A Ship Called Hope

A condensation of the book by

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When a white ship with the name Hope in large block letters on her side sailed from San Francisco for the Orient in September 1960, not only had an historic maiden voyage begun, but also a new concept of health assistance to underprivileged people.

Project Hope (Health Opportunity for People Everywhere) was created by a dedicated young doctor, William B. Walsh, in response to President Eisenhower’s appeal for an international People-to-People program. Talking the Navy into turning over a reserve hospital ship was the first problem. Many others followed, but Dr. Walsh’s vigor and a nation’s generous response won out.

When the Hope sailed for Southeast Asia the Communists were waiting for her with their favorite weapon: the Big Lie. Even friendly officials were skeptical. But the people opened their hearts. The record of major operations performed, treatments given and local physicians and nurses trained attests to the Hope’s accomplishment—one that has since been extended to other far corners of the globe.

In the words of President Eisenhower: The work of the Hope is “the single most effective step in presenting America as a warm and good friend.”

I Hope in the Outer Islands

The SS Hope was my idea. I am too proud of this to be falsely modest about it. From the moment that I thought of turning a disused Navy hospital ship into a floating medical center, the Hope became my vocation.

I am often asked how the idea of the Hope came to me. During the war I served as a medical officer aboard destroyers in the Pacific. There it became clear to me that the shot of penicillin, the sulpho, the surf tablet—any medication I could spare from sick bay—did more to win goodwill for America than any other friendly overture we could make to people in the lands we visited.

In 1958, I was practicing medicine in Washington when President Eisenhower appointed me chairman of the Committee on Medicine and the Health Professions of the People-to-People program. I knew the Navy had several hospital ships in mothballs. It is not easy to refit a Navy ship for the purpose I had in mind, as I will later show. But by the end of that year Health Opportunity for People Everywhere, its name contrived to fit the letters H O P E, was organized. We were not then, nor have we ever been, a government project, though we had a blessing from the White House and our ship from the United States Navy. We were just people reaching out to other people. Our mission was manifold—to teach, to heal, to learn, to make friends for the United States in
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the developing countries, to be a pilot for what we believed could grow into a great fleet.

Thousands of people helped us, including two Presidents of the United States. Our doctors were unpaid volunteers, flown to the Hope on a rotating basis for tours of from two to four months. Nurses and other personnel worked for only token wages. Hundreds of independent companies and organizations donated our supplies, and countless individuals contributed our operating costs.

The plan was for the Hope to go only where invited. In the host country the local medical societies would contribute as much as possible to the support of the ship. They and their governments, therefore, would have an active stake in the work of the Hope. And that is the way it has worked out.

The story of the Hope is an American saga, and it would be false if I neglected our early struggles. Yet let me begin with our call, in October 1960, at Sumbawa, that primitive island in the Indonesian archipelago. Indonesia had been chosen for our maiden voyage because it is a country where need is as great as potential. In 1960 there were only fifteen hundred-odd physicians trying to provide medical care for ninety million people. Enormously rich in natural resources, Indonesia, one of the world’s most important “uncommitted” nations, was under strong Communist influence. We felt that if the Communists did not win their fight for control, Indonesia might become a model for the Orient.

Sumbawa was not our first port. The shakedown cruise of our hospital ship had started from San Francisco in September of 1960. Our first performances in Indonesia barely skirted disaster. It was not until we reached Sumbawa that reality began to approach the dream. And there we found Mala, the little hunchback, who became a symbol of Hope. How suitable it was that we reached Sumbawa during Christmas week.

Because of a coral reef, we had to anchor well offshore in the crescent-shaped harbor of Sumbawa Besar. Then Hope launches headed toward a jetty, built expressly for our arrival, where a crowd stood waving. The first contingent of doctors, technicians and nurses to land was greeted by the local chief and by Dr. Poch, senior of the two doctors who cared for the 250,000 western islanders. His lined face told of overwork and concern for his patients. There were tears in his eyes as he welcomed the Hope.

As soon as our two jeeps had been brought ashore, we all drove seven miles to an old palace in the town. When the handsome doors opened and we walked in, we were shocked speechless. The palace was a pesthouse.

Small bamboo mats covered the floors wall to wall. On them lay the blind, the crippled, the disfigured, the congenitally abnormal, people with yaws, people with horrifying skin ailments, people with monstrous growths. The tubercular coughed and spat indiscriminately among the uninfected. Beside the patients squatted relatives, ready to cook rice on little primitive stoves. They expected to feed their own; Indonesians are family people.

Though the island of Sumbawa looked beautiful and lush, it had a starvation economy and no preventive medical program of any kind. Men, women and children had been gathering for days and weeks to wait for us. From the mountainous backcountry they had come on foot, in springless carts or by ancient bus, for a rendezvous with the Hope. The challenge was enough to make merciful men despair.

Dr. Alexander Sabagian-Edwards of New York took a shallow breath in the fetid air, stepped forward, and put himself in charge. He had tireless energy and the habit of command. He ordered each corner of each room cleared, the patients moved, and tables set up. With Dr. Poch to help sort ailments, and with the aid of local interpreters, every table became a diagnostic center. Ambulatory patients immediately dragged themselves into long lines and parents queued up with their sick children.

At one table our handsome chief operating nurse, Mavis Pate, from Texas, scheduled the operations to be performed in the next few days. She worked at a killing pace, pausing only to smile at the children. Mavis thought Mala Kuzuma, clutching his father’s hand, looked like a child-sized version of the Hunchback of Notre Dame and she gave him an especially encouraging smile.
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Mala did not smile back. His expression was that of a suffering old man. With his disfiguring hump, twelve-year-old Mala had been too long a figure of fun to accept any smile as friendly. To her great relief, since such conditions are often incurable, California's Dr. Paul Spangler told Mavis he thought Mala might be helped. Mala's father understood no English, but he knew when the nurse put a band around his son's wrist that he had been chosen for treatment. So did the boy. Looking up at Mavis, Mala's face gradually broke into a slow, hopeful grin.

Since the ship lay so far out, it was decided to treat most patients on land. A task force went to investigate the town's three hospitals, but found they had only 150 beds, all full, and no operating rooms. This meant that surgical cases would have to be handled on board the Hope. As for the rest, we would need a shore clinic nearer the harbor than the palace.

With the enthusiastic coöperation of the local authorities, a dirt-floored customs shed was cleared for us. Five tables went into it, four for examinations and one for the pharmacist. A field tent was set up as a laboratory for simple tests—urinalysis, blood pressure and the like. Our invaluable handyman, Leo Haney, started constructing an incinerator. There was no running water dockside, no electricity, but water could be brought from the ship in barrels, and hurricane lamps would do for light.

By five o'clock that first day hundreds of people had been examined and fifty of the gravest cases, mostly surgical, transferred to the Hope, Mala among them.

The Hope was ready for them, her wards, her staff, her operating rooms activated. All the work that had gone into making a self-sufficient hospital out of an overage Navy vessel, all the efforts to make a functioning unit out of a group gathered from every state in the union, seemed in that moment worthwhile. Ten Hopes could scarcely alleviate the misery on this green island in the Flores Sea, but one was a miracle in itself.

Most of the Sumbawans who were brought aboard had never before seen beds, much less slept in them. Like all Indonesians, who adore water, especially running water, they took to the show-

ers and several climbed in with their clothes on before we could stop them.

Pajamas also proved a puzzlement, since Sumbawa is pantless. Several patients solved the problem by wrapping the bottom halves around their middles. "Sarong?" inquired one man politely. Another who couldn't figure out the use of a washcloth rolled it into a tiny turban and put it on his head.

Mala Kuzuma was given a pair of blue pajamas and a pair of white slippers and taken into the nursery. Gloria Aguilera, nurse-volunteer from Pueblo, Colorado, who was to care for him during his long ordeal, tucked him into bed between fresh white sheets. He did not smile again, but there was satisfaction written on his face.

As the Hope's last launch pulled away from the jetty that evening, Dr. Sahagian-Edwards looked back at the bulky customs shed. Everything was in readiness for the morning and almost everyone had gone home. One man stood alone silhouetted against the shore. Mala's father was still staring out to sea after his son.

Mala was born robust and happy-natured. His parents had great plans for this, their first son. He would be sent to the Islamic school in Sumbawa Besar, and if he turned out as bright as he was beautiful might win a scholarship to the Islamic University in Jakarta. As he grew in grace Mala's only flaw was a little bump the size of a marble on his back. His mother thought it would disappear, but by the time he was five his small shirt bulged with it. When he entered school the other children pointed and laughed at him. Mala rose straight to the head of his class but he developed a deep, impenetrable melancholy.

His father took him to the best hospital in Sumbawa Besar. The Indonesian doctor there, sole practitioner in the region at the time, told Mr. Kuzuma that nothing could be done unless he sent the boy to a big city on another island. For a man supporting thirteen people on his bank clerk's salary, this was out of the question. When Mala was ten years old, Dr. Poch arrived. He was a highly trained German physician, but he could not help Mala either.
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Two years later the Kuzumas learned that a hospital ship from America was coming to Sumbawa. "We devoured every bit of news we could get about this ship," Kuzuma told Surgeon Paul Spangler. "And we watched its progress eastward from Java with hungry hearts. For months we have prayed and prayed to Allah that our son would be accepted as a patient."

Mala became for us the symbol of all Indonesia's hurt children, and what we could do for them. Perhaps it was because he was so grave and yet so quickly responsive. He showed his delight with rare smiles of great sweetness and began at once to learn English in order to show a greater politeness. He found the air-conditioned nursery a little chilly at times, but he did not say so. He was amazed and pleased when a nurse brought him an extra blanket, and thanked her extravagantly. And thank you, he added, for the nice pictures, making a wide gesture to include all the cheerful circus animals one of the nurses had painted on the walls.

On the morning of his operation he showed no signs of alarm. "I was really not afraid," he said afterward; "I knew that these people were my friends. I only thought how lucky I was."

Examination had not revealed whether Mala's tumor had a spinal-cord involvement. He was lucky. Dr. Spangler probed and found the growth deep-seated and widespread, but it was a simple lipoma and could be removed. After two hours Mala was wheeled into the ward for postoperative patients and woke to find Gloria Aguilera looking down at him. "How do you feel?" she asked, familiar with the misery he must be undergoing. "Just fine, thank you," Mala said. He never complained of his pain.

The Hope surgeons gathered around his bed each time his dressings were changed. Afterward they held conferences. The skin flaps would not take hold and grow together. We would have to try elaborate grafts. Time was short and if we had to leave Mala behind we might only make things worse for him. We had no authorization to take an inpatient with us, but we decided to request special permission to keep Mala on board a while longer.

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When a cable was received from the Indonesian Hope Committee granting permission for Mala to travel with us if we had his family’s consent, Mala’s father did not hesitate. We told him we were not certain of curing his son, and that we could not return Mala to Sumbawa until April, when we would land at the port city of Bima.

"Please," he said, "I will come to Bima for my son. This treatment may mean a whole new life for him. I will do anything you say. My wife does not fear, either. I am only so happy I cannot express it to you in words."

While we demonstrated our own medical techniques in Sumbawa, we Americans learned, too. There were problems here never seen at home. Perhaps the great difference from a surgeon’s point of view lay in the size growths attained unchecked. Nothing had been done because there was no one to do it.

A comparatively young woman came aboard in a chair, her abdomen so swollen that she could not support it either lying down or standing up. She had been thus burdened for more than five years. When Dr. Norton Benner, from San Mateo, California, removed a benign ovarian tumor, the woman lost a third of her height. She had lost all sense of normal equilibrium and had to be taught to walk again. When she was discharged she seemed only slightly tipsy as she walked, unaided, down the gangway. In a few weeks she would be able to carry a basket on her head just as well as her naturally well balanced countrywomen.

When we left Sumbawa for Makassar, the capital of the Celebes (where, according to rumor, doctors, worth 10,000 rupiah a piece, were a popular prey for kidnappers), morale was high. Sumbawa had given us unity and the feeling of achievement. We had treated more than seven hundred Sumbawans during our two weeks’ stay, and performed eighty-eight operations. The minor irritations that had plagued us at the start of our voyage had vanished. No one seemed to mind that the air conditioning was erratic and when it worked sounded like a runaway express train. Or that the ship’s swimming pool had sprung a leak, our dozen movies were exhausted, and the limited library of books read ragged. If the girls were still annoyed because the promised “beauty shop” had turned out to be in charge of a crew member who didn’t know a pin curl from a rolltop desk, they no longer mentioned it. Betty Ahern, R.N., from Fond du Lac, Wisconsin, trimmed and pinned anyone who asked her.

And Mala, on this one free day between islands, had a procession of visitors. I suppose we were superstitious about Mala as well as deeply concerned for him. His case had become a personal matter to everyone. If we could not heal him, we would feel a disproportionate sense of failure.

Meantime we had to face the fact that our visit to Makassar might turn into a fiasco. At first our reception seemed royal: the entire ship’s complement was entertained by the governor in his handsome palace, and we were welcomed by fifty local doctors, about a dozen of them Europeans. Ostensibly they were happy to have us. Actually they wanted to make monkeys of us. They claimed to believe that we were a collection of superspecialists, and as a challenge to our mythical skills they had a hundred impossible cases waiting for us. In one instance we were asked to replace an arm with a new live one—this in a part of the world where standard treatment for compound fracture is amputation. Our doctors found only eight cases that could possibly be operated on.

However, Makassar had a good ratio of skilled doctors to population, and the Hasanuddin Hospital had excellent modern equipment and clean beds. Considering the situation, we refused to be downed. We decided to concentrate on seminars, lectures and nurse training. We were trying not to compete but to help. Instead of trying to cram the ship with patients, we opened her to visitors. Tied up to the dock, we held more fascination than any American movie. Eight thousand people, not counting the cases we did take aboard, came to see the Hope.

Outwardly our ship had no special features to distinguish her from any medium-sized oceangoing passenger vessel except the size of her name, fifteen feet high, on her white flanks. Inside she had everything a small, shore hospital has routinely: operating rooms, laboratories, medical library, physiotherapy room, dental
clinic, central supply, X-ray department, anesthesia room, eye-ear-nose-and-throat clinic, GU (genitourinary) department, hospital kitchen, and a classroom auditorium besides. There were no frills anywhere. Cabins were remarkable only for their smallness.

A feature of the ship was her Iron Cow. The world's first sea-going dairy, equivalent to a herd of 2500 cows, it turned seawater and milk powder into thousands of quarts of fresh, rich milk a week. Gallons of seawater went in, often the filthiest imaginable. Big evaporating tanks boiled the water and the salt was removed. After the water had been purified, milk solids were added and anhydrous butterfat blended in. The fluid milk was then processed and packaged in containers emblazoned with the crossed flags of Indonesia and the United States. Hope was printed on one side; Harapan (hope in Indonesian), on the other. Children were urged to gulp it down as fast as we gave it out and their elders fondled the cartons they carried away.

Lecturing at the University Medical School, our doctors were overcome when not only the medical students but the whole undergraduate body showed up to hear them. From the School for Assistant Pharmacists in Makassar, 120 students came to observe the ship's pharmacy, and two English-speaking Indonesian pharmacists from the local hospitals volunteered to assist us. When they weren't dispensing drugs they studied in our library.

Four of the Hope's American nurses were asked to aid in the surgical ward at one of the hospitals. Dorothy Aeschliman told us that the eighty-seven-bed ward had only one thermometer, five syringes and five needles. Regulations called for nine a.m. injections. Instead of such a lunatic timetable, she suggested a relay system to allow for five injections every hour. The instruments could then be properly sterilized in between. Our girls also showed the hospital staff how to use the help of ambulatory patients in making bandages and for other useful work. This also had the advantage of getting many patients up and around. The best bandage maker turned out to be a one-armed man who had been classified as useless.

It wasn't medical procedure so much as peripheral conditions that needed improvement in Makassar. Fifty nurses were given three weeks of instruction while we were in port. Before they left, our nurses drew up an instruction booklet which was translated into the local language.

Though we took only a limited number of adult patients on board in Makassar, our pediatrics ward was always full. It was heartbreaking to find so many youngsters there because of complications caused by malnutrition. "The children," Nurse Ann Roden observed sorrowfully, "often resemble the little pigeons they serve you at Chinese restaurants."

Goodwill began to mushroom. Our surgeons were welcomed in all the hospitals and Dr. Walter Haynes, fresh from Columbus, Ohio, performed the first open-chest surgery ever seen in the Celebes. Professional meetings were held Mondays and Fridays aboard the Hope, and our staff and the local men prepared papers for each other. Makassar dentists were happy to bring patients aboard the Hope for special work. Person to person, with mutual tolerance, people to people, we won friendship and success in Makassar, where we had been met at first with closed faces and distrust.

To add to our pleasure, Mala was improving. All during the
three weeks in port, we aspirated serous fluids from his deep wound and gradually the skin flaps began to heal. As he got better, a chipper and delightful spirit emerged. He engaged our affections ever more deeply and we took special pride in his progress. We were now very near certainty that we would return to Sumbawa with a healthy, unhackneyed boy.

After a long detour to Ambon, we landed next on Timor, which is very poor. Here communism's pie-in-the-sky promises had attracted many people. In a frenzy of fear that Hope might make allies for the U.S., the Timor Communist Party had put on an anti-Hope campaign. Widely distributed circulars, printed in red, announced that half the people we treated had died. Furthermore, the Communists claimed that a real hospital ship was on its way from Red China and said that wise Indonesians would wait for it.

Even the Timor medical profession was confused about us, and the populace was actively antagonistic. Before we landed, local authorities uncovered a plot to blow up the Hope, and paratroopers flew in from Djakarta to round up the ringleaders.

These men were not Communist agents but Timorans who had believed the lies about us. When we came into port Indonesian Army officers brought them aboard the ship to see for themselves. It took just one tour. They saw everything, from classroom to Iron Cow, talked to Mala, to the staff, to the nurses. Afterward not only did they apologize; overcome with remorse, they offered us the Communist meeting hall in the town of Kupang for our clinic!

We accepted. On its walls hung posters condemning the Hope and the U.S.A. Photographs of Mao Tse-tung gloomed at us from all sides. But patients began to turn up in droves and sometime or other the photographs and posters were taken down—not by us. We made no overt propaganda for we believed that medicine should know no politics.

The first Sunday in Kupang, a few of the less timorous Timorans suggested that it would be a good idea to have a ship-vs-shore basketball match. We thought so too, and we managed to collect a scratch team from among our staff.

It was quite a show. Sports are a major entertainment in Indonesia and at least five hundred spectators gathered at the Kupang field. Her Excellency, the wife of the governor of Timor, tossed out the first ball. Our “first” team (none of whom had played since high school) glanced dubiously at their trim opponents—and bounded out awkwardly for the sake of international friendship.

Everyone from the Hope who happened to be off duty was there to cheer. Mala, well enough to make his first trip to shore, sat in the front row rooting irrepressibly for his American friends. But no cheers could save us and Mala spent most of his time between cheers rocking his head in his hands.

It was some consolation to discover that the Indonesians loved us for going down to such spectacular defeat. After that we kept right on losing at Friendly Games of basketball, volleyball and baseball. But not as overwhelmingly as on that first day. We had our pride.

Besides playing games, we swam, skin-dived, sang and danced with the Indonesians to our mutual pleasure. “You have brought a little bit of America to us here,” said one visitor to the ship. And we often heard: “We will never forget you.”

Our specialists demonstrated their modern American techniques all over the islands, but I suspect it is the simplest lessons for which we will be remembered longest. For instance, our two American nurse-midwives worked with the female dukuns, who deliver most of Indonesia’s babies. Wherever Belle Chaffin and Harriet Jordon went, riding in trucks, jeeps and pony carts over miserable roads to reach the far villages, the dukuns noticed that the Americans were always washing their hands. Dirt is costly in human lives, and the results of just this one point could be incalculable. Everywhere our women left behind them not only example and precept, but gifts of soap and copies of a manual on obstetrics in the local dialect.

Nurse training was another major contribution. A group of Indonesian trainees who had been with us since our first stop in Djakarta were so well along by the time we reached Timor that they held their own classes, supplementing ours. When they first joined us, they had been inclined to shrug their shoulders and say, “Well,
of course, you can do wonders with all the equipment you have.” When Chief Nurse Claire O’Neill heard an Indonesian nurse tell a woman, “If you understand the principle, you don’t need special equipment—you can improvise,” she cheered.

In place after place, we purified water supplies and completed mass X-ray surveys. For diabetes we always left insulin and tried to teach the principles of diet. We also established the first blood bank on the island. It is against Islamic religious custom to give blood and we had to overcome this prejudice. Our staff members gave their own blood—and the Indonesians almost always followed suit. If we could open our veins for them, they would open theirs for each other.

They won’t forget us, however short our visits were. In Kupang, where we lost track of the cases we treated, I am told they still use two dates to reckon time. They say: “Before the Japanese invasion” and “Since the Hope came.”

Of course the impression of America we left in Kupang may have been as inaccurate as it was favorable. For one thing, Mala, who now acted as self-appointed liaison officer in the children’s ward, assured all corner that America was a land of miracles, milk, sweets and cinema. To prove his points, he described himself as he had been, exaggerating in a manner worthy of Lon Chaney, and afterward led the ambulant to the canteen for his favorite refreshments, Coke and ice cream. Having attended all our movies, he described them at length to the other patients, especially his favorites, Fanny Face and Dog of Flanders.

Ashore, Dr. Malcolm McCannel was our Danny Kaye. Followed by children whenever he appeared in the streets, this ophthalmologist from Minnesota goose-stepped along at the head of his dragon’s tail of young, teaching them to yell: “Yeah, Minneapolis!” Many a Timor moppet has the impression that the United States is part of Minneapolis.

To their elders Minneapolis became the symbol of light. There was so much curable blindness that McCannel was driven to a decision worthy of Solomon. With time running out, he could remove only one cataract per patient, demonstrating the operation each time to a local man. He hoped the second eyes would be cleared later, and at least he had opened one window on the world.

“If you take the cataract out of grandma’s eye,” he said, “her eight children and eight grandchildren and all the people they know will be grateful because some Americans made the old lady see.”

On leaving Kupang our destination was Bima, on eastern Sumbawa, where Mala’s father would pick him up.

Straight now as an arrow, Mala had turned from the inward, sad and brooding lad he had been into the most outgoing of youngsters. He had grown two inches and had fleshed out on the milk which he loved (provided it had chocolate flavoring). Everyone on board was his friend.

As his English grew fluent, he worked as our volunteer messenger, running errands for the wards, admitting office and labs. When we were in port, he not only was our link with the other children, but often helped push the stretchers when they were rolled toward the operating rooms. Mala was also a walking advertisement for American dentistry. Dr. Stanley Hellman had done a miraculous job on his very bad teeth.

It’s hard for us to imagine what decent teeth mean to an Indonesian. Their teeth are healthy and strong to start with, but the diet is so deficient in many respects that the average adolescent’s teeth were already in pathetically poor shape. And dentists are even rarer than doctors. Our dentists taught, always, but I think their chief memories are of extracted teeth.

The people of Bima were outstandingly trusting and friendly, and it seems odd that in this particular place we played our one unfriendly basketball game. Perhaps it was because they had managed to stir up so little feeling against us that the local Communists were determined to show us up. They had advance word of our lack of prowess in sports. We didn’t mind that. What we did mind was that they sent in a crack team with orders to shellac us at all costs. For once, we determined to win. No fumbles, no casual happy play. We were in this one for blood.
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Bloody it was. The Communist team pulled every trick in the book. Dick Neal, a Negro who ran the Hope’s blood bank and was the mainstay of our team, swears he bears the scars to this day. But somehow our embattled athletes called on unsuspected resources. It was by a narrow margin—but we did win. The Sumbawas were delighted, and Mala had yelled so much and so long he could scarcely speak.

The very last act we performed at Bima, Sumbawa, was one of emergency mercy. During the final days, our ophthalmologist, Malcolm McCannel, had set up an outdoor office in Raba, south of Bima. His patients were legion. Fifteen minutes before he was due to close up this village clinic, an American nurse noticed a small boy sitting quietly to one side. Through an interpreter she discovered that every day for a week the child had walked more than twelve miles to reach Raba hoping for help. He was nearly blind.

McCannel found that the boy’s eyelashes were growing inward. Rushing with him into Bima, he sent for the island’s Dr. Tan. It was just an hour before sailing time and the shore staff was packing up. Hastily nurses reassembled instruments and prepared a table. Tan stood by while McCannel operated on the boy under local anesthetic. When he finished, Tan took over and promised to follow instructions. McCannel rushed to the last launch.

Across the water an eight-piece high school band lustily rendered “The Hope March,” composed in our honor as a farewell serenade. Our leave-taking was an emotional affair. We were leaving our adopted Indonesian youngster, our symbol of friendship and healing and mutual affection, behind on Sumbawa.

When Mala’s father came aboard to get his son, he was overcome with joy. Wiping away his tears, he shook hands with everyone he met and then kissed them on both cheeks. “I didn’t know my own son!” he kept exclaiming to the interpreter. “I can never thank the American people for this.” To Mala’s surgeon, Dr. Spangler, he said that Mala wanted to go to America with us. “I hope and pray he wins a scholarship one day to your land.”

Mr. Kuzuma brought gifts for Dr. Spangler and for Nurse Gloria Aguilera. His wife was pregnant, he said, and if the next child was a girl her name would be Gloria Aguilera Kuzuma.

When Mala left the Hope we saluted him with the ship’s whistle, an honor reserved for departing doctors and the president of his republic. As the two of them walked down the gangway, the father called back to us the words he had learned in English so that he could speak in the name of them all: “God bless America!”

II Washington to Indonesia

Many months after Project Hope was well under way, I was posed the question: “Doctor, how does one go about getting a hospital ship from the government?”

Without stopping to think, I answered, “Well, you just ask for it.” It was almost as simple as that. I did ask, as cochairman of the Committee on Medicine and Health, part of President Eisenhower’s People-to-People program. I began with Bob Gray, Secretary to the Cabinet, at the White House. His first reaction was, “Are you kidding?” His second was to make an appointment for me later that week with Secretary of the Navy Thomas Gates.

A day or so later, Eugene Zuckert, former member of the Atomic Energy Commission and currently Secretary of the Air Force, turned up in my office with a respiratory infection. This “cold” turned out to be the most chronic and expensive illness of his life. We needed “seed money”—enough to ask for more—and I was forming an organization of outstanding volunteers to raise it. “You didn’t do a damn thing for that cold,” he complained months later. “You just put me to work so hard for Hope I forgot it.”

My own most valuable contribution, I think, was a refusal ever to be wholly discouraged. Despite this, however, I was well aware of my temerity when I taxied to the Pentagon to ask Secretary Gates for one of his 15,000-ton ships.
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"Good afternoon, Doctor," he said when I was ushered in. "I hope you don't want much. I just had lunch with Admiral Rickover and haven't anything left."

"Well," I replied, "I want you to give me a ship you aren't using."

His expression did not change, but I could see that his aide thought I had lost my mind.

Yet, when my story was told, Gates thought my idea "a damned good one." He asked his aide to look into the legality of chartering a vessel to us, and then turned to me. "If this is possible, Dr. Walsh, we will give you every cooperation. But the Navy can offer you no personnel or funds."

With this qualified encouragement, our committee next tackled both sides of the aisle in Congress. We wanted no taint of partisan politics to touch Hope. Finally, when we had real bipartisan moral support, we incorporated in the District of Columbia.

President Eisenhower and, later, President Kennedy both believed that it was the obligation of individual American citizens to increase the nation's influence in other countries. As soon as President Eisenhower was fully informed of what we were up to, I had a letter from him:

I have been impressed with the merit of the proposal developed by your Committee, and wish to commend you for it and for the great effort both in time and money which your associates envisage devoting to this basically private project.

I have requested Secretary Dulles to provide for a central point in the Government to lend advice and assistance in [its] successful launching... When these [arrangements] are completed the Government is prepared to provide for the project a hospital ship in operating condition...

When we received this blessing from the White House one day in February 1959 we thought our troubles were over. How very wrong we were.

Before we were through, we had direct or indirect relations with more than twenty-five agencies or sub-agencies of the government, both Houses of Congress, and many members of the Executive Branch. The great big stumbling block was No Precedent.

Men like Christian Herter and Secretary Gates, Howard P. Jones, the U.S. Ambassador to Indonesia, and Secretary of State Dulles had, of necessity, to pass on details to subordinates who were sometimes red-tape artists. We nearly went out of our minds with nit-picking, obstructionist, penny-wise delays. One man, assigned to us as a liaison officer, all but accused us of attempting to bribe him when one of our committee members picked up his $1.75 lunch tab. I never did find out what he suspected us of.

Our experience was an object lesson in what damage a few willful men can do, especially when armed with the magic weapon, "No Precedent." Still, the Hope is living proof that a group of men more than equally determined that a good thing shall come to pass can overcome such obstacles.

There were still roadblocks when the USS Consolation was actually chartered, and the Navy was awarded funds for rehabilitating her. The Navy basic-supply list included two dozen beer-can openers which our nit-pickers demanded be struck from the list. The Navy had to assure them that this was not "luxury," that crews on any ship not commissioned in the Navy were permitted to buy beer on board when off duty, besides which, beer-can openers are universally useful.

By now The New York Times had run a front-page story about the Hope, and the American people had rallied to us. Volunteers turned up in droves. While the Consolation was being readied, we could step up our campaign to get what we needed. I started by calling many busy executives, already overcommitted to public service, and asking them to be members of our board. Only one refused. We were very proud of our first board, which included George Meany, who appealed to all organized labor to help us.

General L. J. Sverdrup, president of a St. Louis engineering company, had been General MacArthur's chief engineering officer during the Second World War. He held up his hand while I was explaining the project. "You don't have to sell me, Doctor. I remember the people of those Pacific islands lining up by the hundreds,
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asking 'Needli, needli,' and sticking out their arms for precious injections. Our medical officers made more friends for us than anyone in the U. S. Army. Now let's get to work."

We recruited doctors and selected nurses from an astonishing landslide of applicants. Twenty pharmaceutical companies gave immediate funds and pledged drugs. One manufacturer of packaging supplies presented us with 80,000 half-gallon milk cartons, emblazoned with the word Hope, to set on the countertops of stores all over the U.S. These began to fill with nickels, dimes, quarters, dollars. Thirty-seven companies teamed up to give us our Iron Cow. We stumped the country, and foundations, corporations, fraternal organizations, churches and people responded.

A bunch of boys in a small California town formed the first Hope group, and organized picnics, car washes and basketball games. $400. Little girls baked cookies and sold them to neighbors. $6.87. One city staged a toy fair with the goal of $10,000 to put one staff doctor aboard the Hope for a year. There were golf tournaments, balls, fashion shows, bridge parties, moonlight cruises in the name of Hope. Sixty firms donated supplies—not surplus, but what we ordered. Money rolled into the makeshift office where the beginnings of a professional staff started to help our volunteers. It was not and never would be “enough,” but it was a great start.

In February 1960 I set off with John Spreckelmyer, the Hope’s first hospital administrator, to make a preliminary survey of Indonesia, which we had chosen for our first voyage. That survey convinced me that we had a chance to help a proud and intelligent people toward a better future. Indonesia is an undeveloped paradise of more than 3000 islands, strung out over thousands of miles. But great as its medical needs were, we found the new democracy protecting its pride. Its officials were anxious for the Hope to come, but no one wanted to admit how much she was needed. They felt better when I assured them that we would learn from them as much as we taught. I stressed that many countries had invited us, and that we wanted only to help those who wanted to help themselves, not to perform charitable miracles.

In the end we worked out a partnership. Hope would come as a training mission, but patients would be taken care of as part of the training. We would go as far into the outer islands as we could. As our hosts, the Indonesian Hope Committee would pay the taxes, port charges, dock charges, internal transportation, and the salaries of local personnel.

By the time Spreckelmyer and I left Jakarta, I wished I were quadruplets. Hope needed a man lecturing constantly in the U.S., one to handle her affairs in Indonesia, one to go ahead to our next stop, Vietnam, and one back in Washington. I made do with myself.

Many generous people have credited me with selflessness since I have devoted myself to this work. It’s not as selfish as all that. I am blessed with a wonderful wife and three sons and a successful medical practice (now somewhat neglected). I have also been through a war to protect my country so that I could have such a family and such a practice. Selfishly, I don’t want my sons wallowing in mud, digging for their lives. I don’t believe our Lord will permit a nuclear holocaust, but I do believe it is up to us who are free and blessed to help bring about a world in which there is no reason to have wars.

The Hope was a splendid sight in San Francisco harbor on September 12, 1960, the day before her christening. The old Consolation (520 feet long, 71½ feet abeam) had been battered and outdated when she berthed at San Francisco in 1855 with her final complement of wounded from Korea. For nearly five years since then, she had lain “out of commission.” Yet today the Hope looked fresh as a daisy, all painted up and ready to go.

“But,” said Captain Windas over coffee in the wardroom, “what about those hospital wards? We can’t get them ready, you know, except at a cost of shipyard overtime. It’s primarily up to you.”

He knew that I knew we could not afford expensive overtime.

Jack Windas, who looked like a storybook master, had been lent us by the American President Lines, which had also assigned us our crew and guaranteed to run our ship at cost. When my wife and I left him to “inspect” the ship, I was happy. I knew Windas was as good a captain as any ship ever had.
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Topside the noise was incessant. Winches turned and giant nets of supplies swung up over the side. Heavy boots drummed on the decks. Helen and I went below.

Quarters were tolerable. Sixty-one human beings would share them. Most cabins were for four and had at least two drawers for each occupant. Only the Captain and Medical Director Dr. Paul Spangler had private baths.

The big classroom, holding a hundred and fifty chairs with side arms for note taking, and three closed-circuit TV sets, was ready for the Indonesians who would come to learn. In the companionways the usual directions were already stenciled in both English and Indonesian.

The main wardroom was ninety feet long and thirty wide. It was open to all of the staff unless we had distinguished guests on board. Someone had hung American landscapes on the walls, a purling brook, a snowy mountain, a Western desert. The nurses’ special wardroom had rattan chairs with chintz-covered cushions, card tables and a player piano.

A dining saloon is only as fine as its food. We had reluctantly decided on a freigheter menu, to keep the budget down, but as it turned out our chief steward, Mr. McGorian, was a culinary genius. At $1.50 a day per person, he fed us magnificently—and American food would become very important after we had dutifully eaten Indonesian TNT.

In the hospital wards, Helen and I got a jolt. They were a mess. We had removed the upper tiers of bunks, and the bottom one remaining was below the height of a standard hospital bed. There was minimal room for chart racks, and equipment maintenance would have to make do with what I can only describe as a closet.

Only a few of our people were yet aboard and the first one we ran into was Marylouise Streicher, our chief nurse at that time. She had done a marvelous job of selecting our twenty-two nurses from among two thousand applicants, and had tried to give each one an exact picture of the tribulations ahead, but she herself hadn’t known the half of it. She didn’t warn them they would be doing labor customarily left to deckhands, scrubbing and scraping. Later,

the girls sometimes felt as if they had really joined the Merchant Marine, as technically they were required to do. Each nurse who was accepted had to have able-bodied seaman’s papers, and what a group of able-bodied seamen they turned out to be. It was because of her women that the Hope pulled through from San Francisco to Sumbawa.

On the day of dedication, Vice-President Nixon came to represent President Eisenhower in an impressive ceremony. Now the Hope’s flag fluttered from the masthead, but in the week between dedication and sailing we had last-minute problems. We would have preferred to postpone our departure but our contract with the government required us to take immediate possession. To delay now would cost us a minimum of $1000 a day.

Medical essentials and donated food continued to arrive in such quantities that all hope of packing systematically was abandoned. We did not want to be caught in the Far East with our supplies down, and the last loads went in No. 1 hold helter-skelter. On top was dumped a year’s supply of rice in heavy sacks. All this caused trouble later. For a long time when anything was missing we said it was “under the rice.”

On sailing day I was down in the boiler room, the only place free of visitors, with the officials of the American President Lines. In order to insure operating expenses for three months in advance and enough to bring the ship home at any time, we had to give them half a million dollars before the Hope cleared port. It meant going for broke—and counting on raising more in time. There was no choice. We settled, and I headed for deck as Jack Windas ordered all visitors ashore.

At twelve minutes past four on September 22 the SS Hope pulled away from Pier 50A, her flags fluttering. Between fountaining fireboats and beneath a flight of Navy jets, we moved on through the Golden Gate. Land faded into the mist and the Hope steamed toward her first mission.

Now we all began to meet each other, wearing name placards like delegates at a convention. Besides the doctors and nurses, four
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medical secretaries, the technicians and a camera crew, we had aboard Basil Littin, an observer for the People-to-People Foundation, and two experienced State Department guests, Francis Galbraith and Arthur Goodfriend, who would, in the week between San Francisco and Hawaii, brief us on Indonesia. There were also two Indonesian girls, selected by Minister Nugroho in Washington, who would give us lessons in their language. We planned, of course, to be in full operation as a hospital by the time we reached Djakarta. On this first cheerful night, with someone banging out tunes on the piano in the lounge, nobody knew how far from that we were.

Our daily routine was soon established. For the Catholics there was daily seven-o’clock Mass. The corridor on which the Reverend William Anna, our Protestant chaplain, and Father John Magner, our Catholic chaplain, lived was affectionately christened Holy Alley. Here private spiritual guidance was offered to anyone who came. Religion was an integral part of the ship’s life.

We had daily classes, but there wasn’t time for more than a practical Indonesian vocabulary of words like pain, eyes, head, dizzy and medicine. Along with these we mastered please and thank you and a code of manners different from ours. But most of our time, from eight-o’clock breakfast on, was spent in fatigues, mopping floors, organizing supplies, washing walls.

Every piece of old hospital equipment from the Navy was in splendid condition but you had to get at it. For protection, it had been packed in black grease, which had solidified and had to be chipped away. In the hospital area, walls wore an ancient patina of soot and the decks were worse. Our people were all tops in the most modern hospitals in the world. They found themselves in an outdated mess. “Play it by ear” became the Hope’s byword as everybody pitched in. I mean everybody. The cameramen volunteered in hours off from their own work. One cameraman, on all fours scrubbing the X-ray room, turned to a nurse and said, “Don’t you dare tell my wife!”

Soon after we sailed, the seas became heavy and the drainage system collapsed. The toilets flushed endlessly and spewed on the
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floor; the showers dwindled to a trickle. Bud Littin heard a rumpus below and shouted down to know what was going on. Frank Calbraith yelled up to him that there was water in an operating room three inches deep. Bud descended and was handed a mop. Could the Hope board representative do less than the State Department, which was up to its ankles in gook?

Later in the week eighty-five mattresses were lugged up on deck, aired, turned and beaten. In the face of missing supplies or lack of familiar equipment, nobody gave up. No stands to hold intravenous bottles? The uprights where the upper berths had come out were the right height. Wire coat hangers were twisted and hung on them. Not enough bottles? Everyone ate peanut butter for days to get jars the right size.

Everything involved running up and down stairs, for the elevator seldom worked. Nor was the public-address system very much use. If we wanted somebody, even in an emergency, we went and found him.

When I say "we," you must remember that I could not be with the Hope as much as I wanted to be. I had to be wherever I could be most useful to the project. This first week I had been in Washington, fighting continuing battles, and then had flown ahead of the ship to Hawaii. When I heard the full story of that week, I wondered why our women simply did not get off in Honolulu. Preparing for the doctors who would fly in and out, rotating as a working staff, they had slaved at filthy, backbreaking jobs. Later, after having seen them at work for many months, I knew they would never have quit.

When they landed in Hawaii I realized they were a tired bunch, but I thought that was all. No one made me aware that a crisis was developing. Perhaps no one thought it was.

At least they had a glorious breather and a swim at Waikiki. Staff members took turns showing hordes of visitors through the ship while the other staffers took to the colorful shore. Tours were arranged for them and there was time to raid the shops, to try the surfboards. When the Hope sailed again, after a day and a half, I waved from the dock along with hundreds of well-wishers. My job now was to return to Washington and then fly out to Djakarta for our medical debut.

On October 6, the Hope crossed the international date line. She had now reached the part of the world where there is no twilight. The sun dropped "like thunder" leaving an afterglow of brilliant color. Added to the tight schedule was one appointment on deck: 5:45—watch sunset.

Bali Kopan, in eastern Borneo, where the Hope would refuel, was our first port in the Far East. Shell Oil supplied buses there and townspeople turned up with cars to take our people through the city. As soon as any visitor set foot on a street, he was swamped by children, grinning, friendly, curious.

At first the town seemed a prosperous European version of any middle-sized city. But the native section was indescribably poor and fly-infested. Canals of stinking, stagnant water provided drainage, and children played in the water. They were, just the same, the merriest small fry imaginable. Tagging after us, they christened us, setting up a cricket chant that was to greet us in every Eastern port: "Hopiel Hopiel Hopiel!"

By nightfall the engines throbbed again. But all was not well with the Hope as she plowed on. There were only three or more days before Djakarta and she was not yet a functioning hospital. Worse than that, somehow, communication between departments and between department heads and their staffs had broken down. Without calling a general meeting, the hospital administrator sent off a cable from Bali Kopan to me in Djakarta: IMPOSSIBLE ACCEPT PATIENTS DJAKARTA.

The blow could have been mortal. So much depended on that first impression. We were eagerly awaited, but there was a strong Communist element in the outer islands, and many who longed to see us fail, who would take full advantage of failure. We would lose face irrevocably in Indonesia if we took no patients.

By God's grace I had foreseen that the staff would be too worn out to open the wards, operating rooms and services the very day the Hope landed. The minister of health had agreed to forty-eight
hours’ delay during which visitors would tour the ship. Five thousand guest passes were issued to assure general disappointment.

That gave me two days. The one word I refused to tolerate in connection with the Hope was “impossible.” At four thirty in the morning on October 16, I went with Guy Kirkendall, acting director of Hope in the East, to meet the ship. From the pilot boat, with light just streaking the sky, we saw the proud, yar lines of the Hope outside the breakwater. Pennants stirred in the dawn breeze and the letters H O P E stood out against her white flank.

But, once aboard, the rundown we were given disclosed a state of near paralysis. No one person had taken hold to integrate all efforts. I had failed to spell out authority as I should have. Each department separately had been reduced to despair.

My chief nurse, Mrs. Streicher, hammered away at me. Persist in opening, she said, and half the staff will resign. Did I know what they had been through? They were exhausted. Things were simply not ready.

I called the nurses together in the big classroom and threw myself and the project on their mercy. Could they, would they, work around the clock and somehow make ready to take patients in time to meet our commitment?

There was a second of dead silence. My heart dropped to my boots. Then those women stood up and cheered. A girl spoke to her neighbor in ringing tones. “Well, thank goodness! This is what we came for.”

One thing I had learned to my dismay was that there had been no nursing assignments. No one knew exactly what she would do. I turned to Mrs. Streicher’s senior assistant, Claire O’Neil. She had served with the Navy Nurse Corps, and had set up a new hospital in her own hometown of Concord, New Hampshire.

“Can you take it from here?” I asked.

“Certainly, Doctor,” said Claire.

“Thirty Indonesian nurses are due on board tomorrow for training,” I reminded her, “and there will be thirty-five helpers and orderlies to do the heavy work in the wards.”

Claire’s ingenuous Irish face cleared as if she had seen a vision of heaven. “I was fretting myself sick over how we could manage without any help!”

I groaned. It seemed impossible that my deputies had not told these girls that they would have plenty of assistants. “Don’t you worry, Doctor,” Claire said happily. “We’ll do all right.”

Mavis Pate came next. “I didn’t know I was to be chief surgical nurse,” she said quietly. “I’ll need three nurses assigned to me for the operating room and central supplies.”

“Will an Indonesian do for one?” I asked.

“Certainly, Doctor, in time,” said Mavis realistically, “but not right at first. We’ll have to move too fast.”

“Just let me know how many cases you can take on board the day we start,” I said. “I’ll have each rotating surgical-specialist talk to you first and check his own instruments to give you a hand. Then can you make up a week’s schedule?”

“Oh course.” Mavis smiled her slow, friendly smile. Then she used the same words Claire had. “Don’t you worry, Doctor, we’ll do all right.”

Touring the wards and laboratories, I found that some were almost ready. Others, in spite of dogged work, were in a state of appalling disorganization. The Captain, in this crisis, volunteered manpower from the crew to lend a hand for the next two days. Leo Haney, our handyman, seemed to have six capable hands instead of two. Al Adams, herdmaster of the Cow, had his machine all set. John Spreckelmyer rushed all over the ship, working until I was afraid he would collapse, which he nearly did. Mrs. Streicher, finally utterly worn out, left us, but everyone else stayed. Still we had to get through Djakarta.

At least we presented a smiling and united front to several hundred Indonesians lined up along a shed to greet us. Tall white-headed Dr. Soekarjio, Dean of the University of Indonesia Medical School, delivered the opening address. I spoke last, warning our friends that we brought no miracles with us (refraining from saying that it would be a three-star miracle if we accomplished anything at all).

On board, that morning, our guests were so charmed with the
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Iron Cow and its milk from seawater that they overlooked the sketchiness of the rest of the setup. I had to explain to the city's physicians, however, that we could not live up to their ideas for putting five hundred patients aboard us during our two weeks' stay. They accepted this reluctantly—and so did the first doctors on rotation from America when they arrived next day.

One group of four of our doctors had been intensively briefed in Honolulu, on the way out, by a so-called expert, who claimed the Indonesians were much too superstitious to let us touch them. No doctor wanted to come so far, disrupt his practice, receive no stipend, and find nothing in the way of medical experience waiting for him. When I told them we weren't preparing for a big case load on the ship, they thought the "expert" was right.

Though they were long-faced and weary, I decided to take them straight to the General Hospital in town, where they could select patients from the numbers referred to us. As soon as they saw the cases lined up, fatigue and foreboding left them. It was a veritable laboratory of pathology. Among those they chose were a four-and-a-half-year-old girl named Yuyu with a spleen that stretched from nipple to pelvis, and a small boy with huge swollen glands, a localized Hodgkin's disease of the neck.

The watchword, I told them, would have to be "flexibility." The plan had been to have each operation performed by an American doctor and followed by the same operation performed by an Indonesian under his guidance. That might be possible often, but hard-and-fast procedure just wouldn't do. We would "play it by ear."

The Djakarta medical fraternity wanted a floating Mayo Clinic, but we had to refuse impossible challenges. Also our techniques must be adaptable to local use. One doctor will never forgive us because we didn't bring angiocardiography equipment, which is highly specialized and something they could not duplicate. But he had promised his patients we would have it, and his status suffered.

At one P.M., October 21, a line of olive-drab ambulances arrived on the quay with the patients. And we were ready for them! Cranes had at last lifted out the rice and much that was missing

Prescribing medicine, selecting patients to send back to the ship, and exchanging valuable medical information, Indonesian and "Hope" doctors tour island clinics where one local doctor may serve as many as 100,000 people.
A Ship Called Hope
came to light. The thirty Indonesian nurses were aboard, ready to
go to work. They proved quick, anxious to learn and charming.

That evening Claire O’Neil thought one very old man was hav-
ing a dizzy spell when he started swaying his head uncertainly
over the side of his berth. She flew to him but he was only
trying to make his obeisance to Mecca. She borrowed a little com-
pass for him—it had been brought aboard by another patient so
he could be sure which way was east. Next day we installed one
in every ward.

On the 22nd, Jack Tetrick, surgeon from Columbus, Ohio, re-
moved Yuyu’s massive spleen without knowing that the little girl’s
parents were watching over our closed-circuit TV. When the oper-
ation was completed, nearly five hours later, they were so deeply
moved because we had saved the child’s life that they offered to
present her to the Hope.

Indonesians have reason for their pride in their children. When
we got to know them as patients, we knew that anything we had
been through, anything we did, was worthwhile. One very small
one cried on the table as he was about to be given anesthesia. As
he wept, he repeated one liquid phrase over and over. Our surgeon
asked the Indonesian doctor standing by what the child was say-
ing, thinking it must be “Go away” or “Don’t, Doctor, don’t.” What
the little boy said, over and over, was an apology for his tears.
“Forgive me. Forgive me. Please forgive me.”

Somehow we kept to the schedule we had set ourselves. We held
four conferences daily on the ship and additional ones in the
evenings ashore. Average attendance was over two hundred, and
many of our men formed close friendships with their Indonesian
counterparts.

Indonesian surgeons are exceedingly deft. Men with limited
surgical training were able to handle complicated procedures
after taking part in only three or four demonstrations. Dr. R. The-
dore Bergman, for instance, our urologist, taught his new friend,
Dr. Oetama, techniques the latter had only read about. Now
Oetama is an expert and teaches these techniques at the University
of Indonesia.

Every day Hope personnel made ward rounds at the General
Hospital. They returned full of admiration for physicians coping
with so much on so little. The invaluable Leo Haney donated a day
at the General, and when they found out he could repair anything
in the world, they brought him just about that. He fixed a Heil-
brink anesthesia machine and, for good measure, installed a new
fluothane vaporizer of which we had two, and a new gauge and
regulator. The hospital had been reduced to using ether only. Now
they could choose among ether, fluothane and nitrous oxide.

It wasn’t a one-way affair. They gave us what we needed when
they could spare it, and even when they couldn’t.

One of our wheeled stretchers had deflated tires and we couldn’t
find or buy a pump anywhere. At once an Indonesian physician
invited Dr. Tim Lally to dinner. Beside Tim’s plate was a bicycle
pump with a card in large, childish handwriting, “For the SS
Hope.” The doctor’s seven-year-old son had given us his all-but-
irreplaceable pump.

Sometimes it was barter. From the local Catholic hospital, nurse-
maids came to admire our clinical laboratory. Sister Maria, looking
wistfully at a pile of pipettes, remarked, “We could do serologies
if we only had some.” The Hope pathologist said, “We’re just as
bad off. We can’t find any Kahn antigen and we can’t do serologies
either.” Next day the Sisters came back again. While her compa-
ions formed a shield about her, Sister Maria reached into the
voluminous folds of her habit and brought out a bottle of antigen.
Our pathologist took it and, with a quick glance at the door, put a
dozen pipettes in Sister Maria’s hand. They disappeared instantly
within the same folds. Everybody was happy.

One thing we taught inadvertently was that we, too, lost patients.
We thought it was a lesson that would cause them to lose faith in
us. The Communists were already trying to stigmatize us as an
imperialist hospital experimenting on helpless Indonesians.

One twenty-six-year-old woman with a very severe internal
malignancy was allowed through the checkup. We had managed
to save—or at least to prolong the lives of—four similar cases, but
with this patient we ran almost immediately into the dreadful
complications of intractable hemorrhage and irreversible shock. From noon until six in the evening, the American staff and the Indonesians worked to stem the bleeding. Fourteen pints of blood were transfused into her veins. At six the Indonesian doctors left the ship, but the Americans worked on for another three hours. Then she died.

The next morning everyone was dispirited. Were we to be damned for what must happen under the best of doctors? Father Magner leaned on the rail, wondering and waiting. The chief Indonesian nurse joined him. “Father, I'll never get over it. None of us will. All of your people working like that for hours and hours just to try and save the life of one patient!”

Her attitude reflected, fortunately, the general attitude that spread through Djakarta. It wasn't the death they took note of, but the valiant effort to prevent it.

We weighed anchor on November 2, 1960. It was a thankful moment. We had survived, and had a day and a half at sea before we landed again.

At our next stop, Surabaja, we were careful to make use of the know-how we had gained in Djakarta. Goodwill conquered such obstacles as a Communist mayor and an originally un receptive medical fraternity. I don't think we left an un mixed impression in eastern Java, but we managed against odds to leave a generally favorable one. Memories and mementos of our visit would serve the U.S. cause. Among our gifts were an electrocardiograph machine for the medical school, the first iron lung for their health service, a thousand medical books and periodicals. We also left drugs and vaccines to be used for the follow-up treatment of our eight hundred patients. Laboratory and dental equipment went to the university.

Before we left, the university gave us a farewell party. It was our last evening in the big-town civilization of Java. From here on, for a while, we would be headed for the outer islands, the lands of leprosy and dukuns.

Our first outer island was Bali.

III Bali to Djakarta

BALI was Paradise Lost to us who were medically trained. The island is marvelously beautiful and its people gentle and exquisite. They dance and sing and smile—happy people with timeless lives. It is an island of temples—every day belongs to the gods. The Balinese Hindu worships as he breathes his moist, flower-scented air. Walking lightly on bare brown feet, the men are extraordinarily graceful, the women straight and sweet-moving as they carry their bundles on their heads. Even the cows seem part antelope. They gather their feet under them and sail over ditches and fences. But they give no milk. There is no milk on Bali except that which is given by mothers, and they are often anemic.

The Balinese are complaisant in the face of illness and death. What will be, will be. Illness is so much a part of their lives that the primary problem is to persuade them to take the simplest precautions. There is a variety of foods but they do not vary their diet. It is easier to munch bananas that are there for the picking and to fix the abundant rice three times a day. The languor with which they stroll so gracefully barefoot is partly due to rampant hookworm which attacks through the soles of the feet. Cremation is part of their religion and that should be sanitary enough, but bodies are often kept for months in a small shelter in the courtyard until the time is propitious for burning. Sometimes the dead are washed on the swimming beaches.

Records are not kept, and if you ask a patient how long he has had an abdominal swelling, he says agreeably, “Two days. Or maybe two months. Or maybe years. You decide, Doctor.”

The Hope lay in a cove edged with soft glittering sand. Palms ringed the cove and behind green hills towered the beautiful cone
Indonesian clinics like this one, with limited facilities, can treat only a lucky few in early stages of illness. As a result, life expectancy is only 32.

of the holy mountain, Agung. To cross the narrow reef that kept us from shore, we used our World War II landing craft. Grinning, sleek-skinned children spilled across the sand to wave and chatter in Bahasa and Balinese mixed with textbook English, or played like otters in the surf. Two blue buses, with the insignia of the health department, waited at the pier to take us the thirty-five miles to Denpasar, the island’s administrative center.

Dr. A. A. M. Djelantik, health officer for the island and one-man Hope committee, met us at the General Hospital. Son of a prince and memorably handsome, he had a profound concern for his people. The explicit and honest statement of the island’s medical problems he gave us was terrifying. For a million people the government supplied ten general practitioners, one surgeon, one oculist, one neurologist and three dentists. There were also two private doctors.

“Many wait for you with great expectations,” said Dr. Djelantik, “and I had in mind to divide you into teams that would work with our doctors in our ill-equipped hospitals. I think that in this way the meaning of Hope will be best served. Thank you very much.” A discussion of how to transport us daily from the ship followed, and we felt a note of constraint among the Balinese.

“Look,” said Jack Tetirick suddenly. “I’m perfectly happy with Indonesian food and I don’t need air conditioning. I’ll stay anywhere you put me on shore so that I can work better with you.”

Every American there seconded him. The Balinese physicians exchanged glances and began to smile. Djelantik rose again and said, “Thank you, thank you very much. We were concerned that our food and accommodations would not seem adequate.” Then, wreathed in smiles, he told us his plans. Five mobile teams would operate from Denpasar, Singgaradja, sixty miles north on the opposite coast, and Padangbai, near the Hope. An emergency staff only would be left on board. We would work directly with doctors in the hospitals, train nurses on the spot in the wards, and in the backcountry seek out the dukuns, or medicine men, whose primitive knowledge had been passed down through the centuries. These native doctors, fortune-tellers and spirit healers, all in one,
were, Djelantik assured us, very capable obstetricians and skilled in bonesetting. Furthermore, they would welcome us (they did) and were anxious to improve their traditional ways.

Dr. Noerah, resident physician at the main hospital in Denpasar, asked us to begin by training two more hands to screen incoming patients at the clinic. To do so, we took over the endless lines of people and suffered the agonies of the arbitrary choices. "It's too awful," said Dr. Marion Wier, "to have a child with 105-degree fever taken home because the clinic closes while its mother waits for her turn. And when we reached one baby, we found it had been in convulsions for hours. We were too late."

To the other, more "modern," hospital our first and perhaps most valuable gift was that of a flyswatter for the operating room. There were no screens and no traffic control. Surgeons changed their outer apparel, but observers and students watched close to them without even covering their heads. Nothing was sterilized except instruments, taken to a boiler in another building.

Our nurses set up the first postoperative Intensive Care unit in Central Hospital. "It was a terrible temptation to bring everything we needed from the ship," said Dorothy Aeschliman, "but we were dead set on leaving a system behind they would keep on using—we hoped. One thing we did leave was jars for dressings and salves." (Hope again ate peanut butter three times a day.)

The girls taught their pupils to take blood pressures, to turn patients in order to prevent postoperative pneumonia, to keep records, and to scrub, however little water there might be. Automatic recognition of the symptoms of shock was drilled into the Balinese nurses. Some of them hadn't even known how to count pulses or read thermometers.

Reward came when Claire asked the Balinese if they would be able to keep our system going. Smiling broadly, they replied, "Yes, indeed. We like it."

The hospital kitchen was an outdoor shack, and Dietitian Hazel Wessel had to disperse thick coatings of flies before she could identify the food being cooked.

"The state of their nutrition is unspeakable," reported Alex Sahagian-Edwards. "They fall victim to any bacteria. Malaria, leprosy and parasites—and we were shocked by the rate of tetanus [lockjaw]. The first patient our pediatrician saw was an infant in a tetanic condition, and one of the searing images of this trip is a roomful of mothers nursing rigid tetanic babies."

Balinese physicians knew that tetanus was easily avoidable at birth, but dukuns and midwives had not learned to boil the scissors before they snipped umbilical cords. They welcomed us as guests and were happy to listen and heed.

Hazel Wessel argued with every parent she could reach to vary the children's diets. Soybeans grew on the island, but no one ate them. Fish abounded in the ocean, but seafood was not popular. "What do you feed your children?" she asked over and over.

"Rice, none."

"What's that?" Hazel asked one woman who refused her child a crusty-looking substance she herself was eating.

"Ground shrimp, none."

"Give the baby some," Hazel begged. "It is protein. That's what he needs."

We unloaded 20,000 pounds of powdered milk. We also donated quantities of a mixture which contained dried rice, soybeans and other nutrients. It could be fried or mixed with water and baked. The Balinese promptly added peppers to give it flavor and pronounced it delicious. Dr. John Ratcliffe made the mistake of biting into one of their small green peppers. "The hottest thing outside Los Alamos," he said. "I crashed in flames."

The farther out from Denpasar we worked the worse it was. Water ran only two or three days a week through rusty pipes. Electricity was so feeble Ratcliffe operated on a rajah's hemorrhoids by flashlight. Oxygen was in such short supply that we had to make heartbreaking decisions: save one critical case today or hoard for three major operations tomorrow? Of the shortage of supplies Dr. Richard Iretson from Dayton commented, "It was no fun to try and fix a fracture without any plaster." Nor was it any fun to amputate the rest of an arm and a leg from a patient attacked by a shark, when there were no artificial limbs.
Did we do any real good as we fanned out over the island, distributing drugs and vitamin-packed mixtures and passionate lectures against ignorant carelessness? I think so. I know so. We started many things and furthered others. Consider how recently we in the U.S. were subject to tuberculosis, smallpox, diphtheria, typhoid, now very occasional diseases; how recently we have learned what vitamins and a balanced diet mean. Our Bali program went so well we sent a three-man team to Tabanan and Karangasem. And everywhere the response was the same. When we asked if they would carry on, they said, "Yes, indeed. We like it."

They liked us, too. "It is a happy feeling," said Dr. Djelantik before we left, "to be among friends. I confess that before you came all of us were wondering how we would outline an invasion of foreign doctors and nurses, until we suddenly got the idea that we ourselves are those who are to arrange things according to local needs. You appreciated our efforts in the midst of handicaps and we saw you at your work, taking notice of that specific Western attitude toward things to be done. The help you gave us in the form of work, knowledge, skill and material is too much to sum up. But it is for that basic human feeling of friendship you and we so miraculously acquired from the first day on that I thank you the most."

We were royally entertained on the Balinese New Year in December with a parade of floats depicting Balinese life. After the festivities we went to work harder than ever.

A few nights later, with only a skeleton staff on board, a woman in the adult ward went abruptly into labor. The trouble for which she had been admitted was well above the waist and no one had discovered the advanced pregnancy she carefully concealed. Luckily, nurse-midwife Harriet Jordon arrived back aboard in time and the baby was safely delivered—the only newborn Hopie. Though her father's name is I Madi Marija and her mother's Niketut Werta, the little Balinese girl's name is Jordon Hope.

For Christmas all our Americans came in from all over Bali to be "home." We had had no mail from the U.S. and Christmas packages didn't reach us until February. But Hopies had bargained in the bazaars for carvings and trinkets. Names went into a hat and each of us gave a present to the person whose name he drew.

On that brilliant sunny afternoon we went swimming in the cove. The children of Padangbai were so excited because we swam on the local beach—Americans never swim there—that they had built us a beach hut of woven matting and palm leaves supported by bamboo poles. When they presented it, the oldest boy, spokesman for the swarm, announced, "I will be your houseboy. No one else may enter without your permission."

Christmas night on board, carols were sung from bow to stern. The galley turned out a turkey dinner, and Dr. Djelantik sent us three Christmas trees with decorations from Hong Kong, one for the staff and one for the crew and one, according to the custom of the sea, to be lashed to the mast. Santa Claus was a doctor in a red muumuu and a mask digging packages from a potato sack. Dr. Spangler had made popcorn, and nurses had commandeered the galley to turn out peanut brittle and fudge.

At ten, Bill Anna held a Protestant service and at midnight Father Magnier celebrated Mass in the classroom before an altar trimmed with tropical flowers. Many Hopies went to both services.

Afterward the Hope was hooked up by radiotelephone to America and Nancy Campion's mother urged her to wear her arctics. At the egg nog party in the lounge, someone found a player-piano roll of "Silent Night" and put it on.

We felt close to each other and far from America and still uncertain. Bali was an experience that would take digesting. We were deeply touched by the warmth, the humility and the pride of Dr. Djelantik's farewell but we hadn't yet a sure sense of mission. We were, though, readier than we had been.

The Hope sailed on from Bali to Sumbawa to become—through trial and triumph—a strong, unshatterable working realization of the Hope dream. She went on to Makassar, Ambon, Kupang and Flores, and back to Sumbawa, ever more certain of her worth.

While we were at Ambon, under pressure from our Eastern hosts, Project Hope undertook several ventures to places where no
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Americans had ever been. Two of our invaluable doctors, Hope’s Admitting Officer Yates and Rotator-surgeon Bernard J. Goiney of Seattle, Washington, insisted on going out into the Moluccas, the Spice Islands of history. Jim Yates had already practiced medicine in Indonesia from 1953 to 1955. Cannibalism, he informed us happily, was still a tribal custom in some of the wilder sections to which we were sending him. But “only ceremonially.” What that seemed to mean was that nothing human was eaten except the fingers, tongue and heart. Dr. Goiney had joined us in Makassar.

“I love these people,” he said. “They don’t thank you in words but one of them will grab your hand and give it a little squeeze.”

In a crowded, overage, inter-island steamer, our group headed north. Besides Drs. Yates and Goiney, it included a dentist, a pharmacist and ten Indonesians. When they returned two weeks later, Jim carried a gift of slender, poisoned arrows used for hunting people, but all of our people had their fingers, tongues and hearts intact.

Since our trip would end, of necessity, in less than a year, the Indonesians began to ask us to assign individuals to them on a more permanent basis. Back in Djakarta, Health Minister Satrio wanted to open a new orthopedic wing in the Ibu Sukarno Hospital. Could we send them a team to help set it up? I answered with a glib yes, thinking that the Oriental pace of things would give me six months to get somebody.

“Fine,” said Satrio. “We’ll be ready in three weeks.”

Your word is your bond with this man and I had to find at least one outstanding doctor. I telephoned the U.S. and the next day I was informed that Seattle’s Dr. John LeCoeq, one of the fathers of modern orthopedic surgery, would come for four months.

Certain advisers thought LeCoeq might be too forthright for the Orient, but he made more friends than anybody. His popular nickname, “Dr. No Sugar,” referred to his refreshing candor as much as to his efforts to prevent Indonesians from taking their favorite oversweet drinks. John set a record for difficult operations; he also interested Indonesian Rotarians in providing care for polio-crippled children. Today a large portrait of sixty-four-year-old

“Dr. No Sugar” hangs on the wall of the Djakarta Rotary Club.

We also arranged for a few men to undertake special, long-term missions in the islands. One of these was Dr. Max Hirschfelder, ophthalmologist from Centralia, Illinois. He had informed Project Hope in the States, “Have ophthalmoscope, will travel.” When Hirschfelder reached his post in Bali he coped with one disease he had never seen before. Dr. Diehn, the only local ophthalmologist, called it “rice-field keratitis,” a virus infection attacking workers in the fields. Together they performed so many operations that Hirschfelder lost count in his first week. People came to them from as far as six days away by prahu.

Hirschfelder had a recurrent problem with his borrowed surgical suits, changed often in the tropically hot operating room. They were made for Indonesians and he was well over six feet tall. Sometimes he stretched right out of the seat of the trousers, sending the Indonesian nurses into hysterics.

He never let this, or anything else, interfere with his work or his philosophy. “You can buy friendship only with friendship,” said Dr. Hirschfelder. “For these people who have nothing, the little communism offers—a broad general mediocrity—seems like paradise. Only by personal contacts can we show them that there is something beyond mediocrity. Hope brings human beings to human beings.”

I guess in the end it always comes down to that—human being to human being. Your heart not only goes out to the people who are helped by a cause, but also to those who serve it. I will always feel that Lois Boyce gave her life for Hope, though she might have died if she had never come with us. Lois’ story belongs in the chronicle of the Hope, and in her memory I will tell it.

Thursday, February 23, began like any other day except for one thing. In the women’s ward a thirty-two-year-old laboratory technician, Lois Boyce, lay ill. Lois, a willowy, fair-haired girl from Minnesota, had gentle ways, ready humor and an endearing smile. She was one of the most popular girls aboard. On and off for weeks she had been bothered by headaches over one eye.
“It's a cinch we can't help her here,” said Mark soberly, “and there's no plane due for two weeks. We've got to find a way to get her out of here, and fast.”

Within five minutes the ham radio station aboard the SS *Hope* went into action. Through one blessed Bill Green in San Francisco, they reached Steve Alex at Hope's Washington office and Steve called Jim Bell in the State Department and Arleigh Burke, Chief of Naval Operations. All that night Bell and Burke tried to get through to Djakarta. When between them they reached American Ambassador Howard Jones at last, things began to tick.

Colonel Henry McCartney, Jones' attaché, cut red tape with the Indonesian Air Force as if with a scalpel. According to regulations, it took three days to get approval for an unscheduled flight. When he told them it was to save the life of an American on the *Hope*, it took three hours. We weren't in the clear though. The nearest place to Ambon where there was probably a neurosurgeon was Clark Air Force Base Hospital in Manila, two thousand miles away.

I was in Djakarta arranging for the *Hope*'s return there when the message came in. Permission was granted for me to go with the embassy's old R-4D, which left that night and flew nonstop to Ambon. Dawn was breaking when we landed. Children sprang up like weeds out of the ground and surrounded the plane. A few security guards sauntered up and then the field's commanding officer marched briskly into view.

Colonel McCartney saluted. “Captain,” he said, “how much gas can I get?”

“How much do you need?” the Indonesian inquired.

“If you could fill her up,” Mac said, “I could fly straight through to Manila, but headquarters told me you could spare only six hundred gallons.”

We were given all we needed.

At the dock, when we got there from the airfield, people were already lined up waiting for launches to take them to the *Hope*. We set out with the first load of patients.

No one had an inkling that I was coming. When I went in to see Lois with Mark Beaubien, her face was wan but her "hello" hearty.
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“Why on earth are you doing all this for me, Dr. Walsh?” she asked when I told her that we wanted to get her to Manila. “It’s silly. I’m sure there’s nothing seriously wrong.”

I said the only thing I could say, that she was probably right but we wanted to be sure. Then Mark and I left the ward and called the staff together. I had a congratulatory message for them from President Kennedy which lifted their spirits.

A few moments later Colonel McCartney and I went down the side. Below, in the landing craft, Lois lay on a stretcher, wearing a silly straw hat with a monkey on the brim, ringed round by friends who had asked to be allowed to go to the airfield. There was gaiety, forced but successful, on the ride across the bay, and in the Army truck that took us to the airfield Lois giggled at every sally.

We had an uneventful flight. Lois, in a forward bunk, did not seem ill and, like us, ate sandwiches and talked intermittently. At ten that night the plane came down in Manila on an airstrip marked by the flashing red light of an ambulance.

I was exhausted, and as soon as Lois was in competent hands I turned in. At seven the next morning a Filipino attendant called me, saying that Colonel Burke, executive officer of the hospital, would like to have me breakfast with him and Dr. Wilson of the hospital staff. Then everything piled up fast.

Young Dr. Tom Wilson gave it to me straight as I gulped coffee. Undoubtedly a left frontal lobe tumor. Left optic disk beginning to fill. And then the absolute hell—‘We simply have no neurological facilities here.’

“Where, then?” I heard my voice coming from a long way off.

“Tachikawa Air Force Hospital in Tokyo. Best hope.”

I turned to Colonel Burke. “What chance is there of getting through?”

“No question of chance,” he said. “We’ll find an airplane somewhere and get her there.”

The colonel exploded into action. All planes were tied up in an air exercise, but he was dogged. At the end of a couple of hours he looked up with immense relief.

“Got it,” he said. “A C-130 just in from Bangkok. It can be ready in an hour and a half. Ought to make Tokyo in five hours. It means bumping a general and his helicopter but he’s being very understanding. Now get ready.”

“Right, sir,” I said and damn near saluted.

When I got to the plane Lois lay waiting in her ambulance with Tom Wilson and a nurse beside her. “What a lot of trouble you’re going to for me,” she kept saying over and over.

The C-130 was a big four-engine propjet cargo and troop carrier. It seemed more like a tunnel than an airplane. A bed had been rigged for Lois amidships where it was quietest.

Lois’ pretty hair framed a face vibrant with life, and her voice was full. She felt so well we were even able to get her up periodically, as she loved to watch the clouds. A little headache began to nag, not severe enough to upset her but it made Tom Wilson and me uneasy. We examined her eyegrounds.

There was sign of hemorrhage now, evidence of increasing pressure within the skull. The worse her condition grew, the more cheerful Lois became. She asked for her diary so that she could write up her trip. We left her alone with it. Thank God the plane was long: I walked off my frustration up and down its length. I believe I walked to Tokyo.

As the sun set, the nurse helped Lois up to see it, standing by the window holding her hand. The red sky turned purple and faded to dusk and Lois’ face lit with delight. Quite undone, I went to my bag, found a bracelet I had bought to bring home to my Helen, and put it around Lois’ wrist. She looked at me and blushed with pleasure. Then she wanted to give me something and fumbled in her purse. All she could find were some peppermint Lifesavers which she insisted Tom and I share since none of us had eaten.

When we landed in Tokyo, finally, Lois quietly insisted that she would walk to the waiting ambulance. . . . she did feel silly about all the trouble. . . . It was Saturday night, more than forty-eight hours since the first alarm. At the hospital Captain William Silvernail, Air Force neurosurgeon, was ready for us. Lois walked to her bed.

On Sunday morning Dr. Bell, Air Force neurologist, and Dr.
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Silvaneil conferred with me. It was agreed that an arteriogram be done, an injection of dye which would reveal the condition of the brain. Sunday afternoon we knew—a displacement so great that it could be nothing but a tumor.

Lois' condition was worsening now and her body grew rigid. The surgeon did not wish to operate until she was more flaccid. For eighteen hours she gradually improved so that on Monday morning Dr. Silvaneil was willing to attempt surgery. When he exposed Lois' brain he saw that the whole left frontal lobe was already destroyed by a growth that was so deep-seated no skill could remove it. He did what he could, knowing it was not enough.

Mercifully, Lois never regained consciousness. But in her death, as in her life, Lois Boyce proclaimed around the world how precious is a single life to all Americans.

While I flew on with Lois Boyce, the Hope lay at Ambon where in twenty working days our doctors treated 3500 patients. Three children who had never been able to walk took their first steps on board the Hope in that harbor. Many Ambonese will see normally again because Dr. Arnold Smoller taught a simple eye operation to a general practitioner. When we left, we knew the Ambonese would carry on with everything we had started. They were that kind of people.

The Hope was returning to Djakarta now, by way of Kupang and Sumbawa. After that second visit to our favorite island, only two more stops were scheduled. Our staff had full steam up but our overage ship was again showing signs of exhaustion.

Before we reached Lombok Island, the air conditioning broke down in two operating rooms and two wards. Most of the work in Lombok was done on shore. In the local hospital of Mataram, the capital, we concentrated on classes. Mantras, male attendants with two years of training, showed up every morning with a list of what they wanted to learn, including positioning, dressing techniques and diet therapy. Since there were no classrooms, our nurses sat on the edges of ward beds, holding blackboards to illustrate their lectures.

We took only the most pressing cases on the ship. Hope surgeons operated on a tight schedule, keeping all the beds full. They had to use gondola operating tables, and work under what one nurse described as a spotlight powered by eight fireflies.

Gratitude for all we did took many forms. One husband painted three oil portraits of the three nurses who looked after his wife and two more of the doctor who removed her thyroid. Nan Campion inspired the most courtly gesture of all. A nine-year-old gallant bowed over her hand when he was discharged and kissed it.

Semarang, Java, was our last port of call, and it was between Lombok and Semarang that the Hope struck a reef. Fortunately, Captain Gerber, who had replaced Captain Windas, was able to float her off at high tide, but as she inched astern one propeller struck a coral pinnacle and the blades were sheared off. When the Hope was free Captain Gerber anchored in deep water to assess the damage. The ship's plates were not buckled, her second skin was not damaged, and she did not ship water. Her outer skin was ripped for over a hundred feet, though, and she was listing three degrees when we anchored at Semarang.

Our months in the outer islands were over. We were back at the island of Java and back in civilization. Medical facilities were positively dazzling. A 900-bed public hospital was supplemented by a number of private ones. At the main hospital, a complex of low buildings set in well-tended lawns, Semarang doctors were recording the ills of patients waiting for us. From a line that stretched out of sight, they chose well and they needed us. Their problem was that there were only twenty resident doctors for twenty-two million people.

We divided ourselves between Semarang and the town of Jogjakarta across the island. Its medical centers, too, are progressive and eager. These Indonesian doctors shared their special knowledge of diseases like malaria, jaundice and typhoid with us, and we left them with modern techniques. We found their electrocardiograph beyond repair and gave them one of ours plus a course in how to run and mend it. At the eye hospital, Dr. Joan Goble, who was serving alternately with her husband, Dr. John, aboard the
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Hope so that they could keep up their practice at home without interruption, transplanted an American cornea, received the week before, to the eye of an Indonesian railroad worker. It was the first such procedure demonstrated in the region.

The Hope returned to Djakarta 205 days after leaving it. We were welcomed and entertained like a victorious army—and were just about as battered.

We went on working, however. Four buses and three jeeps trekked up a twisting highway into the mountains to the four-hundred-year-old town of Bandung. The first-year class of the Bandung Nursing School, which had sailed with us as part of our original trainee group, was coming home. We were going there for our last mission in Indonesia.

It was a mission of classes and seminars, for the cool, sparkling town, high above sea level, had recently become the center for a pilot medical project with training schools and laboratories. Discussion was open, honest and exciting. The doctors were the cream of the crop in Indonesia and the hospital had high standards. We spread out to lecture at the various schools. We wanted to leave as much teaching as possible behind us.

When the time for good-bys came our Bandung nurses said them tearfully. Zahara Daulay, a great favorite of ours, said, “The first time I put my feet on the Hope it looked like a strange world. I was between people who were tall and a different color from me. Because we were all nurses I forgot the differences when we started to work. Then when I started in the operating room I felt uncertain again. But I had a patient teacher who knew her job. It was all right. And then I found out that she loved tennis and music and the gap between races stopped being there.”

On May 26 the Hope’s American staff was back in Djakarta for the last of the official parties. These wound up with a reception on the lawn of the Ministry of Health where a model of the Hope had been made of flowers. Health Minister Satrio spoke a heartwarming farewell and presented us with a tray of Jogjakarta silver, engraved with a warm expression of Indonesia’s affection.

The “dukun” is doctor, fortune-teller and spirit healer to many Indonesians. In class, above, “dukun” midwives, who still deliver most Indonesian babies, learn the importance of intensive scrubbing before assisting with births. Here the infant-mortality rate is among the highest in the world and such simple sanitary practices can save countless lives.

As right, a “dukun” practices his primitive medicine which has been passed down through the centuries.
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At nine o’clock on June 1, the ship moved away from the pier while Indonesian hands held the ends of colored streamers which ran up to American hands on board. Gifts had been exchanged by fast friends; embraces and tears had marked many partings. Across the water, as the ribbons snapped, one little nurse shouted, half laughing, half crying, the words which we had used with so many patients: “Don’t forget napas dalam, batuk and minum banjak—breathe deeply, cough and drink.” Then the Indonesian nurses on the pier formed a circle and sang the Indonesian ballads our people loved to hear.

The Hope set her course for Hong Kong to be drydocked and repaired before she sailed on for Vietnam. During seven days the weary staff could rest. A massive sigh went up all over the ship. It was regret for leaving, satisfaction at what we had left behind, and pure bone weariness.

In seven and a half months in Indonesia we had treated more than 18,000 people, performed more than 700 major operations, held more than 800 teaching sessions, X-rayed 10,000, distributed 86,000 pounds of medical equipment, 80,000 pounds of powdered milk, 4000 medical journals and the same number of books, and 2000 artificial limbs. And 30,000 visitors had seen our ship.

Teachers we had been, and our students made us proud. Students we had been and were taking on with us what we had learned.

American problems to contend with. The U. S. Government had its own medical program in Vietnam, the USOM. A few of their officers were resentful of us.

To get things ready, I had sent an advance team to Saigon. I met them there early in June. One influential member of this team was Dr. Martin Kohn. We never could decide whether Martie was so popular with the Vietnamese because of his ability or inability to speak French. As Martie said, “I may not speak it well, but I speak it loud. And the louder I speak, the more they seem to understand.”

One all-important person began to understand, thanks to Martie. He was Dr. Fan Hu Chuong, president of the syndicate of private doctors. This meant that the local French-trained medical men would support us and help us to clean up a certain amount of hanky-panky that was going on, with a few doctors collecting fees for referring patients to Hope. With the aid of our Vietnamese friends we were able to weed out such practices.

Dr. Tam, dean of the medical school, also coöperated after a period of initial coolness, sending students to train with us. This was in spite of resentment on the part of the French members of his faculty.

On the morning of June 15 we were as ready as we could manage to be. Martie and I flew to Cap St. Jacques to board the Hope for the thirty-four-mile journey upriver to Saigon.

Spirits were high aboard ship, but the mood turned somber when the top deck was cleared of people and patrol boats appeared to run interference between the Hope and possible enemy snipers on shore. Two Vietnamese helicopters flew overhead. There were few signs of life and none of welcome along the marshy river shores. Only in Saigon’s large harbor basin did we see signs of welcome. A crowd waited for us on the dock, including Ralph Bellamy, the stage and film star, whom NBC had sent as narrator for a television show about us.

When we disembarked, the warmth of the welcoming ceremonies, led by Dr. Fan Hu Chuong, made us feel optimistic. Not for long. We soon discovered that the Vietnamese student nurses

IV Hope in Vietnam

VIETNAM was then, as now, in a state of civil war. In the capital city of Saigon, when we got there, Buddhists and Christians and various political forces were in conflict under the government of Ngo Dinh Diem. Furthermore we of the Hope had inter-
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Armored cars, loaded with Vietnamese soldiers and machine guns, preceded and followed us to the yellow stucco building in its walled park. Behind the trees, up in some of them, at the windows, and in the formal gardens, were guards, teen-agers, mature only by virtue of their uniforms.

We stopped just long enough for the nurses to change into uniforms, then drove to the hospital where all the inhabitants of Can Tho seemed to have gathered. The outpatient clinic was jammed and we found the wards crowded with pathetic boys without arms, without legs, without faces. Some had terrible foot and body wounds where they had been impaled by wooden spikes driven by the Vietcong into the earth beneath the water of the rice paddies.

At the clinic Marion Wier began working with children, while Martie Kohn and I set up a screening operation at two kitchen tables in an adjoining room.

That morning I think we distributed more vitamins for less reason than ever before. The little packages were clutched to ravaged chests. They could not heal, but they did comfort. We examined several hundred patients that day.

The next day we once more packed our gear—into jeeps, half-tracks and Land-Rovers—and headed deeper into enemy territory, to Phung Hiap, which had seen no doctor, Vietnamese, Vietcong or Western, for years.

Reports had come in that the convoy would be attacked on the way. However, we felt our trip important enough to justify the risk. Two hundred men, equipped with modern weapons, were ready to ride with us. Tanks, the colonel told us, had been sent ahead. He invited me, as director of our project, to ride with him in front of the convoy. Protocol, he explained. Top men first. But he pointed out that a vehicle down the line might be safer, in case of a land mine. . . . I rode with the colonel in his armored car. What else could I do?

The driver tore down the road full speed ahead and damn the Vietcongs. Brush and trees had been cleared a good thirty yards back from either side to eliminate cover. We passed guards drawn up to attention every hundred yards or so and, at each crossroads, gun platforms. In an hour we sighted Phung Hiap. The village, like the others we had passed in the delta, was primitive, with crowded-together palm-thatched houses of mud or clay, and two or three wooden ones. There was no plumbing or electricity.

However primitive, Phung Hiap was not to be outdone in ceremonial. The civil guard, boys no older than most American boy scouts, snapped to attention when we dismounted. Along the path to the “hospital” an oddly assorted band gave a rousing rendition of the Vietnamese national anthem.

Entering the crowded clinic, we went to work. Tables had been set up at the front of a large, unventilated room, an arrangement that had us performing as if we were onstage. To one side we put up a cot, draping a sheet from the rafters to curtain it off so we could make examinations of the seriously ill in some privacy.

The more people we treated the more seemed to pour in. One mother who came in the morning with a single child came back in the afternoon with her whole brood.

Before three o’clock the lieutenant in charge of our detail grew apprehensive. We finally left around four, more than one hour later than we should have. Night, like dawn, would come without warning, and night patrols were already abroad. We were in grave danger all the way back. Our Vietnamese drivers dared the devil with their speed.

The next day as the old Dakota nosed up through the dawn clouds I looked down on the torn country and wondered again how much good we had done. All I really knew was that in the remote Can Tho region they had not known, till then, there were people from across the sea who carried mercy in their hands.

On July 4 a round of musketry fire from a village across the river from Saigon hit the Hope. The bullets barely nicked her plates, and the attack was more flattering than anything else. So also was the story circulated by the Vietcong that we cut off patients’ heads and grafted them on each other’s bodies. Such desperate efforts to harm us were proof of our acceptance by the Vietnamese.
In our first four weeks in Saigon harbor, 9000 visitors came to call on the *Hope*. Among them were the premier and the American ambassador, the Vietnam ministers of health and finance and forty members of Parliament. One day fifty saffron-robed Buddhist monks followed a group of visiting nurses from a Saigon hospital, who were just behind a family from Ohio.

There were few days when unofficial Americans didn’t turn up to see what American dollars and American people were up to, and we had many volunteer workers from the American colony in Saigon. One of them ran into Ralph Bellamy walking down the avenue. “When two Americans meet halfway around the world,” she said later, “they don’t wait for introductions. I asked him what he was doing in Saigon and he told me and he asked me what I was doing and I told him—nothing. He said they needed help on the *Hope* and strolled on.” The next morning she reported and went to work as a secretary, five days a week.

The Vietnamese had gradually confessed their eagerness to learn American methods, but these had to be adapted to conditions almost beyond American comprehension.

In some operating rooms, attendants stood by with a broom to sweep rats, lizards and even an occasional snake out through the double doors. One of our surgeons had the toe of his rubber boot nibbled through by a rat. Many hospital wards had no sheets on narrow beds, and men, women and children were often piled in together, sometimes two in a bed, fifteen or twenty of them in rooms ten feet square. They might wait weeks before anyone took care of them.

We were able to advise, assist and instruct. I do not mean that in the two and a half months we were in Saigon everything changed, but you could see the effects in the clinics and the seven hospitals where we worked.

Sometimes the good we did was the result of happy accident. In Saigon, Dr. Rufus C. Morrow from Vermont performed microsurgery of the ear for a group of Vietnamese specialists. After this dramatic procedure, he had an ordinary tonsillectomy to do and was flattered when these top doctors stayed on to watch. Their
enthusiasm for the way he removed tonsils was even greater than it had been over the microsurgery. Morrow's heart leapt. If he had first offered to demonstrate a tonsillectomy to such men their feelings would have been hurt. After this we made a practice of introducing the routine by way of the spectacular.

Among us, we saw nearly 11,000 patients and performed more than 500 major operations in Saigon. Twenty-eight Vietnamese interns and residents had spent the entire time with us. We had completed the first mass-inoculation program for the children, Vietnam's future citizens, and left behind trained local teams with ample supplies of syringes, disposable needles and doses of vaccine. We had opened an orthopedic rehabilitation center. We had introduced oral surgery to the country.

We had done what we could with what we had.

On August 25, 1961, a lady walked off the dock at the foot of Tu Do Street and fell into the Saigon River. With her eyes fixed on the departing Hope, she had not seen her danger. Two bystanders jumped in to fish her out and the last we saw of her was streaming brackish water and waving to the ship.

We were on our way home.

A miasma of fatigue hung like a tangible cloud over the Hope. The crowds were gone, the hospital shut. We had parted from our Vietnamese friends with firm promises to write, and hopes to meet again. In the months that followed, some came to the United States. Others wrote and still write. "My very dear great brother . . ."

On the way out to the East, the Hopies had unpacked and inventoried. On the way back they packed and inventoried. This was the ultimate signal that we were finished and it had to be done meticulously. After all, we owed an accounting of our stewardship to the United States Navy for one ship and to the Americans who had equipped and financed the expedition.

On September 14, eight days less than a year after she sailed, the Hope came in under the Golden Gate Bridge, her pennants flying.

The rotating doctors who, each in turn, had played their parts in the whole great venture, had already flown back to the U. S. Now the core of Project Hope, her ship's complement of medical personnel, her managers and her women, had come home. I tried to thank them, but there was no adequate way to do that. When they got home, they did what I could never have asked them to do. Every one of them, spontaneously, began to work for the future of Hope. In their hometowns and their hospitals, at meetings and parties, they told Hope's story. Over and over, every time one of them spoke, checks, money orders and cash came in to Hope. No one who had served on the Hope stopped serving her.

The ship went out bearing a simple message—The American people wish you well. Within months, she would sail again, this time to Latin America. More and more countries had said, Come, please come.

Someday there will be a Hope II and eventually a great fleet, ours and other nations'. Wherever these ships of mercy sail, the words will echo as they did across the Pacific when we left: Thank you! Come again. Please come again.

The "Hope" Sails On
by Eugene Burdick

Author of "The 480," coauthor of "Fail-Safe," "The Ugly American" Professor of Political Theory, University of California, Berkeley

On September 29, 1964, following two successful visits to South America, SS Hope sailed from New York for Guinea, where she had been invited by President Sekou Touré. Medical personnel from other African nations such as Mali, Sierra Leone and Liberia will participate in Hope's medical education program during the next two years.

A prodigious amount of work, heart, time, sweat and commitment has gone into Hope . . . and most of it is volunteered. But it is worth it. The Hope has a reputation which has slowly spread over entire continents. Millions of people who will never see her have heard of her. Perhaps they heard from one of the half million
A Ship Called Hope

people who were inoculated for diphtheria, polio, tetanus and whooping cough while Hope was on her ten-month mission to Ecuador. Perhaps they heard the word “Hope” from one of the hundreds of doctors who learned of new techniques, methods and drugs during the countless operations performed on the ship when she visited Peru. Or they may have seen Hope on one of the hundreds of thousands of pint milk containers which were distributed among the children of Latin America.

In Southeast Asia, then in Latin America, and now in Africa, the word gets about. It is not necessary to shout it. Everyone understands the common human language of pain and disease. It is impressive, of course, that Hope helped more than two million people during her first three voyages. What is also important is that Hope says with a quiet authority that America cares and that we will continue to care. In a world with an abundance of misery this single white ship is “a promise of hope.”

Readers wishing to learn more about the Hope may write Project Hope, 2233 Wisconsin Avenue, N.W., Washington, D.C. 20007.