



*Flight Lieutenant Ian Frame holds one of the many Vietnamese babies airlifted to the United States. (Courtesy of Ian Frame via the AVI site)*

# Operation Babylift

CELEBRATING THE STRENGTH OF THE NURSE'S SPIRIT

BY GENEVIÈVE M. CLAVREUL, RN, PHD

**NURSES ARE OFTEN ASKED TO PERFORM TASKS** that are not always pleasant or easily executed. We've all changed our share of bed pans; cleaned and dressed oozing, smelly and puss-filled wounds; and started an I.V. in a place other than the traditional arm vein. Beyond this, many nurses have been asked to go to the extreme. Those are the moments that can

define your nursing career and leave an indelible mark on your psyche and soul. For some it will reaffirm their decision to become a nurse, and for others it will signal the end of their career. One such moment came while I was the head nurse of the pediatric intensive care unit (PICU) at Columbus Medical Center three decades ago.

It was April 1975 and my husband (and by extension the entire family) was stationed at Fort Benning, Ga., near the city of Columbus. He'd been transferred there after his last tour of duty in Vietnam, and with thoughts of that war far from our minds our family settled into our new life.

As a newly minted RN, I assumed the duties of head nurse of the community hospital's newly opened PICU. My unit's staff was comprised of mostly new graduates such as myself. Of course this staffing pattern would cause a great deal of consternation in today's nursing circles with the proscription against having too many new graduates in high-acuity units. Back then we didn't know better. We proudly and competently provided the best care possible to some of our town's youngest and sickest residents.

That spring, the war in Vietnam came crashing into our living room as many of us remember seeing the fall of Saigon on television. We watched in horror as a tidal wave of people stormed the American Embassy with the hope of being rescued before the onslaught of the North Vietnamese Army. There was a mad and desperate rush to evacuate all American military and civilian personnel as well as thousands of South Vietnamese nationals.

Little did we realize that soon the nurses in my NICU would soon be playing a heroic role in what came to be known as "Operation Babylift." The call to serve in this humanitarian crisis came to the city's medical community and to the American Red Cross. Fort Benning was expected more to receive more than 200 sick, malnourished and traumatized infants and children from An Lac Orphanage in Vietnam! Nurses from Martin Army Hospital, the base hospital, and city hospitals converged on Patch Elementary School, which had been commandeered to serve as a makeshift pediatric hospital/clinic and housing facility.

My experiences in the French Red Cross and the American Red Cross had presented me with a varied experience of the human condition, showing me humanity at both its best and its worst; but nothing I had experienced in those efforts or as a nurse had prepared me for what was ahead.

I approached the nurses of our PICU team with a small amount of trepidation because I was unsure how many would be able to

help. They all worked the 7pm-7am shift in the PICU with their own patient load, and many had small children of their own. But the response I received was one I have since learned is very typically American. It is: "What can I do to help, and how can I find even more hands to lighten the load?"

Having been raised in Paris, where the attitude toward volunteerism is somewhat different, I always feel a sense of pride that I chose to make America my home and have the privilege to call myself an American citizen.

In the end, the nurses all whole-heartedly agreed to do what they could to help 200-plus Vietnamese orphans under the age of 10 who had been evacuated and would be coming our way.

I was very familiar with Patch School since my youngest son



*A crowd of men, women and children are shaded by an aircraft wing. (Courtesy of Ian Frame via the AVI site)*

attended kindergarten there. It had changed nearly overnight from a local school into a makeshift hospital and childcare center. The Army personnel must have worked double-time to get all the cots, bedding, cribs and medical supplies to convert the school, and their efforts translated into a well-equipped center. Now it was up to the nursing and volunteer teams.

We didn't lack for help, but few if any of us had experience with orphans of war, let alone so many children in need of both

## What Was Operation Babylift?

- In April 1975, two years after the Americans signed a cease-fire with Vietnam, North Vietnamese troops spread through the south, causing hundreds of thousands of citizens to flee the country, fearing for their lives.
- On April 3, 1975, U.S. President Gerald Ford announced that the U.S. government would begin evacuating orphans from Saigon on a series of 30 planned flights aboard C-5A Galaxy cargo aircraft.
- C-5 Galaxy 68-0218, the first flight attempt to bring the orphans to the U.S., suffered an explosion 12 minutes after takeoff and came to a crash landing in a rice paddy two miles from Tan Son Nhut Airport. Of the 328 on board, 153 died, 141 of them orphans and attendants.
- A baby that survived the crash, and was later evacuated with the rest of the survivors, ended up being adopted by actor Yul Brynner.
- In an effort to evacuate as many children as possible, toddlers and older children were secured with seat belts along aluminum benches on each side of the aircraft. Down the middle was a row of two-foot square boxes, each holding two to three babies. A long strap stretched over the row to keep the boxes in place.
- Reported numbers vary, but at least 2,000 children were flown to the U.S., and around 1,300 were flown to Canada, Europe and Australia.
- Although many children were in the adoption process and were just waiting for paperwork to come through, not all children on the flights were orphans. Documentation was often inaccurate, and in a few cases birth parents or relatives who later immigrated to the U.S. requested custody of children already placed.
- Others questioned whether taking these children from their birth country was a good idea, saying it was American cultural imperialism. Still others opposed the adoptions because of racial issues.
- More children were adopted in the U.S. from Vietnam during the short interval of Operation Babylift than the past 24 years combined.

Source: [www.adoptvietnam.org](http://www.adoptvietnam.org)

medical and emotional care. The training and preparation we received for this crisis would be considered light by today's standards. Now such an undertaking would include innumerable crisis managers, child welfare agents, and experts in PTSD (which wasn't even recognized by the psychological and medical communities in the 1970s). However, as is often said, we didn't know what we didn't know. We simply responded by using the skills learned at nursing school and bedside, as well as letting our instincts as mothers serve as a guide.

Hundreds of children and infants who ranged in age from mere months to just under 10 years old huddled together in small groups or in isolettes, cribs or cots. We struggled to conduct the



Orphans peer out the windows of a World Airways plane on its way to the United States. (Courtesy of AP)

necessary medical assessments while relying on help from Mrs. Betty Tisdale, one of the key organizers of the operation, and a handful of volunteers that had flown with the children from South Vietnam. We also had Madam Ngai, the director of An Lac Orphanage, to help us with translation and to comfort the children.

Though Madame Ngai and Mrs. Tisdale had truly performed yeoman work at An Lac Orphanage, their efforts could not completely stave off the hardship and deprivation that many of the An Lac orphans suffered. As a result the nursing team learned the harsh realities of protein-energy malnutrition and a condition we would later come to know as Orphan Starvation Syndrome.

The children had such nutritional deprivation that the normal pediatric food preparations were too rich for their fragile system. Several children died before the team realized that the children could not handle the high-quality protein that we were now feeding them. Once we identified the role the food was playing, we devised a nutritional feeding program and schedule that would allow the children to gain weight and improve their overall health without stressing their malnourished bodies.

As accustomed as we were to gavaging neonates or caring for children on feeding tubes, we were unprepared for the feat of caring for those who simply refused to eat! Many members of our nursing team came to dread feeding time for those children. The episodes were punctuated by screams and struggling. These torturous sessions were always the same: One nurse had the unpleasant duty of being the one to hold the struggling child, another nurse ensured that the straps holding the child would not cause any injury during the struggle, and yet another tried to force-feed the child.

How does one address a patient's desire to simply stop eating

and die from feelings of hopelessness and abandonment, especially when that patient is so young, and does not understand the language you are speaking?

These feeding sessions took their toll on both patient and nurse, but in the end, through the hard work of the many volunteers and nurses, we were able to reach them and help them toward the path of healing. One child after another found homes with adoptive families and eventually we closed Patch school as a makeshift hospital. Dr. and Mrs. Tisdale adopted many Vietnamese orphans themselves and opened their home to Madame Ngai, for whom they built a small house on their property in Columbus where she lived until her death in 1978.

Not every nurse has an Operation Babylift in his or her career, but every nurse does have thoroughly challenging and rewarding moments. Though National Nurses Week is a great opportunity for employers and the public to show their appreciation, it's the unexpected situations in nursing that really count. When you see that critically ill pediatric patient turn the corner and quite literally return from death's door in a matter of days; or when you realize that your nursing care has made a difference in a patient's otherwise traumatic hospitalization experience; or maybe you've comforted an elderly patient who had no one else left in the world — these are the moments that remind us why we chose nursing as our profession.

My experience with Operation Babylift taught me the strength of the human spirit. I learned that nurses, no matter how lightly seasoned, can rise to the occasion and overcome seemingly insurmountable odds to perform their duties under extreme stress. The various honors and thank-yous bestowed upon nurses during Nurses Week pale in comparison to the memories of moments such as this, and the impact it made upon both my life and nursing career. **WN**



Genevieve M. Clavreul RN, Ph.D., is a healthcare management consultant who has experience as a director of nursing and as a lecturer of hospital and nursing management. She can be reached at Solutions Outside the Box: P.O. Box 867, Pasadena, CA, 91102-2867; (626) 844-7812; gmc@solutionsoutsidethebox.net.

### Fragile Flames

by Sue-San King

*In remembrance of the children who perished on the C-5A plane crash of the 1975 Vietnam orphan babylift.*

In the great expanse of sky you soar  
rising with the April heat.  
Open your eyes little ones;  
do you see?  
below lies your country,  
serene and vigilant  
calling you to its embrace,  
the primal cradle of your birth.

My brothers and sisters  
I have not forgotten,  
such fragile flames  
extinguished  
in mid-flight.



**EDITOR'S NOTE:** This article is available at [WorkingNurse.com](http://WorkingNurse.com). We welcome your comments.