

Australian Surgical Team - Vietnam

Long Xuyen 1964-65

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Sister Susan Terry was on night duty when the phone rang at one am. Her colleague answered it and said, 'It's Matron to speak to you.' The call was to ask if Susan would like to go to Vietnam as a ward sister with the surgical team that was to be sent by the Royal Melbourne Hospital. The Australian Surgical Team was being sent to Long Xuyen in southern Vietnam as a result of the Australian government's response to Columbo Plan aid to South Vietnam.

Australia's involvement 1964

In 1964 the U. S. President Lyndon B. Johnson expressed a desire to have as many countries represented in South Vietnam as possible. This was to convince his critics that the conflict in Vietnam was not just a US war. Other nations including South Korea, Philippines, Thailand and New Zealand who sent special teams to Vietnam even before combat troops arrived in the country. Among the teams were those sent by one of America's staunchest SEATO allies—Australia. Even before President Johnson's 'more flags' program began, Australia was providing military assistance to South Vietnam. Under the Columbo Plan, the Republic of Vietnam had been receiving civilian aid from Australia since 1954. In 1962, a thirty-man group of Australian jungle warfare specialists were sent as advisers to the northern provinces of South Vietnam.

These advisors were followed in July 1964 by a small aviation detachment of fixed wing Caribou aircraft. At about the time



10, 20 and 50 Xu and 1 Dong, PR1-4 1963 Central Committee of the National Front for the Liberation of South Vietnam. Printed in China for use in territories under the control of the NLF. Never issued but many were captured during joint US/S. Vietnamese operations into Cambodia. Few survive in uncirculated condition except PR2



Sister Susan Terry graduated Melbourne School of Nursing 1962 served Long Xuyen October 1964 to October 1965. Picture from "House of Love" used with permission

that the Caribou crews arrived, a twelve-man engineer civic action team came to South Vietnam to assist in rural development projects. Then in October 1964, the first of the Australian surgical teams arrived in Vietnam. There were other teams prompted by President L.B. Johnson's call. 'Free World Teams' including one team each from Italy, Korea, Japan and New Zealand. Two Filipinos and four medical units from the United States were operating at the same time as the Australian team at Long Xuyen. Medical teams later came from the United Kingdom, Switzerland, Spain, and Iran. A German hospital ship, the *Helgoland*, was moored on the Saigon River.

The special contingent of Australian Surgical Teams, consisting of both men and women, operated in Vietnam for periods of three, six or twelve months at a time, depending on the position held, however some voluntarily stayed longer. The surgical team usually consisted of one physician, one registrar, one anaesthetist, three nursing sisters, one radiographer and an administrator. Doctors and nurses helped the Vietnamese people with a myriad of problems, from treating gun-shot wounds to repairing deformed cleft pallets of children, and

as the war escalated, so did the types of injuries. The Australian teams operated at various locations in South Vietnam, one, notably at Bien Hoa, and in 1966 another at Vung Tau, yet another was assigned to Ba Ria in October 1968. In 1968 at the peak of the programme there were approximately 46 Australian doctors, nurses and support staff who treated fifty nine thousand patients and performed over ten thousand operations in the four provincial hospitals. During the programme nearly five hundred medical and support staff were recruited from all Australian states and served in Vietnam.

Long Xuyen

On October 4 1964 the first team from Royal Melbourne Hospital arrived in Vietnam. After a short welcome and briefing in Saigon, the team flew to Long Xuyen and received another effusive welcome. The town of Long Xuyen had a population of about thirty thousand at the time of the arrival of the Australians. The town is situated deep in the Mekong Delta, approximately 56 kilometers northwest of Can Tho and 135 kilometers southwest of Saigon. The town is bisected by the Long Xuyen river at its point of entry into the Bassac river. The countryside is flat and there are more waterways than roads. Rice paddies take up most of the countryside.

The hospital had between 410 and 450 beds, although with some frequency, two patients shared the same bed so the patient load could be double this number. The out-patient load was limited by the medical staff available to see them, some patients



The hospital at Long Xuyen. The official word for hospital is Binh Vien. The Vietnamese people's word for hospital "Nha Thuong" means "House of Love". Picture from "House of Love" used with permission

waiting up to two or three days before they could get their appointment slips accepted by the clerk and be seen by the staff.

The Team were initially billeted at the Kim Think Hotel which was near the centre of town. A three story building with fifty two rooms, the Australians found its windows had no glass, its beds no springs, its pillows no substance and its kitchen prepared no food!. The ceilings were nine foot high, however the walls were only seven foot high so privacy was relative! The lack of cleanliness of the toilets and rooms were remarked upon in several reports. The Team soon fell into a system, which as the hotel did not provide meals meant that the Australians took up the offer of the splendid hospitality given by the Military Assistance Command Vietnam (MACV) quarters which was home to some twelve US military advisors at the beginning of the team's tour of duty. The Team took all their meals there and were also granted the privilege of using the P.X. chopper service. Every three weeks or so, a helicopter brought foodstuffs, toilet accessories, photographic film, cigarettes, liquor and other goodies to the Americans in the town. The hospitality of the Americans at the MACV did not stop at providing meals. The team was allowed to take showers and wash clothes there, when the water at the hotel was not available.

Working conditions for the Australian teams at the former French hospital facilities in downtown Long Xuyen were basic, overcrowded, and noisy. The theatre facilities had been built by US Aid on a standard pattern consisting of two theatres —air conditioned, a recovery ward (supposedly air conditioned) and general work room with cupboards and sterilizers that worked, depending upon the vagaries of the town's electricity supply. Most provincial Vietnamese hospitals had been built by the French in the 1920s and 30s. By the 1960s civilian medical services in South Vietnam were in a state of crisis partly due to the French withdrawal and a lack of funding by the government. The facilities at the hospitals had not improved, operating theatres were still basic and the Long Xuyen team was soon treating gunshot wounds, burns, head injuries and fractures. For the hospital staff, working hours were 7.30am to 12 noon and 2.30pm to 5.30 pm Mondays to Fridays 7.30 am to 12 noon on Saturdays and 7.30 am to 10.00 am on Sundays. The rest of the time, except for the operating suite's recovery room which had 24 hour coverage, the hospital was without official nurses except for a skeleton staff of three or four who would be on a 24 hour shift and sleep in a room at the front of the hospital to be on hand for emergencies of new admissions. Everything was made all the more difficult as the team did not speak Vietnamese and all requests and questions had to be passed through interpreters.

Off Duty?

While at the Kim Think Hotel and later at the White House, the Australian anaesthetists were the ones who organised the small bar at their quarters. Dr Jim Villiers who did two tours, one at Long Xuyen and another at Bien Hoa, was the first to order in drinks and while memories fade, another, Dr Bernie Dunn remembers that Martell Brandy was \$4.50 a bottle and beer, ten cents a can. Supplies might have been cheap, but bottles were difficult to come by as they could not be flown in as cargo and so had to become hand luggage. The team's own bar was run on an honour system with a black board, which Bernie remembers was a nightmare when following up the monthly accounts. After six weeks of the hotel Kim Think, the team moved to new quarters that became known as the "White House." Originally a dingy, brown disused building, it received fly screens, air-conditioning in the bedrooms and fans in the communal areas as well as a coat of white paint. The house had its own garden and the team were happily installed in their new quarters on November 22 1964. The house gave some privacy to the members and allowed rest and relaxation, in addition to providing the opportunity for the Australians to return some of the hospitality that they had received when they arrived. The report of the first team's tour of duty, records that the Australian Ambassador and his wife, other embassy officials, visiting medical personnel and Mr Dunlop (Weary Dunlop of Burma Railway fame in WWII) all paid visits to the house.



"The White House at Long Xuyen" quarters for the Australian Surgical Team after 6 weeks of being there. Picture from "House of Love" used with permission

Club and Bar accounting

There were the two clubs at Long Xuyen, the US Military Advisory Group's club known as "the Long Xuyen Country Club" (so named because the Viet Cong also reportedly took R & R in the area) with its "Peaceful River Bar" and the more exclusive and smaller "Australian Surgical Team" Club that was conducted at the 'White House.' Of all the numismatic and exonomia items of the Vietnam War, few would be rarer than the 5, 10 and 20 cent chits issued by the Australian Surgical Team at Long Xuyen. During early Australian involvement, they were issued in lemon, rose and green colours respectively. Sixty-five millimetres long, they vary in width from 30 to almost 40 millimetres. The uniface chits are marked with a serial number and the words "Not good if detached". Sold in booklets, probably in \$1 and \$2 denominations, only a very few portions of such chit booklets have survived and none of the handful of pieces known, are in perfect condition. All were printed locally in South Vietnam and currently none of these paper items are known with higher serial numbers than 000098. These chits appear to have been used at the MACV bar. An Australian doctor remembers taking his colleague, who was replacing him, to the MACV to cash in his remaining chits. However a refund



*Australian Surgical Team
Bar chits in 5, 10 and 20 cent denominations circa 1964-65*

was refused, so in the best tradition they drank out the value of the remaining chits in the booklet!

The whole matter of chits and accounting was complicated by the determination of the US to keep US currency out of the hands of the Vietnamese to prevent profiteering on the black market. The Australian team were paid in US currency, although they only received pocket money in cash. This appears to have been the reason for the introduction of the Australian Surgical Team chits. Prior to the introduction of Military Payment Certificates in 1965, the team needed to have a system of payment for purchasing drinks at the MACV bar that would not require the use of US dollars. The chits were the answer. Memories were jogged when the chits were recently discovered and scans of them shown to the nurses who had been on the team, and they remembered using them in the bar at the MACV.

Military Payment Certificates Arrive

In the words of "the American Mayor of Saigon", US Navy Captain Archie Kuntze, commander of all United States support facilities in the greater Saigon area, "All the Free World Forces and third country nationals created bottlenecks and privilege problems," and it was Kuntze's burdensome and difficult task to say 'Yes' or 'No' to the thousand of civilians who applied for US Post Exchange and Commissary privileges. Naturally the Australian Surgical Teams were granted privileges, but with such privileges came the responsibility of being granted access to United States Military Payment Certificates (MPC) which created some unique problems of their own. MPC could not be held, used or even handled by those not authorized for such use. Issued in lieu of US greenback dollars, MPC was never supposed to fall into the hands of the South



10 Dong issued by the National Bank of Viet Nam 1962-1964
printed by Security Banknote Company New York, USA Pick 5

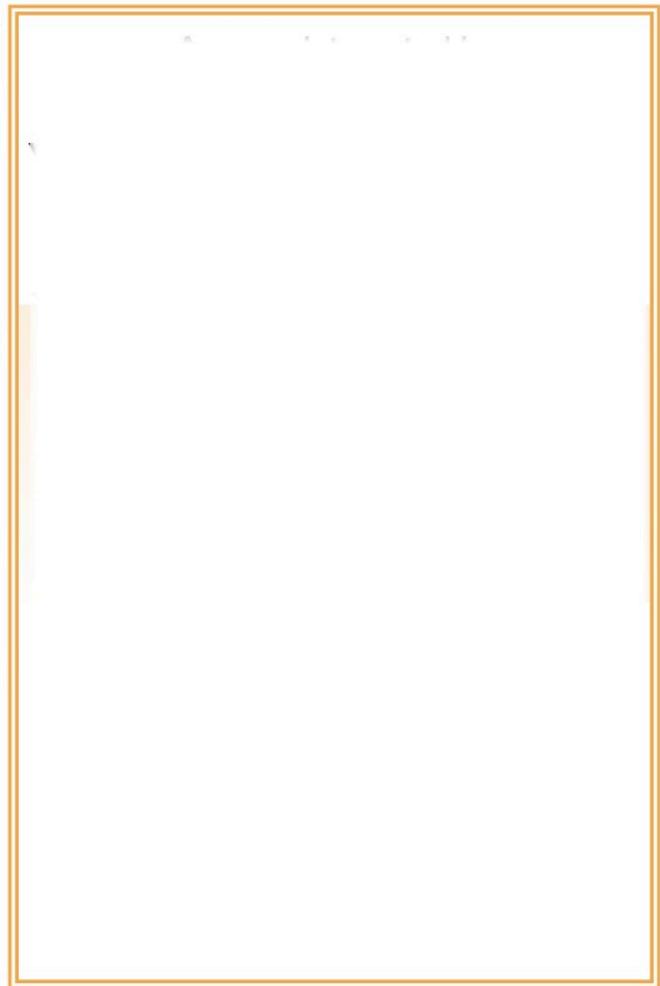
Vietnamese people. However with MPC controls insisted upon by US military authorities, club waitresses and bartenders were never allowed to be a part of Military Payment Certificate transactions!

In organizing the MACV and AST's club, there were two issues that needed to be addressed when it came to club currency —(1) How to keep MPC out of the hands of the few Vietnamese employees that worked the club and (2) how to extend credit to club members. The solution was to issue “Chits”, as was being done by US clubs in the area. Vietnamese waitresses and bartenders could only get their tips by turning in chits for Vietnamese Piastres at the end of their shift.

“Theatre ticket” type chits, issued in booklets like those used at Long Xuyen were most notably issued in World War II in the United States by prisoner of war camps. However, cardboard



Military Payment Certificate Series 641
50 cents used in Vietnam August 1965 to October 1968



chits go back to at least as early as the American Civil War, when camp following “sutlers” issued chits to extend credit to soldiers between paydays. The word “chit” is derived from the Hindi word *chithi*, indicating a signed voucher of small debt, most often for food. The term was probably adopted by the British military while occupying India and was carried over to all English speaking armies. The term chit is used almost exclusively in the military and is a synonym for the word “coupon” in civilian life.

While MPC used in Vietnam protected the US Dollar, chits like those used by the Australian Surgical Team protected MPC. The pieces issued by the AST at Long Xuyen were, in fact, money of very limited circulation! Chits differed from MPC in that, their expiration dates were predetermined. Although no AST chit book covers are known to have survived, it is believed that expiration dates were marked on the booklet cover. Chit books were purchased or signed for at the club from an agent authorized to handle US currency and later MPC, the customer then took a seat at table or bar and the waitress or bartender would take each order. When the drink came the customer would present his chit book and the chit would be collected. Control of chits was an accountant's nightmare and the life of the chit system for the Australians at Long Xuyen was short-lived. A miniscule percentage of US chits used in Vietnam have survived until now, and even less of the extremely rare Australian Surgical Team chits are known to exist. These chits only surfacing in the year 2005, through the estate of a soldier who had once frequented the club. They are of significant historical importance, being a reminder of the duties of some hard working and dedicated people who answered the call when their country needed them. Such chits are some of the few tangible historical financial artifacts of Australia's presence in Vietnam.

Retrospect

The three fold aims of the Australian Surgical Teams in Vietnam have been summarised by a team doctor as being humanitarian—being the care of the civilian sick and wounded. Diplomatic—being tangible evidence of Australia's concern for her neighbours in SE Asia in a form of aid apparent to the local population and appreciated irrespective of political viewpoint, and also—the training of Vietnamese medical personnel so as to leave behind a structure capable of continuing its work.

The number of staff and record of work completed by the teams as they came and went on their tours of service fulfilled the the first two aims; however the success in training Vietnamese medical personnel was a protracted affair and the team admitted that they seemed to be unable to attract any new doctors to the hospital. However, later they heard that there were three anaesthetic technicians capably working unsupervised and an anaesthetist capable of instructing other Vietnamese. The number of nursing staff entering full time paid work in the organisation was minimal, on the other hand a blood bank was established and the Vietnamese staff acknowledged the Australians were generally welcomed and appreciated s they worked as an integral part of the hospital system with no attempt to force an Australian hospital structure onto the very different Vietnamese conditions. The team integrated well into the town and conducted after hours English classes for the locals as well as tutoring the nursing staff for their nursing exams. Dr John Villiers the first anaestheist from the Royal Melbourne Hospital concluded that “the success achieved by the Australian teams has rested not so much on any individual factor as on the overall Australian ability to accept and make friends with people as they are, on equal terms... and not enforcing our very different outlook and way of life upon them... so they could claim that they had gone some way towards the justification of those words that had been on the banner that greeted them upon arrival at Long Xuyen which said “Thanks to the Government and People of Australia for helping Vietnam.”

NB

The omission of the subject of the official recognition of team members' contributions by the Australian Government and relative repatriation benefits, in no way belittles the importance of the continued struggle of the members of the Australian Surgical Team.

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