



# AMERICAN FRIENDS SERVICE COMMITTEE

INCORPORATED

160 North Fifteenth Street, Philadelphia, Pennsylvania 19102

AREA CODE 215 LOCUST 3-9372

GILBERT F. WHITE  
Chairman

HENRY J. CADBURY  
Honorary Chairman

COLIN W. BELL  
Executive Secretary

April 4th, 1968.

## PROPOSED PROSTHETIC PROGRAMME FOR VIETNAM.

The team to be assembled for immediate return to Vietnam to resume a limited prosthetic programme should consist of the following personnel. Team Leader, Prosthetist, Generalist, Office Worker, and one other generalist to be trained as a future prosthetist if one is available. Consideration should also be given to the provision of a team member to be stationed in Saigon as liaison man there.

~~It should be noted that the above team~~

It should be noted that the above are members of a team necessary to start a prosthetic programme at this time. No physical therapists, occupational therapists or social workers have been included at this time because it is felt that with the longer range planning needed for a full rehabilitation programme and the feeling of the majority of the professional staff that more stable conditions are required to run such a programme successfully, that a period of from two to four months of stability would be needed before such services would be called for.

On the resumption of a modified programme in Quang Ngai, the following action would need to be taken.

1. All staff previously employed in the prosthetics workshops should be re-engaged to continue their training and to start on the immediate manufacture of artificial limbs. It is thought that out of the previous workforce of 18 men, 5 have been drafted into the ARVIN forces, replacements for these men, and new recruits for the training course, should come from the ranks of the disabled.
2. Recruitment should be put in hand for at least four persons with University or Technical College training. These persons, together with the extra Generalist would be trained in all aspects of limb making and fitting and also would be trained in the day to day running of a prosthetic centre as these will be the people required to take over this centre, and other centre's in future expansion plans to be discussed below.
3. Discussions should be opened at this time with the Ministry of Health in Saigon for the opening of a second Centre at a selected Province hospital, where space would need to be allocated, preferably in the hospital grounds, for the building of this Centre.



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4. The team leader and prosthetist would need to visit the selected Province to recruit a work force of 20 persons to be trained as limb makers. The training of these new recruits would be carried out in Quang Ngai, and would take a period of nine months. This would entail the provision of hostel accommodation for these workers during their training period, but it has been learned from experience that workers will not move from one province to another during the present period of emergency.

During the nine months training period, the new centre should be built, necessary equipment installed, and adequate supplies of materials obtained, so that the centre would be ready to go into immediate production of limbs. In charge of this new centre would be one of the Vietnamese staff whose recruitment and training has been discussed above. It would be necessary for the Quaker Service Prosthetics Director to remain with this team for a limited period as an observer to see that it is functioning satisfactorily.

At the end of this time it will be necessary for consideration to be given to the positioning of two more centre's at selected Province Hospitals with the Ministry of Health in Saigon. This would again entail the recruitment of a further 20 men in each of the selected provinces for training. These men would be trained in the two existing centre's, and their training would be the direct responsibility of members of the Vietnamese senior staff previously trained by me at Quang Ngai. Upon completion of this training period, the two new centre's would be completed and fully equipped and ready to go into full production. It is estimated that each centre would be capable of producing approximately 200 limbs per month.

Consideration would then need to be given to the feasibility and necessity (funds permitting) of setting up four more centre's, on the plan as outlined above.

It should be noted that in this plan for expansion of prosthetic services in Vietnam, the centre in Quang Ngai would have a special and central role to play. It is felt that trainees for other centre's should be taught to make standard arms and legs for amputees without complications, to enable them to make the greatest possible number of limbs. Patients requiring the more complicated limbs, i.e. hip and shoulder disarticulations would be referred to the Quang Ngai Centre, where more time could be allocated to them and where technically more proficient staff would be able to deal with them.