boats; this made for a lot of fun, whizzing along the Bassac.

During my three months in Vietnam Tom insisted on three occasions that I got away from work. They were exciting and informative weekends, but I'm not quite sure they were the type of weekend that Tom had in mind.

On my first weekend away I visited the Australian base at Nui Dat, and the recreational base at Vung Tau on the coast. On my second weekend away my American friends flew me to Sadec and Can Tao by helicopter, just to see what it was like in an active 'war zone'.

My third weekend, I spent with PBRs on patrol along the waterways. This unfortunately had a sad ending; on their next patrol, the boat and crew were ambushed while cruising along a narrow canal and a number of men were killed.

From time to time Australian army personnel would suddenly arrive and stay with us for a few days. These men were lone jungle fighters, attached to South Vietnamese units as advisors and leaders. They would arrive drawn and exhausted. The staff took them in, arranged hot baths, clean clothes, all the food they could eat, and, importantly, they were able to sleep without a gun by their side. This treatment did wonders and after four or five days they were off to rejoin their Vietnamese units.

The women on these surgical teams (i.e. the Australian nurses) were marvellous; they set a standard of living and caring for all of us to follow. They showed a degree of compassion that we men seemed less able to do for the less fortunate Vietnamese, and they cared for those special servicemen who came and spent a few days with us away from active duty.

October came and it was time to go home. It had been a very emotionally satisfying experience, and it had been a great privilege to be part of, albeit for a short time, a wonderful medical team.

The Vietnamese doctors gave me a wonderful farewell dinner, way out in a small house surrounded on all sides by rice paddies. On the set menu were baked sparrows, baked turtle and much wine.

The next day I flew to Saigon, spent two nights awaiting my flight, and flew home via Singapore to Sydney. I arrived as brown as a berry and two stone lighter. My lovely wife who was certainly pregnant met me. We flew home to Tamworth and I settled down to re-establish my practice.

Three weeks after my return, and just when all seemed to be going well, I started to feel off-colour, and one morning on completing a round of my patients I realised that I was jaundiced. I had Hepatitis A, a legacy no doubt from water skiing on the Mekong, which, in truth, was probably one of the sewers of Asia.

I was incapacitated for six weeks, our family and friends had to have painful injections of Gamma Globulin, and there was the real problem of no income. *Derek Berg.*

## “History”

Dr Derek Berg.

'History is lived forward but is written in retrospect. We know the end before we consider the beginning and we can never wholly recapture what it was to know the beginning only'

C.V. Wedgwood 'William The Silent'

Communism, in theory, is a political and economic system in which all property is owned by the community for all citizens to share in the enjoyment of the common wealth. In practice however, communism came to denote a totalitarian system in which, in all cases, a single party controls the government and the country; in short, a dictatorship tolerating no opposition. It was against such a system that the free world, led by America, 'fought' during the second half of the 20th century. This was known as the 'Cold War'.

In East Asia, the single most significant event following the collapse of Japan in 1945 was the victory of the Chinese communist armies, and the proclamation of the Peoples Republic of China on 1 October 1949, China then occupied Tibet (1951) and supported the communist state of North Korea in its endeavour to unite the whole Korean peninsula under a single communist dictatorship. This led to the Korean War 1950-1953.

During this time, communist parties in Asia endeavoured to disrupt or take over virtually all fledglings, newly formed independent governments in South Korea, Malaysia, Vietnam, the Philippines and Burma. To their credit the British went to great lengths to establish democratic and independent countries in Pakistan, India, Burma, Ceylon, Malaysia, Sarawak and Sabah (British North Borneo). In Malaysia, the Malayan Communist Party (MCP) fought a 'guerrilla war against the British in an endeavor to disrupt Britain's plans for a democratic independent Malay within the Commonwealth. In 1948, a state of emergency was declared in Malaya and lasted 13 years, but in the end the communist guerillas were defeated.

During a confused period of fighting and diplomacy, the Dutch agreed to withdraw from Indonesia, and America, without too much fuss, fulfilled their promise and gave the Philippines their independence.

In contrast to the British, Dutch and Americans, the French were determined to reclaim French Indochina and indicated in no uncertain terms they were prepared to fight to do so. French Indochina was made up of the kingdoms of Cambodia, Laos and Vietnam; Vietnam was itself made up of Tonkin (formerly Namviet), Annam and Cochin China; this whole area extended westward from the South China Sea to Siam (Thailand) and from China in the north to the **Gulf of Siam** in the south. This vast territory had been colonised by the French during the 19th century.

Following the defeat of Japan, the French returned to Indochina in November 1946. They had not contributed at all to the war against Japan; nevertheless, they tried to re-occupy the whole country. This led to strong resistance by the Vietnamese, and resulted in the vicious French Indochina war, which lasted for eight years, ending in the defeat of the French at Dien Bien Phu.

This defeat was formalised two months later with the signing of the Geneva Accord in July 1954. The Geneva Accord, signed on behalf of both the Viet Minh (the Vietnamese resistance) and France, gave independence to Laos, Cambodia and the two 'newly created' separate states of North Vietnam (Capital Hanoi) and South Vietnam (Capital Saigon) which were separated by the 17th parallel of latitude. It was also agreed that a free election should be held in both countries within two years.

The division of Vietnam along the 17th parallel was of great historic significance, for up to the time of colonial occupation in the 19th century, North and South Vietnam had always been separate and mutually antagonistic states, with the Chinese and Trinh families dominant in the north (Namviet), and the Nguyen dominant in the south (Champa).

The immediate result of this division of Vietnam was a well-structured communist government under Ho Chi Minh in the north, and a rather shaky, but pro-western government in the south. Within weeks of this division of Vietnam there was a huge migration across the border of Christians (mainly Catholics) and small landowners to the south (said to total 850,000), in an endeavour to avoid communism.

With the French gone, a return to the traditional power struggle between north and south resumed something that had been endemic for many centuries. The north was intent on unifying the whole country under communist rule and, with this in view, the Viet Minh had cleverly set up communist cells in the south during the war with France.

In 1958, at the Soviet sponsored 'youth conference' in Calcutta attended by delegates from all the communist parties in Asia, it was resolved to promote armed uprisings throughout Asia. In May 1959, North Vietnam decided to take up arms against the south and they planned that this war was to be fought by an uprising of southern communists (the Vietcong), backed up by the regular North Vietnamese Army.

The goals of the Vietcong and North Vietnamese were parallel, but not necessarily identical. The Vietcong initially sought to achieve power in an independent South Vietnam, while the north sought to annex the south and 'unify' Vietnam.

By 1961, the North Vietnamese threat to South Vietnam's continued existence had become extremely serious. It was unfortunate that during this troubled period in world affairs, the US administration was committing itself to backing any political party or nation, which opposed communism, no matter how incompetent, unstable, and corrupt they might be (e.g. Philippines and South Vietnam).

Much has been written about America and Australia's involvement in Vietnam during the 1960s, most of it derogatory, but in passing judgement, it is well to recall some of the problems that faced the 'free world' during that period.

In 1961, East Germany, with the support of the then USSR began erecting the Berlin Wall with the express purpose of preventing migration from east to west. In 1962, the USSR challenged America by sending weapons of mass destruction to its ally Cuba ('The Cuban Missile Crisis').

Much closer to home (i.e. Australia) Indonesia, under President Sukarno, developed closer relationships with China and moved more and more to the left. In 1963, Sukarno initiated a policy of confrontation with Malaysia in an endeavour to oust Commonwealth troops from the region and prevent the North Borneo States of Sarawak and Sabah from joining the evolving Malaysian Federation. During 1964, Indonesian paratroops landed at Labis in Central Malaya (this had been one of the main trouble spots during the previous communist insurrections) in the hope of generating communist support. In reply the Malay government declared a state of emergency for the second time *in its formative year*.

These moves by Indonesia precipitated a 'mini' war fought between Indonesian and Commonwealth forces (mainly British but including some Australians), and lasted from 1961 to

1966. This 'mini' war did not end until the Indonesian forces were defeated and Sukarno ousted.

Against this background of world events, America took a stand under President John Kennedy, and began sending help to South Vietnam, first in the form of equipment, then military advisors and, in 1964, main force American troops arrived with marines wading ashore at Da Nang. By 1965, over 200,000 American troops were serving in South Vietnam.

Added to all the world wide problems faced by the United States, Americans were also faced with a great deal of uncertainty at home; the assassination of President Kennedy (1963), civil rights issues, race riots, the assassination of Bobby Kennedy (1968, the Late Presidents brother) and later the assassination of the civil rights leader Martin Luther King (1968). In spite of all this America continued to lead the 'free world' against communist encroachment.

During 1962, Australia pledged support to the Americans in Vietnam and military advisors were sent. By 1965, Australian involvement had increased and the first battalion Royal Australian Regiment was sent to Bien Hoa just north of Saigon. This was a regular army unit and did not contain any conscripts and consequently, at this stage, most Australians supported the war.

In March 1966, Prime Minister Harold Holt (who had succeeded Menzies) announced the decision to send national service conscripts to fight with the Australian regular army in Vietnam; this was not a popular decision. From January 1965 to December 1972, a total of 63,740 Australians were conscripted and of these 15,542 saw service in Vietnam.

Initially, opposition to Australia's involvement in the Vietnam war was low key, but from 1966 onwards, particularly over the issue of using conscripts as front line troops, and later, after the quite remarkable and overwhelming propaganda success achieved by the Vietcong and North Vietnamese during the 1968 'Tet offensive, this 'victory' led to increasing opposition to the war in both America and Australia.

The Vietnam War was the first major war to be completely televised. Unfortunately television is a medium of shock rather than explanation. It is a crude medium which strikes at the emotion rather than the intellect, and because of television's insatiable appetite for visual action, especially violence, it often tends to distort and trivialise without offering unbiased reasoning.

During the Vietnam War, television certainly shocked people in their sitting rooms across America and Australia, particularly with scenes like the ghastly American massacre of the villagers of My Lai. Equivalent acts by the North Vietnamese army and Vietcong, as at Dak Son where they incinerated more than 250 villagers (including women and children), with flame-throwers, or the massacres at Hue in 1968 where over 5000 people were executed and buried in mass graves, were not highlighted on television in America or Australia as the cameras concentrated on *crimes committed by the American forces*.

The reason for this negativity and 'anti-war' reportage were not difficult to find. The first port of call for nearly all American and Australian reporters was Saigon, the capital of South Vietnam and by far the largest city in the land, it was once the centre of a huge French colony with tree-lined boulevards and spacious French colonial mansions. Unfortunately, as the war escalated and the military presence increased with the inevitable non-combatant 'support' services, Saigon became corrupt. Opportunistic Saigoneses began erecting cheap bars and clubs and the city became a sea of uniforms and a nightmare of prostitutes, pick-pockets, beggars, rumbling, exhaust-spewing military vehicles, and, above it all, the whoop-whooping of helicopters.

A generation of young (and not so young) journalists was thrown into this atmosphere of corruption and apparent incompetence. Idealistic and sympathetic to the anti-war protestors at home, emotionally affected by the unstable nature of the South Vietnamese Government and the sleaze so apparent in Saigon, they sometimes lost sight of the facts. Why should young Australians (and Americans) be conscripted to fight and defend such a system? These were certainly laudable sentiments, but no excuse for distorting the truth. They began to distrust and, at times, despise the US Military and their news reports reflected their convictions.

An example of their complete misunderstanding of the facts was their reportage of the enemies 1968 'Tet offensive' (incidentally this was the time when Russian tanks entered Prague to suppress Czech liberalism). The media in America and Australia proclaimed this 'Tet' offensive' as a total communist victory; a claim which calmer research two decades later showed to be completely untrue.

Today it is possible to unemotionally summarise some of the military events that unfolded in South Vietnam in 1968.

During the latter part of 1967, North Vietnam planned a two-phase attack on South Vietnam. Phase one entailed massive attacks by regular units of the North Vietnamese army against the Americans along the border regions or demilitarised zone.

These attacks were designed to draw American and allied troops out of the southern cities, including Saigon, and thereby facilitate a successful general uprising in the south by the Vietcong (phase two).

On 21 January 1968, the North Vietnamese army made a massive attack on the well-prepared Americans at Khe Sanh, just south of the border between North and South Vietnam. They were well and truly repulsed.

The timing of the second attack in the south was to coincide with the 'Tet' festival and would proceed irrespective of events in Khe Sanh. 'Tet' is the main Buddhist festival in Vietnam, celebrated with the lunar New Year, which began, in 1968, on 30 January. 'Tet' is a sacred time of ancestral worship and family reunion, when soldiers expect to get leave to return home.

The 'Tet offensive' in the south began on the night of 30 January 1968. This offensive was a marvel of military planning and co-ordination. Simultaneous attacks occurred throughout Vietnam involving more than 100 cities and major towns, as well as scores of military bases.

Counter attacks by the Americans and the Army of the Republic of Vietnam (ARVN), resulted in the defeat of the Vietcong within four days, except in the old capital of Hue. The communists were able to hang on to Hue for 26 days, and what the world did not witness (due to biased reportage), was the slaughter the communists conducted on the citizens of this lovely old cultural and intellectual centre.

Further north around Khe Sanh, fighting continued until April 1968, by which time the North Vietnamese army had lost 50 per cent of their combat troops and had been soundly defeated. Strategically, the 'Tet offensive' was designed with no less a goal than to win the war. Failing that, it was hoped at least to weaken Americas faith in a military solution. In this it succeeded.

I had no first hand experience of the fighting in Vietnam. I did, however, visit the Australian base at Nui Dat and could not help but be impressed. The Australian soldiers lived in regulation tents, the area was clean, there was little noise, there were no Vietnamese servants, and the men had a military look; one could not help being a little proud.

In contrast, I visited the quarters of an American support unit; they were certainly not front line troops. The men lived in a huge domed two-storey Quonset hut (prefabricated), fully air conditioned, with cigarette and Coca Cola dispensers just inside the entrance. There were Vietnamese servants (mostly young women), television sets and loud music blaring incessantly. In spite of all this, during *my short time in Vietnam I came* across many fine young men and women (both Australian and American) and heard many stories of incredible bravery and much concern for the soldiers of the South Vietnam army (Army of the Republic of Vietnam or ARVIN) with whom many Americans and Australians fought.

In truth, the distorted publicity emanating from 'popular' reporters so inflamed public opinion in America and Australia that politicians in time lost heart, became convinced that the war could not be won and that the best option was a withdrawal and a negotiated peace.

The US reopened negotiations for peace in 1972. This led to the 'Paris Agreement' of January 1973. This agreement included the withdrawal of all foreign troops from Vietnam, the cessation of hostilities between North and South and the holding of free elections in South Vietnam. The latter parts of the agreement were never complied with. By 1975, once the Americans had gone, the communists controlled the whole of Vietnam.

In the end, the Vietnam War was lost; the causes were multi-factorial, but the American and Australian media had a huge part to play in this loss. One of the sad consequences of the biased reporting from Vietnam was the shameful way many returned soldiers were treated by their own countrymen.

The cost in lives was 423 Australians killed, and 2398 wounded. The Americans lost nearly 50,000 men, equaling the number of Americans killed in World War I.

Importantly, (and often overlooked) communist insurrection after the Vietnam War ceased throughout Asia. Today (2004), only North Korea remains 'hard line' while China and communist Vietnam are very much open for business.

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*The views expressed in the above article "History" are those of Dr D. Berg and not necessarily those of any other author in this book. Editor.*



Forty Years On.....

Canberra War Memorial. Dedication of the Commemorative Plaque. 2008.



L to R. Brenda, Angela, Brian, Clive, Ken, Gordon, Kay.



L to R Nurses Janet, Angela, Janice and Brenda.

## Index

- , Bac Si Tho ..... 8
- 199<sup>th</sup> Reconnaissance ..... 5
- Abel Vela ..... 19
- Aid House ..... 8
- Air America..... 25, 77, 159
- air strikes ..... 15
- Alister Brass ..... 75, 76, 198
- All had had their throats cut ..... 53
- American Embassy ..... 40
- An Giang 4, 11, 15, 16, 17, 27, 51, 92, 100, 161
- anaesthetics ..... 10
- anaesthetist..... 24, 84, 142
- Angela3, 9, 27, 55, 84, 89, 127, 128, 132, 133,  
134, 137, 142, 154, 179, 191, 200, 201
- Angela Ross..... 3
- Ao Dai's ..... 101
- Apley ..... 64, 173
- Aubrey Elliot..... 107, 126
- Australian Surgical Teams ..... 23
- Ba Le ..... 172, 178, 184
- Ba Sau..... 54, 174, 177, 178, 184
- Bac Si Nhi ..... 8
- Bacsi..... 28, 40, 54
- Ban ..... 8
- Bandit Catchers Club..... 110
- barefoot doctor ..... 56
- barium..... 34
- Bassac ..... 6, 12, 16, 27, 92, 107, 186, 193
- Ben Hoa ..... 22
- Berg ..... 198
- Beryl Nichols..... 149, 154
- Beryl Nichols..... 10
- Bien Hoa11, 17, 42, 57, 75, 116, 118, 121, 122,  
123, 134, 139, 159, 160, 164
- Bien Vinh ..... 10
- Bignall ..... 27, 139, 153
- Bill Otte ..... 17, 19, 38, 41, 51, 74, 84, 120, 139
- black-market ..... 28
- Bleeding Earth ..... 75, 198
- bomb craters..... 24, 91, 149
- Bond ..... 2, 3, 4, 23, 84, 178, 179, 182
- Brenda8, 9, 11, 27, 42, 95, 130, 132, 133, 179,  
200, 201
- Brenda Wilton..... 8, 9, 11, 27, 42, 95, 130
- Brian3, 10, 12, 27, 83, 91, 106, 108, 112, 132,  
135, 144, 168, 171, 173, 181, 184, 185, 200
- Brian Kearney3, 10, 12, 27, 83, 91, 106, 112,  
132, 144, 168
- bureaucratic indifference ..... 83
- burn out ..... 22, 179
- Butterworth ..... 135
- Cactus ..... 175, 176
- Can Tho16, 33, 69, 70, 112, 116, 117, 120, 126,  
143, 152, 159, 161, 163, 164
- Canberra ..... 186, 200
- CanTho..... 22, 70
- carbine ..... 11, 19, 41, 43
- Caribou57, 76, 104, 130, 134, 143, 160, 164,  
186
- carotid angiograms ..... 182
- Chau Doc ..... 16, 17
- Chau Than ..... 19
- chien hoi..... 11
- Children's Ward171, 172, 175, 176, 177, 179,  
181, 184
- Children's Hospital ..... 64, 173, 175, 181
- Cho Moi ..... 82, 109
- cholera ..... 8
- Cholon..... 15, 20, 103
- chopper ..... 12, 21, 153
- Chou Doc ..... 51
- claimed killed by a combined ground and  
air strike ..... 19
- Claymore mine ..... 8
- Clive2, 3, 4, 10, 19, 23, 27, 84, 103, 104, 106,  
110, 111, 114, 120, 123, 124, 127, 130, 132,  
134, 139, 152, 178, 179, 182, 183, 200
- Clive Bond3, 10, 19, 27, 103, 104, 106, 110,  
111, 130, 132, 139, 152
- Co Hue ..... 172, 173, 178, 184
- Col. Lane ..... 17
- Colonel ..... 9, 17, 19, 20, 41, 84, 108, 112, 121
- Commemorative Plaque ..... 184, 200
- communication ..... 16, 17, 34, 167
- communist..64, 84, 92, 194, 195, 196, 197, 198
- Coralie ..... 59, 66
- CORDS ..... 9
- Corkery ..... 116, 125
- curfew17, 19, 20, 75, 76, 111, 112, 116, 120,  
134, 138, 153, 164
- cyclos ..... 8
- Cyclos ..... 40
- Dakota ..... 25, 26, 58, 64
- Dalat ..... 58, 76, 77, 82

Dave..... 15, 111, 120, 145  
 Department of Foreign Affairs ..... 7  
 Derek Berg.....3, 70, 83, 135, 193, 194  
 Derek Oliver Berg..... 186  
 DFA.....7  
 Dick Crooks..... 53  
 Dirty T Shirt.....56, 101  
 Doberman Pinscher..... 52  
 Don Blankenship ..... 72  
 Doust ..... 90, 130, 133, 134, 142, 178, 179, 181  
 East Asia Treaty Organisation ..... 4, 6  
 explosives ..... 4, 19, 96  
 extradural haematoma ..... 10  
 Fletchet bomb.....75  
 Forty Years On.....200  
 Frustration ..... 29  
 Gabe Smilkstein ..... 22, 85, 110  
 Geoff Craig ..... 5, 43  
 Glasson..... 75, 92  
 goitre..... 101  
 Gooney Bird ..... 26, 64  
 Gordon<sup>3</sup>, 9, 10, 12, 13, 27, 83, 84, 90, 91, 133,  
 135, 147, 178, 179, 180, 181, 185, 200  
 Gordon Hudson<sup>3</sup>, 9, 10, 12, 27, 83, 84, 90, 91,  
 133, 147, 178, 179, 180  
 Gough Whitlam ..... 22  
 grenade.....19, 21, 43, 71, 72, 112, 137  
 grenades.....17, 19, 41, 43, 69, 144, 164  
 guerrillas .....28, 40, 69, 92  
 Harvey..... 120, 181  
 Hudson.....9, 135, 142, 179, 180  
 Huey .....21, 43, 54, 153  
 Indochina ..... 7, 194  
 isolation..... 4  
 Janet<sup>3</sup>, 8, 9, 27, 55, 58, 75, 86, 92, 103, 105,  
 110, 112, 120, 129, 130, 140, 179, 201  
 Janet Glasson<sup>3</sup>, 8, 9, 27, 55, 58, 86, 103, 105,  
 129, 130, 140, 179  
 Janice.....<sup>3</sup>, 27, 106, 157, 160, 179, 201  
 Janice Rayner..... 3  
 Janice Rayner Mills..... 157  
 Japanese ..... 8, 94, 119, 160, 169, 182, 187, 191  
 jet fighter .....26, 54, 134  
 John Fisher<sup>3</sup>, 10, 11, 17, 34, 99, 109, 112, 114,  
 120, 135, 155  
 Josh..... 52, 124, 125  
 Joshua .....123, 124, 125  
 Kath.....7, 15, 16, 18  
 Kay Pannell.....27, 86, 183  
 Kay Parnell .....9, 11  
 Kearney ..... 3, 135, 171, 181, 184  
 Ken Doust<sup>3</sup>, 6, 11, 12, 27, 83, 94, 120, 129,  
 130, 138, 139  
 lack of equipment ..... 116  
 Lane..... 17, 41, 43, 108, 112  
 Lois Nugent ..... 106, 135, 161, 162, 163, 170  
 Long Tan .....6  
 Long Xuyen<sup>4</sup>, 5, 6, 12, 15, 16, 20, 21, 23, 25,  
 26, 27, 29, 34, 40, 42, 43, 54, 69, 75, 82, 84,  
 91, 92, 105, 106, 107, 110, 112, 118, 120,  
 123, 129, 130, 132, 139, 150, 153, 155, 157,  
 158, 159, 160, 161, 162, 163, 164, 165, 166,  
 168, 169, 170, 186, 187, 191  
 Lorraine ..... 10, 19, 27, 133, 134, 139, 153, 179  
 Lorraine Bingley .....10, 20, 179  
 Lydia Simonis.....5  
 machine-gun.....55, 59, 64, 69  
 MACV<sup>5</sup>, 12, 14, 16, 17, 18, 19, 37, 38, 40, 41,  
 42, 43, 99, 107, 108, 112, 126, 130, 131, 134,  
 152  
 Major Harold Brown.....38  
 malaria.....8  
 Malcolm Goldsmith.....11, 27  
 Marie house .....38  
 Medical Technologist..... 149  
 Mekong<sup>4</sup>, 6, 16, 27, 70, 71, 82, 91, 143, 145,  
 160, 161, 162, 165, 186, 192, 193  
 Mekong Delta ..... 4, 160, 161, 162, 165  
 Military Advisory Command Vietnam..... 12  
 Military Advisory Corp Vietnam .....37, 41  
 Monsieur Hue ..... 9  
 movement in the kitchen..... 42  
 Mr Tang.....20  
 Mrs Bond..... 16  
 Ms Co Thoi..... 10  
 My Tan Orphanage ..... 13  
 Napalm.....118, 191  
 Narrandera ..... 23  
 Neurosurgical.....23, 178  
 New South Wales ..... 4, 6, 90, 127, 157, 158  
 Nha Trang.....76  
 Nhi Dong.....64  
 NSW Hospitals Commission ..... 6  
 Nui Dat .....21, 69, 163, 193  
 Nui Sap..... 11, 92  
 Nui Tuong..... 11

nurse education .....	9	Spooky.....	65
Nurse Educator .....	157, 158, 179	stash of weapons in the front hall .....	21
NVA .....	17, 18	Steve Whilden.....	103, 104, 109
Offensive.....	4	sub machine-gun .....	24
orphanage.....	12, 13, 82, 109, 152	surgeons.....	8, 10, 11, 18, 22, 24, 54, 94, 133, 142, 155, 166, 168, 191
outpatient's clinic .....	28	Swampfox.....	5, 38
Paediatric.....	10	Tan Son Nhut...8, 16, 24, 25, 26, 149, 152, 186	
paediatrician .....	24, 83, 120, 132, 142	Tan Son Nhut airport.....	8
PATROL BOAT, RIVER.....	72	Terry Egan.....	70, 84
Peace Corps.....	15, 145	Terry Egan,.....	70
Pearson.....	84, 89, 123, 127, 128	Tet.....	4, 15, 16, 17, 18, 19, 22, 40, 42, 43, 51, 75, 84, 92, 111, 113, 121, 133, 138, 153, 155, 161, 162, 163, 164, 165
Pham .....	17, 19, 20	Thompson submachine gun.....	17
Pinocchio .....	53, 54	Thot Nhot .....	19
Port Macquarie .....	23	Time off and travel and return refreshed..	82
Province Chief .....	17, 120	Tom Calov.....	9, 10, 11, 21, 27, 86, 87, 91, 101, 112, 120, 173, 178, 179, 181, 183
Puff the magic dragon.....	64	tracer bullets.....	17
Pulmonary TB.....	10	TRAI MUOI.....	171
Quan.....	149, 150	Tran.....	135, 155, 177
R and R.....	15, 22	Tran Thuoc Tho .....	135, 155
R.P.A.H.....	89, 105, 127	TRAN VAN TANG.....	20
Rach Gia.....	16	tuberculosis .....	10, 29, 56, 83, 100, 162, 188
radiographer.....	4, 10, 23, 24, 34, 39, 64, 82, 91, 130, 132, 142	Tuberculosis .....	28
Radiographer .....	23	Ty .....	34, 82
radiological.....	182, 183	typhoid.....	8
Richard Papworth.....	8	Uc Dai Loi.....	14, 105, 106
Rivervet.....	72	US Army .....	5, 37, 38, 41, 51, 57, 74, 84
Robert Kennedy.....	11, 12, 15	USAID .....	76, 171
Ross.....	3, 9, 27, 55, 84, 89, 90, 127, 128, 145, 179	VC.....	11, 14, 15, 16, 17, 18, 19, 21, 22, 23, 43, 57, 69, 112, 144, 146
Royal Melbourne Hospital in 1964.....	158	Viet Cong.....	26, 28, 40, 41, 42, 43, 51, 53, 54, 57, 64, 69, 71, 75, 76, 82, 84, 92, 93, 108, 111, 117, 120, 145, 146, 161, 163, 165
Royal Prince Alfred Hospital.....	23, 89, 90, 127, 182	Viet Minh.....	7, 15, 161
RPA hospital .....	34	Vung Tau.....	17, 42, 57, 58, 69, 74, 89, 103, 104, 105, 112, 126, 129, 134, 153, 154, 163, 164, 165, 193
RPA Hospital.....	10	Wally Skinner.....	9
Sadec.....	55, 116, 193	War Memorial.....	184, 200
Saigon.....	8, 15, 16, 17, 18, 20, 21, 24, 25, 33, 40, 41, 42, 57, 58, 59, 64, 65, 66, 75, 76, 78, 89, 91, 92, 103, 104, 105, 106, 108, 112, 116, 117, 127, 130, 131, 134, 142, 143, 147, 149, 152, 155, 159, 161, 169, 186, 188, 193	Warant Officer .....	42
Sam Givhan.....	5	warehouses.....	33
scalping.....	55, 137	Welby Skinner.....	11, 27, 91, 106, 109, 131, 134, 135, 175
School of Nursing .....	157, 161, 162, 164, 169	White House.....	9, 14, 17, 18, 19, 21, 26, 91, 102, 112, 123, 124, 143, 144, 188, 192
scout plane .....	38		
SeaBees.....	52		
SEATO .....	4, 6, 23, 150, 157		
snipers .....	116, 123		
South-East Asia Treaty Organisation .....	6		

William Otte ..... 84  
With Healing Hands ..... 4, 140, 184  
Woods..... 84, 116

Xray .....23, 34  
x-ray department .....33, 54

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