*New Zealand Nurse in Vietnam - Frances Palmer*

At twenty-four, I left New Zealand for the first time, flying to Vietnam in December 1974. I had a one year contract with Save the Children Fund in Qui Nhon, where a New Zealand Medical team was also based. Having arrived in Singapore too late for the connecting flight to Saigon, I arrived a day late but with help from a hospitable Vietnamese student and the New Zealand Embassy, located SCF HQ.

A sign pointing towards it was illustrated with an attractive female face: ‘*Many pretty surprises here’*. (brothel next door) The English SCF director told me I would now be sent to Hue, not Qui Nhon. I had expected contact with kiwis such as Dr Margaret Neave on the NZ team. I’d barely heard of Hue.

“Isn’t it quite close to the border with North Vietnam?” I enquired tentatively. No response. I checked the wall map. It was. The administrator took me on a hasty tour of Saigon. I struggled to keep up, diving between market baskets and stalls, sensitive to strangeness, dirt and poverty everywhere. As we sat down at a rough table for a cool drink, a thin small boy put out his hand for money. I still had no local currency. “Don’t look at them. It encourages them!” he commented callously.

As I boarded the plane flying north, the airport lounge was empty. “Well, they’re winching up the rubber bands now! What’s the date?'' the administrator asked for the third time that day. "Oh yes, *Friday the 13th*. I told you the plane was blown up by communists last month didn't I? I knew several of the French people killed.”

The flight to Da Nang was uneventful. A young Vietnamese man in a business suit helped find my luggage. As nobody initially appeared to meet me, he offered to escort me to my destination and gave me his card, inviting me to contact him if I ever needed help in Saigon.

SCF Da Nang hosted me overnight, before the last leg of the journey by helicopter to Hue. For safety, we flew over the sea most of the way, but some fields pock-marked from aerial bombing were visible. The helicopter landed in a park in Hue, enveloped in eerie dense mist by the monsoon. Visibility at more than two metres was almost zero. SCF’s Scottish administrator shook hands and Carl, a lanky Norwegian doctor ‘having a break’ from the Norwegian Army reached for my suitcase. He suggested a few free days to settle in before beginning work, but I was ready to start.

On Monday we drove with eight Vietnamese staff one hour north to a ‘resettlement ‘village’ in Quang Tri Province near the North/South border. Monsoonal rains had turned the last few kilometres of slippery dirt road to mud. A South Vietnamese army truck was summoned to tow us out. On arrival, immaculate blue uniformed staff picked their way through sludge to set up clinic in a fragile school with earth floors, occupied by poorly clad, malnourished, mildly curious children.

The eeriness of seasonal mist was accentuated by the silent, sullen presence of a platoon of armed South Vietnamese soldiers sheltering under the lean-to roof we set up clinic under, brown uniforms blending with the mud, rendering them initially almost invisible. They radiated resentment and despair – reflecting an uncertain future in a war that seemed endless, with uncertain pay for the possible sacrifice of their lives. Hundreds of dull brown eyes fixed on me. I was acutely aware how inappropriate bmy short stark white uniform and pale bare legs looked next to the subdued clothing of modestly dark-trousered peasants and staff. I felt awkward, vulnerable and faintly culture-shocked in the middle of nowhere shrouded in mist, not yet part of established routines.

Once they had set up, a senior Vietnamese interpreter graciously showed me around and Carl explained assessments, diagnoses and prescriptions. He was an efficient, conscientious doctor who did not hand me a predesignated role but stated I could do whatever I felt able to handle. I didn’t hesitate. The role was basically that of GP. For one day I observed, listened and learned.

People whose original homes had been bombed, lived in earth floor shelters in the mud distinguished only by picturesque Buddhist shrines out front, showing the power of the human mind to try to safeguard occupants, despite appalling circumstances. Children in ‘resettlement villages' without amenities such as running water and sewage systems, suffered mainly from malnutrition, hookworm, impetigo, bronchitis and pneumonia. Skin infections were not simply spots of impetigo spattered on unwashed limbs and heads, to be nipped in the bud with blobs of gentian violet. Here little girls trembled as they bravely held up hands blown up like balloons to be popped by scalpel incisions, drained of pus, then cleaned and packed by an efficient Vietnamese nurse.

The second day, in another village, Carl let me assess, diagnose and prescribe for 70 children, checking each case. I was surprised how easy it was to detect the harsh rasp of bronchitis, or delicate ripples of bronchiolitis, the ominous silence of impacted lungs (pneumonia) and squeakiness of hookworm larvae. It was immensely satisfying to provide some relief to alleviate such difficult lives. Carl observed that it was most unusual that I adjusted to the whole environment so quickly.

“You are supposed to be in culture shock. The Norwegian nurse was totally silent for the first week.”

A few days later, an English nurse (another Frances) joined our team. The men were from the army and E Frances from a ‘respectable military family’. I had a different perspective on the war, having read about the Paris Accords in which western nations guaranteed Vietnam democratic elections, but instead invaded and supported puppet governments hated by most Vietnamese. But our differences never created division. We respected each other’s conscientious work and competence.

Our house staff were two kindly old women. The frail elderly housekeeper doubled as our gate guard, to the amusement of local Americans whose homes were guarded by armed, uniformed men.

At the end of the first week, I went down with flu over the weekend.

“Culture shock!” Carl claimed. “No way,” I protested. I was ready for work again on Monday.

A few days later, Carl went down with flu and was off work for a week. I popped in to say hullo.

“Culture shock?” I enquired cheekily. He’d been in Hue several months. “Okay, you win!” he laughed.

We each saw about a hundred patients most days (300 in total), going to a different village each day of the week. Expatriate staff with interpreters assessed, diagnosed and prescribed medication. Dressings, injections, immunisations and pharmacy work were done by efficient Vietnamese staff with less training. Assignment of clients to expats was haphazard. I proposed that continuity of supervision would be more effective, as scanty charts provided limited information to assess improvement or lack of progress, so admitting staff checked the previous signature on each chart when assigning children to queues. Staff and patients found the continuity far more satisfying and personal. They had little security in their lives. We asked about their situations so as to prioritise recipients for supplementary milk powder from New Zealand. (as we packed weekly rations into plastic bags each Saturday morning, the Vietnamese staff teased, “Does this bring homesick tears to your eyes, Frances?” No, it made me proud.) Most women hadn't seen or heard from husbands for years since taken by the army. They didn't know if they were dead or alive.

Their anxiety intensified when government supplies of rice wavered. In addition to aerial and ground assaults and land mines, many areas were rendered agriculturally impotent by poisonous chemicals sprayed by US planes. Derelict concrete skeletons of churches with crosses over empty doorways remained as memorials to deserted villages. The ancient, walled Quang Tri City, reduced to rubble, was now a forbidden zone.

Surviving families were resettled in villages of earth floor huts, with recycled tea chest walls. The monsoon made floors muddy and bred bronchial ailments in malnourished children. Clean running water was unobtainable. I rarely saw a toilet in Quang Tri. One of our earth floor clinics was used as a public latrine between our visits. Faecal litter had to be cleaned up before clinic.

Virtually destitute women wore black or white cotton shirts and black trousers sometimes held together with safety pins, but their treasured babies were dressed in the most delicate clothes they could provide. Though living a subsistence lifestyle off degraded, mined land, sprayed with toxic chemicals, Vietnamese women were dedicated mothers under physical and psychological hardship conditions few people can imagine. The more time I spent with them, the more I admired them.

American, Australian and New Zealand soldiers were awarded medals for their perseverance in destroying Vietnam. It was these *women* who most deserved medals, for doing their utmost to care for their families, to keep love and hope alive despite the hell on earth forced on them. No one should speak of the war's impacts on invading forces, as dreadful as they were, without first acknowledging shocking impacts on millions of innocent Vietnamese civilians. To soldiers, Vietnam was war zone ‘work’. To the mothers and children, this was ‘home’, the place they had a right to feel safe.

I witnessed one mother's courage crack one day. The interpreter told a waiting queue that we would spend just a morning here, in order to visit another needy village in the afternoon. Carl asked the mothers to line up and selected only obviously sick, very fragile children for clinic. When one mum realised her son was not among the chosen, she flung herself on the ground, screaming. Though we didn't want to sacrifice the other village, Carl then promised to see *everyone*, though this made some staff members late for evening jobs necessary to keep family finances from falling far behind inflation. With the pull of needs elsewhere, it seemed we were beginning to spread ourselves too thinly.

When it was finally this mother's turn to have her son checked, I addressed her anxiety by checking him thoroughly and asking if she had any specific concerns about him (she didn’t) or anything else. Like many women, she had no idea if her husband was still alive. I reassured her that her six year old son was healthy and that she was obviously a wonderful mother doing a great job. Though he needed no medication, *she* desperately needed moral support in this insecure environment.

Quang Tri people were desperate after hearing that the government could not continue rice supplies. Vietnam had been one of the world's key rice exporters, but by 1974, so much agricultural land had been defoliated, mined or degraded by bomb craters and such a high ratio of farmers commandeered for the army, Vietnam could no longer produce enough rice to feed its own people.

After Quang Tri City was destroyed, a tiny building was designated as ‘the hospital’ in Quang Tri Province. It was run by a gracious Vietnamese woman who asked for nothing, though her storeroom was bare. It had no surgical equipment or theatre, despite being in a war zone riddled with mines.

Quang Tri switched between anti-communist and communist control from day to night. From one clinic, we could see North and South Vietnamese flags wave warnings to each other across the river when the mist lifted. It was unclear which side was ‘winning’. In a desperate attempt to stay safe, some families tried to cover all bases by having different family members in opposing armies.

I asked my Vietnamese colleagues what future they hoped for Vietnam. They saw no hope of the war ending, simply struggling daily to keep families afloat as the tide of inflation rose. Several spoke no English. The lovely mature dressings nurse, gently but firmly drained and disinfected deep abscesses. The younger driver diversified into immunisation. He dismantled and maintained delicate vaccine equipment as well as vaccinating, an important job he took very seriously. The older driver, a tall, dignified Catholic fatherly figure with eight children, had been Hue’s police chief until imprisoned after a government coup. Witty Myan of Chinese descent who dispensed medications, had a son but lost her husband to the war. The interpreters included Kiet, a dignified man despite painful war injuries; charming Cao, the team spokesperson; and Shobah, a lovely Indian/Vietnamese girl.

We saw two other well educated Vietnamese women regularly. My Vietnamese language tutor was the elegant wife of a Vietnamese teacher of English, a charismatic personality who bravely formed a new democratic party. Passionately proud of his Vietnamese cultural heritage, yet comfortable with westerners, he entertained us with traditional Vietnamese music, the walls of their home decorated with political posters. Another elegant woman (wife of local petrol station owner) visited weekly to give E Frances French lessons. She banqueted us at her home. Few Vietnamese could live like this.

On public holidays we visited Hue’s orphanages. I was shocked on my first visit. There was nothing homely about the bare concrete structure underfed bi-racial preschoolers lived in. Some sat immobile on a long wooden bench, staring with empty eyes, finding it difficult to rouse themselves from a passive, withdrawn state to an interactional one. The emotional suffering of these ‘little’ tragedies of war was huge. They were one of multiple forms of inhumanity visited on innocents by American power politics and war. Will they, or we, ever apologise for their suffering?

Soon after my arrival in Hue, our team (and apparently all expats in Hue) was invited to a concert by nuns at a large orphanage. We were entertained by a superb balalaika orchestra of about twenty Vietnamese nuns dressed in colourful knee length Russian folk costumes. In the middle of the Cold War (a 'hot' war in Vietnam), a concert of Russian folk music was the *last* thing expected from Catholic nuns. The effort required to learn the musical arts of another culture did seem an odd diversion of energy when children in their care were so emotionally deprived. No children were present.

We took dozens of children from this orphanage on a picnic to the ancient emperor Tu Duc’s tombs one weekend. We had made it clear to orphanage staff that Afro American children *must* be included. They had a wonderful day, each child proudly sporting a helium balloon as they wandered around the lake and over the bridge to the covered summer house from where emperors had fished and gazed at water lilies with wives and concubines. Plump, smartly outfitted Vietnamese children with privileged parents warily eyed the shabbily dressed 'war orphans' decorated only with blobs of gentian violet, but our party appeared unselfconscious. I wondered if I could take these children to New Zealand for adoption where they would blend in, rather than face discrimination all their lives.

Despite the pull of work, we took a day each week to rest and socialise. A delightful French couple came to dinner several times. The husband was a witty, charismatic man from Alsace. The French government paid him to teach French at Hue University, maintaining cultural influence begun with France’s earlier occupation of Vietnam. But knowing the students had more chance of finding work if fluent in German (with German pharmaceutical companies in Vietnam) he taught that instead.

An occasional American visitor once brought a tall young Vietnamese general over. This modest, well-educated man who spoke fluent English, did not resemble the image I had of corrupt old generals who pocketed wages of reluctant conscripts. We discussed difficulties running clinics for aggressively desperate clients in Quang Tri. He spoke empathetically about *his* people who had suffered so much.

By late February in 1975, things were coming to a head. Confrontations were intensifying near the border. There was a rash of fatalities of people we knew, both children and adults. During lunch break at a recent clinic I’d struggled to reactivate school French with the French-speaking husband of a Vietnamese midwife. Everyone liked this young man whose spirit had somehow survived this horrible war. The following week, our team fell silent as we approached the clinic. Wailing at the entrance was his distressed wife and daughter in traditional calico-coloured mourning clothes. Her beloved husband, an army officer, had been killed. Our van drove them to the funeral.

That day, Carl gave one of his patients a colourful new jersey as he was concerned about her intractable bronchitis. Usually cheerful, he was puzzled this brought no smile to her face. He asked what was wrong. Her sister had been killed by a landmine the day before, while collecting firewood for the family. Hundreds of thousands of mines killed indiscriminately. Our spirits sank further.

As anxiety and desperation mounted in Quang Tri, so did tensions between some staff and patients. One day, surrounded by a desperate, noisy throng of people in a cramped clinic with window spaces crowded with curious onlookers, E Frances stood up and shouted for silence. Gesturing agitatedly, she accidentally broke the frame of a poor woman’s prized hat. The distressed woman stormed outside, banging furiously on the tin walls, creating a din far worse than before.

When I took a few days break to visit the New Zealand team in Qui Nhon, E Frances asked James to help in the clinics. She thought that if everybody was given tickets before clinic started, they would feel secure knowing that they’d be seen, and wait quietly. James offered to distribute them. No one anticipated the desperate stampede for tickets which occurred. Infants were almost crushed in the throng. Mothers with fragile children were the most disadvantaged in such a struggle and therefore the *last* to be seen. James stated that in all his years as a soldier, he’d never fought anyone harder than some of the women that day. I was determined there would be no more such incidents.

I asked Cao to persuade villagers to form a queue. Staff said this was impossible. I insisted we try. Due to the delay of a morning meeting where Cao requested a staff pay increase to address inflation, we arrived late to an anxious waiting crowd. With a battery-operated loud speaker, Cao told the crowd that to avoid people getting hurt, everyone must form a queue before clinic started. This was such a change from the snatch and grab of the week before, the mothers seemed disbelieving. But 45 minutes and many repetitions of instructions later, a straggly three person wide queue formed. We then informed them that we would now walk down the queue to identify those most ill and in need of urgent attention. They would be given high priority tickets and go to the front. Others need not worry as *everyone* would be seen. The strategy succeeded. Tensions gathering force at that clinic dissipated that day, though disgruntled staff disappeared for a long lunch break. By the end of the day, however, we had seen more high priority patients than usual, and almost as many others.

At this point, Carl and E-Frances were sent on ‘leave’ to the dismay of Vietnamese staff, nervous at expatriate 'desertion'. I was now the only expatriate going north with them. We went to Quang Tri for the rest of the week but its population was evaporating, and we began to see our clients in refugee camps in Hue. A client of mine greeted us warmly in her rough black peasant clothes. Her four year old daughter had hugged me two weeks before, after my prescription of antibiotics, deworming pills, vitamin/iron medication and milk powder led to a rapid recovery from bronchitis, hookworm, anaemia and malnutrition. In a week she was transformed from a limp, pallid shadow to a lively, smiling child. Her robust mother raised the spirits of the staff, contending that she’d leave everything behind, even money, but *not* her child's health chart! It was now her sole symbol of hope, health and security as they slept with crowds under a tarpaulin in the open, amidst chaos, trying to run away from the war.

Our team began helping the Vietnamese Red Cross at a refugee camp set up on the outskirts of Hue for one day each week, working alongside two Vietnamese doctors from Hue’s hospital. The eyes of the younger doctor filled with tears as he described the horror and sense of inadequacy he felt watching patients die on the operating table because he lacked adequate equipment to save them.

Despite the migration south, we were reluctant to abandon those left in the Quang Tri villages. The last day we went north, I had to check at an American office in Hue that it was safe to go. The American drawled that everything was fine. By now the US government had withdrawn US military support for the South Vietnamese Army. Most Americans had gone. They appeared out of touch.

We reached the largest bridge in Quang Tri to find it had been blown up overnight. The Vietnamese staff took out plastic tikis I’d just given them, courtesy of the New Zealand medical team in Qui Nhon.

“We’d better take our ‘luckys’,” they suggested, clutching the tikis as they ventured over for a closer look. They spoke briefly to Vietnamese soldiers at a checkpoint. “The [South Vietnamese] colonel in charge will be executed over this,” they reported. I hoped it was not the one who visited us.

We returned to Hue and spent the rest of the day playing games with children at an orphanage. A few days later, I was commandeered onto a Vietnamese nurses’ picnic. James pressured me to go for the sake of 'public relations'. Hospital nurses were desperately trying to keep up morale and convince each other that everything was still ‘normal’! My heart beat fast as we bicycled beyond city perimeters to a charming rural Buddhist cemetery. The cheerful, bossy organising nurse instructed everyone to sit in a circle in a clearing between trees and two 'volunteers' each sang charming Vietnamese songs. But I was distracted by irregular, less musical rhythms of intermittent shelling. I was used to going to sleep every night to crackle and pop symphonies of syncopated shelling but this was louder than usual - and obviously closer. Right now, a cemetery was not where I wanted to be.

“Now your turn,” the organising nurse ordered me. The shelling sounded *awfully* close. I managed a very mournful Procaricariana. There was a dull silence as I finished. (I’m no Kiri Te Kanawa.)

Trying to liven things up, the organiser announced that we should get on our bikes and ride further out. She indicated in the direction of the shelling. Is that the effect of growing up during a war? Shelling was nothing more than white noise to them. They were in denial they could be killed if they went further. At this stage I refused to go further.

“You have spoilt our picnic!” the organising nurse pouted as we cycled back into the city. I probably saved their lives. James found later that the most serious local confrontation between North and South Vietnamese forces for a long time occurred one kilometre from the cemetery park. Northern forces were moving south and no amount of cheerful denial would stop them. Within days the North Vietnamese troops achieved control of Quang Tri Province.

Our team drove south to Da Nang. Vietnamese staff expected their expatriate bosses to extradite them to safety well away from scenes of conflict, but this was not to be. For a short time our team worked in Da Nang. Departing American staff from a children’s hospital asked us to evacuate the children and redeploy their supplies wherever most needed. Hospital corridors featured large posters asserting in English “DONT WORRY– GOD WILL LOOK AFTER YOU”.

We spent a night in its hurriedly vacated expat medical quarters littered with belongings. Just over the hospital fence was a South Vietnamese Army base. Each shell they fired shook our buildings. James expressed misgivings about staying here. We were aware that if our neighbours kept firing shells at the NVA poised on the hills above us, the North Vietnamese might very well return fire.

Perhaps we had become too used to the sound of nocturnal bombing. I slept soundly. In the morning we passed only one spot shelled by the North Vietnamese, just enough to say ‘*We are here’*. They seemed to be trying to minimise panic and ‘collateral damage’, the killing of innocents. Most damage was being done by civilians to each other in a competitive struggle to escape an envisaged centre of the storm as communist and anti-communist forces collided. But the brutal military conflict people feared wasn’t happening. The war was ending with a whisper rather than a roar. Once America accepted the pointlessness of military intervention and it became apparent their involvement in the war was over, the North Vietnamese Army seemed to amble down the country with the South Vietnamese Army retreating in haste, often competing with civilians for places on departing planes.

The following day, E Frances who rejoined us for the last few days, handled evacuation of children to the general hospital while I supervised the gathering and transport of medical materials and food to a refugee camp on the other side of Da Nang. On the way we were hailed by the two Vietnamese doctors we had worked with in the camp outside Hue. They were on a motorbike, part of the throng of hundreds of thousands passing through Da Nang from the north. Da Nang’s population had doubled in a few days, making it difficult to move through the city, crowded with vulnerable people, including many amputees and lost children who had become separated from parents in the move south.

I realised this would be my final day of work in Vietnam.Our last task was the saddest. We found that the largest Catholic orphanages in Hue were evacuating hundreds of children southwards. They asked us to help move children to wharves from where they would be transported south by barge. I felt the children would be safer staying where they were, rather than risking dehydration and other dangers, let alone emotional terror. But we agreed to transport separately housed Afro-American Vietnamese children to where other war orphans were. I felt sickened as we dropped them off. Just as their trust in adults began to blossom, it was snuffed out again. No picnic today. I explained my concerns to an English-speaking nun. They hadn’t been educated about emotional needs, she said.

Later in the day, we delivered food and milk powder to the wharves for their journey. Not far from a row of black clad nuns, preschool Afro American children tied to each other with twine, crouched in line waiting for barge transport. One cried inconsolably. The others were sombre, still, silent.

We spent that night at Da Nang SCF quarters. In the morning, our Vietnamese staff from Hue arrived looking strained, stating they couldn't work any longer. They begged the administrator to help them move their families south. He said he had no way of doing that and asked them to leave. Myan began to cry. They had been such a loyal team. The indifference of the administrator was galling.

Shortly after, a message from the Americans asked us to be at the American compound by 10 am. All expatriates were being evacuated. The Americans handled the evacuation calmly. They realised this was ‘the end’ but disguised anxiety as routes out of the city clogged up. We slept in grandiose American housing that night, with giant, wall-sized US flags towering over some beds – but not in the room I chose. We waited with about forty other expatriates in more modest housing the next night.

Soon after 7 pm, we were told to collect a few personal items and form a queue. My handbag was missing, so I searched my suitcase for traveller cheques, then looked around to find the other nurses had left the compound with about thirty others and the bus had left. I was the only woman left.

We were asked to stay in the queue until the next vehicle arrived to take us to the airport. It was 8 pm. We stood in line for eight hours. No vehicle came. An American standing next to me received a cell phone message that the airport was now closed. Alarm crossed his face but he hastily altered his expression for the benefit of the patient queue, some of whom were too inebriated to worry anyway. At 4 am, having relinquished hopes of another bus arriving, we gravitated indoors again.

I chatted to a lanky young American food assistance worker. His role had been to supervise Food Aid to families of South Vietnamese Army soldiers to boost morale when the government failed to pay them. This was part of a strategy intended to motivate Vietnamese anti-communist forces to continue ‘fighting communism’ after American forces withdrew.

At 9 am, we were instructed to walk to a dilapidated, bomb pock-marked, seldom used airfield, one pair at a time to avoid attracting attention to a new evacuation point. Wearing my Vietnamese hat and a shoulder bag, I walked with a journalist. After a short wait with a small crowd of alerted locals, a small plane appeared. Desperate Vietnamese stormed on board, followed meekly by expatriates. We landed at Na Trang and flew from there to Saigon the same day. The SCF nurses who left Da Nang the day before us, arrived three days later, after an arduous trip on a crowded barge.

After several days in New Zealand Embassy housing with Dr Margaret Neave and a NZ nurse we left Vietnam in April 1975, shortly before the North Vietnamese Army’s jubilant arrival in Saigon.

In 1991 I returned to Vietnam to revisit Quang Tri. Far from aid offices, the province was hampered by tens of thousands of land mines. Many were affected by Agent Orange. Maternal and child health was affected by US sanctions to prolong suffering. There was no ambulance in Quang Tri. Hospitals were virtually empty as they had little equipment. An old teapot served as an autoclave in a delivery room to sterilise small items. Old buckled containers with equally buckled lids, could keep nothing sterile.

I could not respond to huge requests for help by local ministries (Education, Agriculture, Health) but a competent woman working for the Quang Tri Women’s Union quickly grasped New Zealand’s official Voluntary Agency Support Scheme guidelines. During my stay, she prepared several suitable project proposals to support local women farmers, with child health and orphan support benefits from profits derived from the schemes. Approximately $50,000 overall was eventually sent with MFAT ODA (aid program) support after NZ NGOs agreed to become partner agencies. A box of basic medical equipment was also sent.

Turiana Turia should be commended for proposing, when a member of parliament, that New Zealand apologise to the Vietnamese people for the suffering which New Zealand participated in inflicting on them. I hoped that one day, New Zealand would demonstrate the moral fibre to do this.