United States Senate

WASHINGTON, DC 20510

July 27, 1987

General John W. Vessey
U.S. Army (Ret.)
Room 2E865
The Pentagon
Washington, D.C. 20301-5000

Dear General Vessey:

We are pleased to learn you are leaving tomorrow to meet with representatives of the Government of Vietnam, and they have agreed to discuss with you, the issue of our missing-in-action personnel as well as other humanitarian issues that remain in the aftermath of the Vietnam war.

We hope your mission will be a success, not only in obtaining a further accounting of our MIA's, but in laying the basis for progress on other humanitarian problems. Although these other issues are not, and should not, be connected to the MIA issue, we obviously believe, as you and others in the Administration do, that progress in one humanitarian area may contribute to progress in others.

In particular, we are concerned over the continuing plight of the so-called "re-education camp" political prisoners who continue to be detained in Vietnam some 13 years after the war ended. Many of the prisoners, as you know, are held because of their past association with programs and policies of the former government of the Republic of Vietnam supported by the U.S. government. Their number is now estimated at 6,000, the remainder of much larger numbers originally detained.

Between 1982 and 1984 the Vietnamese government repeatedly offered to release these prisoners if the United States would take them. In September 1984 the Secretary of State in testimony to the Congress gave such a commitment. We understand that remains our policy and we are confident it continues to have Congressional support.

Some of us recently introduced legislation in the Senate (S. Con. Res. 54) that called on the President to send a special presidential representative to resolve these humanitarian issues with Vietnam, and we welcome your designation for this important mission. In addition, the Senate on May 1 unanimously approved a resolution (S. Res. 205) calling particular attention to the

plight of the "re-education camp" political prisoners and urging that they be released and permitted to be resettled abroad with their family members. Copies of both resolutions and the accompanying discussion are enclosed for your information.

We are also concerned over the need to sustain progress that has been achieved recently in getting the Orderly Departure Agreement resumed -- which contributes immeasureably in assisting the reunification of Vietnamese families divided for many years. Again, while this is not the focus of your current mission, we believe the Vietnamese should be encouraged and supported in the new initiatives they have been willing to undertake in this area, and to build upon them.

Again, we wish you well in your humanitarian mission and simply wanted to let you know of the strong, bipartisan support that exists in the Senate in addressing these issues -- as reflected in the passage and cosponsorship of the enclosed resolutions.

With best wishes,

Sincerely,

Claiborne Pell
Chairman
Committee on Foreign Relations

Edward M. Kennedy
Chairman
Subcommittee on Immigration and Refugee Affairs

Enclosure

Tho

3. FOLLOWING IS THE TEXT OF THE SRV EMBASSY'S UNOFFICIAL TRANSLATION OF THE LETTER. TRANSLATION LOOKS REASONABLE TO US EXCEPT WHERE NOTED. DZUNG SAID THAT HIS EMBASSY WOULD LATER PROVIDE AN OFFICIAL TRANSLATION. EMBASSY WILL POUCH THE VIETNAMESE VERSION TO EAP/VLC.

BEGIN TEXT.

HANOI, JULY 31ST, 1988.

DEAR GENERAL JOHN W. VESSEY:

I HAVE RECEIVED YOUR LETTER OF JULY 18, 1988 IN WHICH YOU WELCOMED AND APPRECIATED VIETNAM FOR ITS GOODWILL AND EFFORTS IN SOLVING HUMANITARIAN ISSUES CONCERNED BY THE UNITED STATES, PARTICULARLY ITS APPROVAL FOR AMERICAN PARTICIPATION IN THE JOINT SEARCH ACTIVITIES AND EXCAVATION FOR MIAS.

WE HAVE JUST DISCUSSED WITH THE U.S. SIDE ON THE PLAN OF JOINT SEARCH ACTIVITIES FOR AMERICAN MISSING PERSONNEL IN THE NEXT THREE MONTHS, NAMELY, IN AUGUST, SEPTEMBER AND OCTOBER OF THIS YEAR. WE HAVE ALSO DISCUSSED WITH THEM AND HAVE AGREED ON THE MATTER OF RESETTLEMENT IN THE UNITED STATES OF PERSONNEL FREED FROM RE-EDUCATION CENTERS.

IT IS REGRETTABLE, HOWEVER, THAT THE U.S. SIDE HAS NOT YET RESPONDED TO OUR PROPOSAL ON THE IMPLEMENTATION PROCEEDING (SIC). (NOTE: A VIETNAMESE SPEAKING EMBOFF SAID THAT THE TRANSLATION SHOULD BE "OUR PROPOSAL ON IMPLEMENTING AND MANAGING RESETTLEMENT". END NOTE)

ANOTHER REGRETTABLE MATTER IS THAT, ACCORDING TO THE VOICE OF AMERICA BROADCAST OF JULY 29, 1988, ASSISTANT OF SECRETARY OF STATE GASTON SIGUR IN HIS STATEMENT TO THE U.S. CONGRESSMEN ON JULY 28, 1988 SAID "THE ADMINISTRATION OPPOSES THE ESTABLISHMENT OF A DIPLOMATIC OFFICE AT LOW LEVEL IN HANOI, ARGUING THAT THIS MOVE COULD NOT IMPROVE COOPERATION BETWEEN VIETNAM AND THE UNITED STATES ON HUMANITARIAN ISSUES. IT IS BEST FOR THE U.S. TO CONTINUE ITS CURRENT POLICIES TOWARDS VIETNAM, THAT IS, TO ISOLATE VIETNAM".

THIS STATEMENT APPARENTLY SHOWS THAT THE U.S. STATE DEPARTMENT STILL PURSUES ITS HOSTILE POLICY TOWARDS VIETNAM. IT HAS CAUSED INDIGNATION OF THE VIETNAMESE PEOPLE AND CREATED OBSTRUCTIONS TO THE IMPLEMENTATION OF THE AGREEMENT REACHED BETWEEN YOU AND MYSELF. WHILE WITH GOODWILL WE ARE TRYING SERIOUSLY TO SOLVE HUMANITARIAN ISSUES CONCERNED BY THE U.S., IN RESPONSE TO THAT THE U.S. SIDE HAS UNFORTUNATELY COME UP WITH A NUMBER OF HOSTILE STATEMENTS.

UNDER THESE CIRCUMSTANCES, MUCH TO MY REGRET, I HAVE TO INFORM YOU THAT THE VIETNAMESE SIDE WAS COMPELLED TO TEMPORARILY SUSPEND AGREEMENT ON THE U.S. SIDE'S PARTICIPATIONS IN THE JOINT SEARCH FOR AMERICAN MISSING PERSONNEL AND EXCAVATION AS WELL AS THE PROGRAM FOR PERSONS FREED FROM RE-EDUCATION CENTERS TO LEAVE FOR THE UNITED STATES.

PLEASE ACCEPT, MR. GENERAL, THE ASSURANCES OF MY HIGHEST CONSIDERATION.

NGUYEN CO THACH, MINISTER OF FOREIGN AFFAIRS.

MR. JOHN W. VESSEY, JR.
GENERAL, USA
SPECIAL PRESIDENTIAL EMISSARY

END TEXT.

THE PROBLEM OF THE DISABLED IN VIETNAM

A REPORT TO NON-GOVERNMENT ORGANIZATIONS
STEMMING FROM THE MISSION TO HANOI
BY PRESIDENTIAL EMISSARY,
GENERAL JOHN W. VESSEY, (RETIRED)

U. S. DEPARTMENT OF STATE
WASHINGTON, D.C.
OCTOBER 13, 1987

Foreward

This report was prepared by the United States Government as a result of agreements reached between General John Vessey (Retired), Special Emissary of President Reagan, and Vice Premier Nguyen Co Thach, Socialist Republic of Vietnam (SRVN), during meetings held in Hanoi, August 1-3, 1987. Following these meetings, a United States technical team traveled to Hanoi (August 25-28) to study the prosthetics needs of Vietnam. Their trip report, supplemented by other information furnished by U.S. non-governmental organizations, form the basis of these findings.

Significant needs for the disabled in Vietnam were found that provide service opportunities for United States non-governmental organizations (NGO). Whether to pursue the needs outlined is solely a decision of the organizations themselves. In addition, the United States Government recognizes that NGOs that may wish to undertake specific projects in this area will be conducting their own analyses. This report will hopefully provide a foundation for more detailed analysis of project proposals that may be undertaken.

It should be noted that no United States Government funding is available for privately sponsored projects and normal licensing procedures remain in effect which are included as an annex to the report.

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The Problem

The overall scope of the problem of the disabled in Vietnam is difficult to gauge in the absence of country-wide detailed survey information. The Vietnamese Government provided their best estimates based upon data compiled by the responsible ministries. The orthopaedically disabled were the focus of the team's visit. Of the estimated 300,000 persons described as disabled, incapable of working and dependent totally on the state for their livelihood, approximately 60,000 were amputees. Statistics from non-governmental sources indicate that in 1986, there were also 15,000 amputees 7 to 15 years of age.

Although the needs of the amputees vary by province and individual cases, the following overall statistics and ratios were provided to the United States Government's medical team.

-- Approximately 60,000 amputees need devices and rehabilitation.

-- Only about 15 percent of the demand for prosthetic fabrication, fitting and rehabilitation is presently being met.

-- Overall the ratio of upper extremity to lower extremity amputees is approximately equal.

-- Below knee to above knee amputee ratio is 2 to 1.

-- Below elbow to above elbow amputee ratio is 2 to 1.

In the second area of the disabled are wheelchair users. The Vietnamese included bilateral high above knee amputees as well as uthaboid cerebral palsy and polio victims. Also included were spinal cord injured (SCI) patients. Estimated wheelchair needs for the entire population of these disabled is estimated to be 30,000.

Current Vietnamese Efforts

Current efforts by the Vietnamese Government were described to the technical team by their counterparts which was supplemented by a visit to one of two national orthopaedic/rehabilitation facilities. Due to time constraints, the team was only able to gauge current efforts in a general way, but enough information was compiled to provide some basis for identifying shortfalls and needs detailed later in this report.

According to the Vietnamese, there are two national prosthetics manufacture and rehabilitation service centers, one in the North (Son Tay), which was visited by the team, and one in the South (Ho Chi Minh City). The center in the North was rated by the Vietnamese as superior to that in the South where the equipment is 12-15 years old. The team observed that the equipment in the North was old as well. Reportedly, there are five other smaller centers under the sponsorship of local authorities and one additional center for polio braces. There is also one factory to make component parts for prosthetics.

There appears to be no systematic way to identify patients who need prosthetics and orthopaedic devices. According to the Vietnamese, such identification is dependent upon the localities and the availability of facilities. After identification, transfer for treatment is a significant problem. In the past, the patient would have to provide his own transportation to the center. Currently, there is some local help and the government has developed some mobile teams to go into the communities (where a local prescription has been previously written) and make the molds, return to the center where the prosthesis is manufactured, then return for a fitting.

Most Vietnamese technical and medical training has been conducted by the German Democratic Republic and technicians of the Vietnamese Government. An on-the-job training program exists as well using more skilled technicians to teach, but quality was a problem.

In respect to vocational training for patients, it was described as relatively simple and straightforward, apparently conducted at the two national centers, supplemented by an unknown number of local centers.

Prosthetics manufacture was observed during the visit to the Northern center. The raw component materials used for prosthetics used included plastic, aluminum, wood and leather, plus steel for polio braces. Hammering out of metal links and shaping and smoothing of wooden sockets was done by hand. The Vietnamese emphasized that culturally, prosthetics with a cosmetic appearance of a real limb are preferred and could be done with local materials and technicians. A wheelchair repair area was also present and national production of wheelchairs was estimated at approximately 300 per year.

Corrective surgery was observed for a polio victim and the capacity for both peripheral and central paralysis surgery exists.

Physical therapy for polio victims was observed in the center. Physical therapy equipment consisted of weights, pullies and other gymnastic equipment.

Identified Needs

Team analysis of observed and described shortfalls breaks down into the following areas:

Raw Materials (prosthetics):

There is a real shortage of basic manufacturing materials for prosthetics. This was described to the medical team and observed during their visit to the center. Quantities required are difficult to judge in the absence of adequate statistical data on needs, patient flow and rate of manufacture. The materials needed and their respective specifications are:

Plastic
Aluminum
Wood
Leather
Steel for polio braces.

Raw Materials (wheelchairs):

Again, exact quantities are difficult to determine, given the rough estimates provided, but the need exists for either component parts for local manufacture or finished wheelchairs of a rugged standard due to rough terrain and long distances.

Physical Therapy Equipment:

Time precluded the technical team from determining exact quantities and types of equipment needed.

Heavy Equipment for Prosthetics Fabrication:

More survey data is required in this area, but in the national center above, it was noted that the furnace used in prosthetics manufacture had been inoperable for several years.

Medical Supplies:

Shortage of x-ray film and antibiotics were noted. In addition, those disabled from polio, a preventable disease, appear to be a significant drain on surgical, orthopaedic and rehabilitation resources. A program of polio prevention would dramatically decrease this need over time and increase assets available to the amputee problem.

Possible Non-governmental Organizations (NGO) Involvement in Prosthetics Assistance

It is recognized that some NGOs have already undertaken prosthetics assistance projects in Vietnam, and continuation or expansion of existing programs is a natural area of response. The following areas of possible involvement derive from the United States Government technical team report and discussion with NGO representatives.

Before undertaking new projects, it is recognized that conceptual decisions need to be made by NGOs, e.g., as undertaking projects individually and incrementally, combining efforts of several NGOs and each undertaking a portion, building on the existing infrastructure or undertaking a major project or numerous smaller projects. Needs are always greater than resources, thus many of these decisions will likely be driven by NGO ability to respond, not desire.

Discreet short-term projects that are possible:

-- Funding of new initiatives or support of those in place.

-- Provision of commodities or medical supplies needed.

-- Provision of heavy prosthetics equipment needed now, such as the furnace for Ba Vi Center.

-- Sponsorship of training abroad.

-- Provision of short-term medical specialists (orthopaedic surgeons, therapists, prosthetists).

-- Development and support of training courses in Vietnam.

-- Provision of library, video and other training aids.

-- Sponsorship of statistical surveys to better define material, human and transportation needs of disabled. (Model Survey Questions at Tab 3.)

-- Provision of oral virelon (polio) vaccine.

Longer-term major projects through combined NGO effort are possible as well, to include:

-- Major upgrade of the Ho Chi Minh facility. Although the team did not visit this center, it was described by the Vietnamese Government as in great need of upgrade, even more so than the Northern center.

-- Relocation and upgrade of Ba Vi Center. The Ba Vi Center, located near Son Tay, is approximately two hours by car over rough road from the major population center of Hanoi. Its relative inaccessibility for patients or consultative experts and technicians from the government is a major problem. If relocated and upgraded on the outskirts of Hanoi, where land is apparently set aside, it could have a major impact on the overall problem in the North.

-- Creation of new small regional centers. Availability and outreach to the needs of the disabled could be enhanced greatly through establishment or upgrade of regional centers, based upon surveys of population needs and transportation networks. In combination with upgraded national centers, referral and integrated care could be delivered.

Should NGOs be interested in exploring a major project, the technical team produced a model Prosthetic Orthodic Plant, Equipment and Materials List to establish a prosthetics laboratory along with a list of suppliers (Tab 4). NGOs will recognize this as a model to aid planning and the need for adaptation to the local environments and host government desires. (The Ministry of Labor, Invalids and Social Affairs has a completed plan for upgrade of the Ba Vi facility that is available upon request by NGOs.)

Conclusion

The prosthetics industry in Vietnam, by their own evaluation and confirmed by the United States team, is outdated in equipment and materials and incomplete in technical skills. This has resulted in low productivity, uneven quality and a general inability to meet the needs of the Vietnamese amputee.

The complexities of a full service prosthetics program are great and would require more resources and trained personnel than available. Moving towards an effective nationwide service program would require careful planning of a staged program. This is clearly a decision of the Vietnamese Government. But the team feels that NGO projects that may be undertaken in Vietnam would result in more effective service in the long run if those projects are coordinated in such a way that discreet (smaller) or major projects would be compatible with an integrated nationwide prosthetics delivery system.

The members of the United States team are available to answer questions from interested NGO representatives. With a view to enhance NGO coordination, interested parties may contact InterAction, 200 Park Avenue South, New York New York 10003, (212) 777-8210 or Dr. Larry Ward, an NGO member of the team listed with other team members at Tab 1.

TAB 1

List of U.S. Technical Team

Carlton G. Savory, M.D., F.A.C.S.
Hughston Orthopaedic Clinic
Columbus, Georgia 31904

Work (404) 324-6661
Home (404) 324-6821

Frederick Downs
Director of Prosthetics and Sensory Aids Service
U.S. Veterans Administration
810 Vermont Ave., N.W.
Washington, D.C. 20420

Work (202) 233-2011
Home (703) 820-5218

Dr. Larry E. Ward
(Non-governmental organization Representative)
Ambassadors at Large
P.O. Box 17347
Fountain Hills, Arizona 85268

Work (602) 837-3417
Home (602) 566-0225

TAB 2

LIST OF VIETNAMESE DELEGATION

1.	Dang Nghiem Bai	Director, Foreign Ministry Head of Delegation
2.	Prof. Bui Tung	Director, Prosthetics Institute
3.	Nguyen Van Dong	Acting Director, Health Ministry
4.	Bui Thanh Giang	Deputy Director, Department of International Relations, Ministry for Labor, Invalid, and Social Affairs
5.	Le Bang	Assistant Director, Foreign Ministry
6.	Nguyen van Vinh	Secretary
7.	Vu Khac Nhu	Secretary
8.	Tran Trong Hai	Rehabilitation Physician/Interpreter

TAB 3

MODEL SURVEY QUESTIONS

1. Amputees - how many? New cases per year? Ages of pts.? Most traumatic? Dysvasular?
    a. AK?
    b. BK?
    c. AE?
    d. BE?
    e. Multiple?

2. How many have/have had prostheses?

3. Revision surgery
    a. How much?
    b. Where?
    c. Problems requiring surgery?

4. Evaluation for fitting/i.e. candidates? Who identifies the pts needs? Who controls access to system?
    a. By whom?
    b. Where?
        1) Regionalized centers? Local?
        2) Qualifications/training of evaluators?

5. Fitting
    a. By whom?
    b. Where?
    c. Number of?

6. Construction
    a. By whom?
    b. Where? Regionalized? Centralized? Local?
    c. Training of personnel?
        Vocational schools?
        OJT?
    d. Materials?
    e. Time eval to month?

7. Rehab
    a. Who?
    b. Where?
    c. How?

8. If regionalized how do patients get there? How long do they stay? What is voc rehab?

9. Rehab - what type? Utilize amputees to help others?

10. Orthotics vs Prosthetics Needs?

11. PVOs in place now?

12. Educational exchanges?

13. Texts currently available - language?
14. Vocation schools?
15. CME?
16) Time span this will happen
17) Numbers of shops and location of shops?
18) Numbers of Prosthetists?
19) Equipment needed for each location?
20) Material used in each shop for fabrication?
21) Supply problems?
22) Educational materials used in training the Prosthetists
23) Network of repair shops?
24) Physical therapists educational material and numbers of physical therapists
25) Amputee Clinic Teams?
26) Type of job the amputee has?

TAB 4

PROSTHETIC ORTHODIC PLANT EQUIPMENT AND MATERIALS LIST

OUTLINE

I. Overview

II. Major for Individual Use

III. Tools for Individual Use

IV. General Supplies

V. List of ~~Co~~mmercial Suppliers

The model numbers listed for major equipment are intended as representative of typical model types. Any equipment model which meets the task requirement would be satisfactory. Further, the listing of commercial suppliers is not intended to be all inclusive, but rather as a representative listing. The report is not an endorsement of any particular company or product.

When considering the possibility of establishing a Prosthetics Laboratory there are several issues that must be addressed. First, there must be trained personnel to treat the patients or personnel capable of training others. The equipment and supplies must be available for these personnel to use in the fabrication of the prosthetic devices. There must be physical surroundings that are designed not only for a manufacturing type operation, but will also be capable of allowing patients to be treated privately and professionally in addition to being trained with the prosthetic device they have been measured and fitted.

In the treatment of amputees in the furnishing of prostheses, there are several special requirements that must be taken care of when thinking of the physical surroundings. These are (1) a waiting area for the patients, (2) an area to be used exclusively for taking plaster impressions (casting) of the patient's limb, (3) the general laboratory area used for modification of the molds and fabrication of the actual prosthesis, (4) an area set aside for the fitting of the patient with the finished prosthesis and any subsequent adjustments, and (5) an area for the training of the patients once a proper fit is achieved and the prosthesis has been delivered to the patient.

The average work space for an individual involved in prosthetic care of patients varies between 150 to 200 square feet per employee. This is only the work space alloted for the individual. Additional space is required for the previously listed area in the above paragraph. In addition space for administrative personnel and for stock and supply areas must be allowed for. For staff of six to eight employees keeping in mind the support functions, 2,000 square feet would be minimal. The aspects of ventilation and the noise factor would also influence the location of any building or office space.

Production capabilities of a laboratory with six to eight employees would vary widely with the level of experience of those employees. With the shortage of professional personnel it is suggested that two prosthetists and four or six technical personnel would be an optimum staff to furnish a high level of quality in a very timely manner for projected patient loads. Based on averages throughout the profession, a staff of this size once fully trained and operational, should be capable of producing between 80 and 100 limbs a month. However, as a start up figure, no more than 20 to 30 limbs a month should be expected if starting with untrained technicians. Also patient availability, transportation and level of difficulty of each p[illegible] will influence the total production capabilities of the [illegible]ry. There are many variable factors that cannot be p[illegible] addressed until the laboratory site and the patient [illegible] are assessed. The figures withing this paper are [illegible] an average production projection of 12 man hours for a [illegible] standard type prosthesis and 15 man hours for an [illegible] standard prosthesis when there are no other contribu-

ting factors to hinder production. These rates are based on a national average reported by professional organizations in the United States.

A prosthetic laboratory must also be equipped with certain mobility aids for patients such as wheelchairs, transfer bars, crutches, canes, etc. in order to assist the amputee patient in the use of the prosthesis and in order to aid the patient in entering and leaving the laboratory between fitting sessions with the prosthetist.

The information that follows has been accumulated with these issues in mind and approached in a simplistic manner not addressing the unique problems that come with individual locations. Attached are lists which will aid in determining the type of facility each area may need.

The Major Equipment List is a list that each workshop must have in order for the prosthetist or prosthetic technician to properly perform the required duties of his occupation.

The General Supply List is a list of the supplies commonly used in a prosthetics workshop on a daily basis. Not included are the multitude of component parts that can be used in the many variations of prosthetic systems available today. Trained personnel can easily determine the type of system and through the commercial sources available procure them easily.

The Commercial Source List is a list of the major commercial suppliers in the United States. If additional sources are needed, contact the AMERICAN ORTHOTIC AND PROSTHETIC ASSOCIATION for additional listings. Catalogues from these sources should be procured as far in advance as possible prior to establishing the laboratory/workshop.

A floor plan is also attached giving a suggested layout of a prosthetic laboratory/workshop showing the general separations of patient treatment and fabrication areas.

MAJOR EQUIPMENT

ITEM	MODEL	NUMBER NEEDED	APPX. COST US $
Contour Cutting Band Saw	DBW-15	One	6000.00
Trautman Cutterr/Router with Accessories	2100 Durr Fillauer	One	1700.00
Sewing Machines	Pfaff 12-45 Memphis Sewing Machine	One	1600.00
	Pfaff 138-6 Memphis Sewing Machine	Two	2200.00
Drum Sander	Baldor L1307 - Delta	One	615.00
Patching Machine (Sewing)	Adler 30-70 Sutton Landis	One	2350.00
Grinder Polisher	Rockwell 23-249 Delta International	Two	1300.00
Casting Fixture & Brims	Berkley-USMC Pasadena	One Set	2000.00
Drill Press	Rockwell 17-531 Delta International	Two	1600.00
Horizontal Alignment Fixture	Berkley BAJ100-USMC Pasadena	One	800.00
Vertical Alignment Fixture	Berkley VFJ100-USMC Pasadena	One	600.00
Belt and Disc Sanders	Rockwell 52611-Delta International	Two	1800.00
Oxygen Welding Unit	Puroc-Lewis Supply	One	500.00
Sand Blaster	Trinco 400-Lewis Supply	One	875.00
Air Compressor	Trinco 400-Lewis Supply	One	2000.00
Vacuum Forming System	Orthomedic 9002-USMC Pasadena	One	1260.00
Portable Vacuum Pumps	HPV 200, USMC Pasadena	Three	810.00
Heat Guns	Mamco HG-501A Durr Fillauer	Three	270.00

MAJOR EQUIPMENT (Continued)

ITEM	MODEL	NUMBER NEEDED	APPX. COST US $
Drill Press Fixture	NA-Durr Fillauer	Two	260.00
Cast Cutters	Stryker 840-Durr Fillauer	Three	1299.00
Above the knee Adjustable Prosthesis	USMC P16-8AK-0000 USMC Pasadena	Two	870.00
Below the Knee Adjustable Prosthesis	USMC P01-700-300 Pasadena	Four	812.00
6 in 1 Leather Machine	Sutton Landis	One	695.00
Below the Knee Calipers	Durr Fillauer	Two	300.00
	TOTAL APPROXIMATED COST FOR SET UP		$32516.00

There may be a need for more equipment:

Refrigerator

Bandsaw (Metal)

Flammable Storage Cabinets

TOOLS FOR INDIVIDUAL WORK AREAS

Work Bench with Wooden Top and Metal Cabinets	$ 700.00
General Mechanics Tool Set	800.00
Bending Irons	50.00
Bench Anvil, 20lb	100.00
Heat Gun	90.00
Anterior/Posterior Measuring Device	22.00
Medial Lateral Measuring Device	16.00
Utility Knives	5.00
Measuring Tapes	6.00
Surform Files	40.00
Perimeter Measuring Device	250.00
Scarpas Knives	6.00
Plaster Mixing Bowls	37.00
PVA Bag Sealer	60.00
Pipe Holding Fixture	70.00
Prosthetic Bench Vise	220.00
Socket Wrenches for Prosthetics	35.00
Total Approximate Cost for Individual Work Area	$2507.00

* This total cost is for each prosthetist and for each technician in the laboratory
* All supplies can be purchased form commerical sources listed

GENERAL SUPPLIES
(approximately 2 month's worth)

Polyester Resins	4110	13.75 gl	6 ea
	4134	15.70 gl	6 ea
Luperco Catalyst	ATC	6.40 lb	3 ea
Promoter Naugatuck #3		11.65 pt	2 ea
Pigment		12.00 pt	2 ea
Petroleum Jelly		3.00 lb	1 ea
Polyvinyl Alcohol Sleeves	Small	22.00 bx	3 ea
	Medium	23.00 bx	3 ea
	Large	27.00 bx	3 ea
	X Large	30.00 bx	3 ea
Nylon Stockinette	2"	8.00 bx	2 ea
	4"	18.00 bx	3 ea
	6"	22.00 bx	3 ea
	8"	32.00 bx	3 ea
	10"	34.00 bx	3 ea
Cotton Stockinette	2"	8.00 bx	3 ea
	4"	15.00 bx	3 ea
	6"	22.00 bx	3 ea
	8"	27.00 bx	3 ea
	10"	40.00 bx	3 ea
Fiberglass Cloth		4.00 yd	100
Dacron Felt		2.00 yd	100
Elastic Plaster Bandage	4"	34.00 bx	4 ea
	5"	40.00 bx	3 ea
	6"	50.00 bx	3 ea
Leather	Horsehide	500.00	
	Elk	500.00	
	Molding	500.00	
Soft Plastic Foam in Various Sizes and Densities	Pelite	200.00	
	Aliplast	200.00	
	Plastzote	200	
Nylon Webbing	1"	20	2 ea
	1 1/2"	30	2 ea
	2"	50	2 ea
Cotton Webbing	1"		ea
	1 1/2"		ea
	2"		

Stump Sock in Various Lengths and Sizes and Thicknesses	*Supplier can recommend variety of sizes when patient population is identified	4000.00
Stump Shrinkers Lengths and Sizes in Various Increments for Above Knee and for Below Knee	*Supplier can recommend variety of sizes when patient population is identified	2000.00
Plaster Bandage	4"	14.00 bx
	6"	30.00 bx
Prosthetic Feet in Various Styles, Designs, and Sizes	Supplier can recommend a variety of sizes when patient population is identified	4000.00
Upper Extremity Terminal Devices in Various Styles and Functions	Supplier can recommend a varieyt of sizes when patient population is identified	1000.00
Weight Scale for Mixing Chemicals		100.00

In addition there are many other supplies too numerous to mention that are used in a daily work environment. An experienced prosthetist is well aware of all these additional items but for projection purposes the total amount for these items would be approximately $800.00 for a laboratory with 6 to 8 people.

Total Approximated Cost for General Supplies $16,115.00

COMMERCIAL SUPPLIERS

United States Manufacturing Co.
180 N. San Gabriel Blvd.
P.O. Box 5030
Pasadena, CA 01107
Telephone: (818) 796-0477

Southern Prosthetic Supply Co.
947 Juniper St. NE
P.O. Box 7428
Atlanta, GA 30367
Tel: (404) 875-0066

Washington Prosthetic Supplies
40 Patterson St. NE
Washington, D.C. 20002
Tel: (202) 789-0052
Toll Free 800-424-5453

Hosmer Dorrance Corporation
561 Division St.
P.O. Box 37
Campbell, CA 95008
Tel: (408) 379-5151

Kingsley Mfg. Co.
1984 Placentia Ave.
P.O. Box CSN 5010
Costa Mesa, CA 92626
Tel: (714) 6f45-4401

Knit-Rite, Inc.
2020 Grand Ave.
P.O. Box 208
Kansas City, MO 64141-0208
Tel: (816) 221-5200
Toll Free 800-821-3094

Otto Bock
4130 Highway 55
Minneapolis, MN 55422
Tel: (612) 521-3634

Pel Supply Co.
4666 Manufacturing Rd.
Cleveland, OH 44135
Tel: (216) 267-5775

The Ohio Willow Wood Company
P.O. Box 192
Mount Sterling, OH 43143

Commercial Suppliers, cont'd

Lewis Supply Co.
477 South Main St.
P.O. Box 220
Memphis, TN 38101
Tel: (901) 525-6871

Durr-Fillauer Medical, Inc.
P.O. Box 1678, 2710 Amnicola Highway
Chattanooga, TN 37406
Tel: (615) 624-0946
Toll Free 800-251-6398

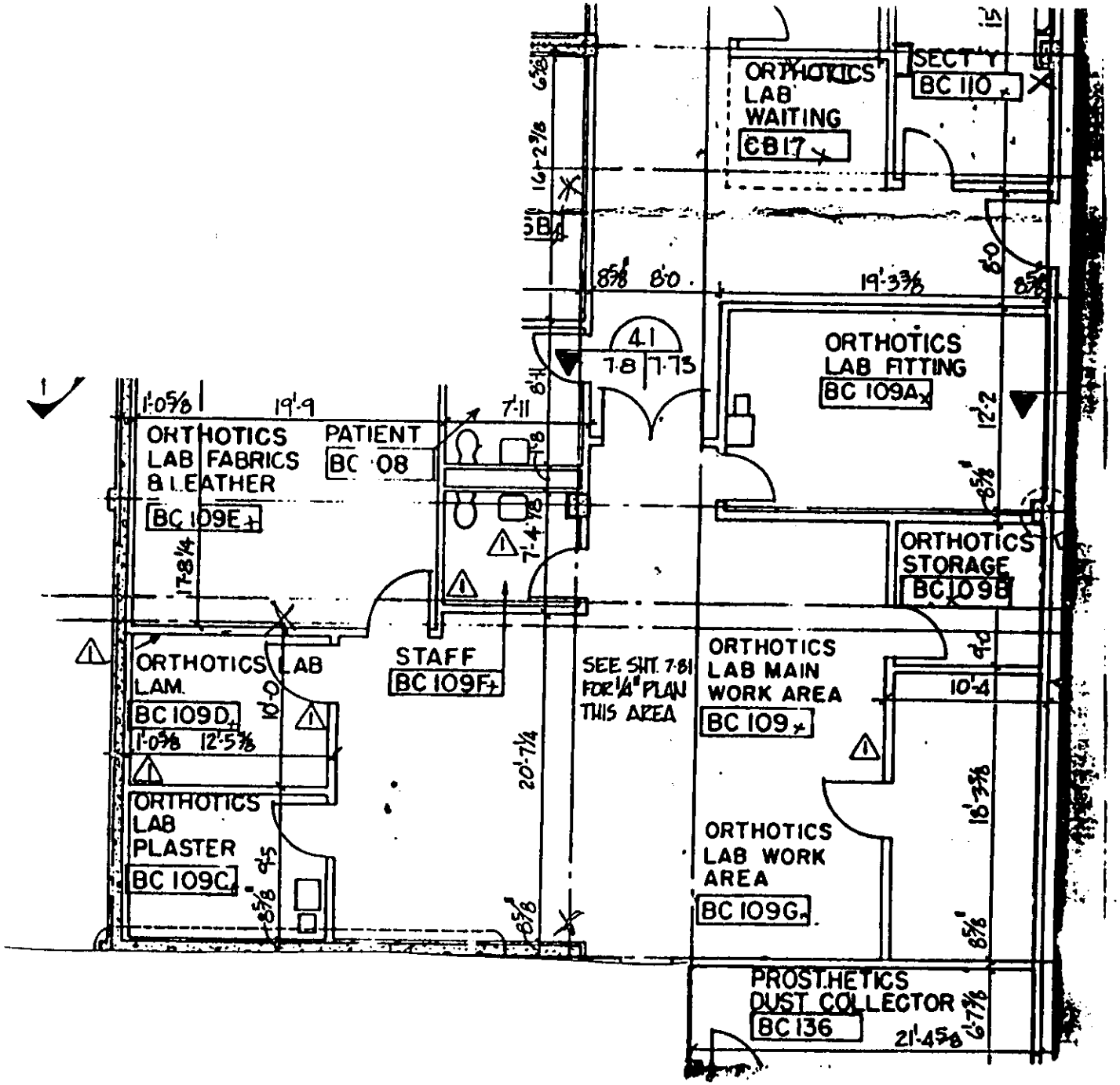
Memphis Sewing Machine Co.
1215 Getwell Road
Memphis, TN 38111
Tel: (901) 452-6291

Do All of Memphis
574 Main St.
Memphis, TN 38104
Tel: (901) 527-0374

Delta International Machinery Corp.
246 Alpha Dr.
Pittsburgh, PA 15238
Tel: (412) 963-2422

Sutton Landis
3500 Scarlet Oak Blvd
St. Louis, MO 63122
Tel: (314) 225-5255
Toll Free 800-325-3542

American Academy of Orthotists and Prosthetists
717 Pendleton St.
Alexandria, VA 22314


ORTHOTICS LAB WAITING
BC 117
SECT
BC 110
ORTHOTICS LAB FITTING
BC 109A
ORTHOTICS STORAGE
BC 109B
ORTHOTICS LAB MAIN WORK AREA
BC 109
ORTHOTICS LAB WORK AREA
BC 109G
PROSTHETICS DUST COLLECTOR
BC 136
ORTHOTICS LAB FABRICS & LEATHER
BC 109E
PATIENT
BC 08
STAFF
BC 109F
ORTHOTICS LAB LAM.
BC 109D
ORTHOTICS LAB PLASTER
BC 109C
SEE SHT. 7.01 FOR 1/4" PLAN THIS AREA
41
7.8
7.73
19'-9
19'-3 3/8
8'0
20'-7 1/4
21'-4 5/8

TAB 5

Office of Foreign Assets Control
Department of the Treasury

HUMANITARIAN LICENSE GUIDELINES FOR VIETNAM AND CAMBODIA

June 1, 1987

1. Applicants should submit to FAC license applications for a one-year period to make humanitarian shipments of goods purchased abroad or donations of funds to Vietnam or Cambodia. Applicants should furnish the same information for these goods purchased abroad or donations of funds as requested by the Commerce Department pursuant to 15 C.F.R. Section 373.5(f). A copy of the submission to the Department of Commerce may be attached, along with a copy of Commerce's reply. An annual report will be required. Applications should be sent to the Office of Foreign Assets Control, Room 400, 1331 G Street, N.W. Washington, D.C. 20220. When an application is approved, a license will be issued authorizing the eligible donations.

2. Licenses will be issued, after consultation with the Department of State, on condition that any donations made (a) fall into these six target areas: food, health, clothing, shelter, education, or support and administrative services in connection with charitable programs; (b) are designed to meet basic human needs as defined in 15 C.F.R. Section 373.5 and exemplified by the lists in Supplement No. 7 to 15 C.F.R. Part 373; (c) are suitable for small-scale operations only; and (d) can be distributed in the country of destination under under a verifiable system that ensures delivery to the intended beneficiaries, including a monitoring system that will alert the donor if goods are being diverted.

3. In cases where a license holder is in doubt as to whether an item is included within the scope of Supplement No. 7, or seeks authorization for an item clearly not within the Supplement, the license holder is required to seek FAC's authorization before making the donation.

4. Applicants requesting authorization to donate services such as training or teaching are required to be licensed to provide such services with respect to activities meeting the criteria described in item 2 and 3 above. The provision of such services to officials of the governments of Vietnam and Cambodia is prohibited unless specifically authorized by the Office of Foreign Assets Control.

5. Applications for license extensions should be submitted four to six weeks prior to the expiration date, accompanied by an annual report summarizing the projects undertaken, goods purchased by category with dollar amounts, a description of any services provided, and a statement of projects to be undertaken in the next 12-month period and will be granted on a case-by-case basis consultation with the Department of State.

Further information can be obtained by contacting Cheryl Opacinch, Chief of Licensing, (202) 376-0236, or Elizabeth Farrow, Licensing Examining Specialist, (202) 376-0424.

Department of Commerce
General Guidance on "basic human needs"

Call local Department of Commerce district office for details.

KINDS OF COMMODITIES THAT MAY BE DONA

§ 373.5

The following is a list of the kinds of commodities that have been identified as meeting basic human needs. The list is not definitive but will be amended on an ongoing basis to reflect additional items, as they are identified, that meet these needs. The list is divided into categories that parallel the five basic human needs set forth in § 373.5(a): health, food, clothing, shelter, and education. A degree of overlap exists, however, since an item listed as meeting one need may serve as well to meet additional needs. A sixth category of items is added to cover the non-commercial export of basic support equipment and supplies necessary to operate and administer the donative programs. The list is limited by the guidelines outlined in § 373.5(a), which confine the scope of the list to those items appropriate in addressing *basic* human needs through *small-scale* projects at the *local* level. Each item itself must be able to be described as "basic" and "small-scale" if it is to be eligible for export under this procedure. If the exporter is unsure whether a prospective donation falls within these guidelines, the procedure outlined in § 373.5(d) should be followed. Where applicable, replacement and spare parts for items that qualify for export under this Supplement may also be exported. Specific goods that may not be exported under a Humanitarian License are described in § 373.5(c).

Note: Motorized vehicles, watercraft and aircraft are not included in this Supplement. Requests to export such items to meet basic human needs may be made under the procedure described in § 373.5(d).

Health

Equipment for the Handicapped

Hospital Supplies and Equipment

Laboratory Supplies and Equipment

Medical Supplies and Devices

Medicine-Processing Equipment

Medicines

Vitamins

Water Resources Equipment

Food

Agricultural Materials and Machinery Suited to Small-Scale Farming Operations

Agricultural Research and Testing Equipment

Fertilizers

Fishing Equipment and Supplies Suited to Small-Scale Fishing Operations

Food

Insecticides

Pesticides

Seeds

Small-Scale Irrigation Equipment

Veterinary Medicines and Supplies

Clothes and Household Goods

Bedding

Clothes

Cooking Utensils

Fabric

Personal Hygiene Items

Soap-Making Equipment

Weaving and Sewing Equipment

Shelter

Building Materials

Hand Tools

Education

Books

Individual School Supplies

School Furniture

Special Education Supplies and Equipment for the Handicapped

Basic Support Equipment and Supplies Necessary to Operate and Administer the Donative Program

Audio-Visual Aids for Training

Generators

Office Supplies and Equipment

Addendum to U.S. Department of State October 13, 1987
Report "The Problem of the Disabled in Vietnam."

Subsequent to the August 25-28, 1987 trip to Vietnam by the U.S. Humanitarian Survey Team, the Vietnamese provided the following additional information:

1. The resin being used in Vietnam is the Araldite D plus the hardener BY 956 with the proportion of D/4:5/1, which are products of the Swiss Ciba Geigy Company. In addition, there are other kinds of powder which Vietnam might use; however, these are not available in Vietnam, such as PVC (Polyvinyl Chloride) and PPE Grains (Polyethylene at low pressure).

Single-use aluminium used to produce brace calipers is the Duralaluminium A7 Alloy, 3/4/5mm in thickness. Artificial limbs are made of elastic aluminium marked AO, 1.5 - 1.8 mm in thickness.

Vietnam is possibly self-sufficient in wood, but has inferior leather. As a result, it needs to be provided with certain kinds of glue for wood and leather.

2. Physiotherapy equipment which is needed: Machines for treatment by ultra-violet rays, ultra-red rays, short-waves, ultra-sound; nerve-stimulating machines, massagers, bags for hot-water application, exercise-cycles for adults and children.

3. With regard to poliomyelitis, the percentage of physical defects amounts to 0.1 - 0.2 percent of the population. Treatment is annually given to 2,500 - 3,000 children who have sekonte defects, of whom 2,000 need rehabilitation facilities.

4. The Ba Vi facility needs to be upgraded. Possible assistance to Ba Vi should be in terms of replacing equipment used in the production of mass-produced prosthetic and orthotic component parts. In addition, the Vietnamese plan to build a center (with the capacity of 50 beds) near Hanoi. At present, the Vietnamese are unable to carry this out due to lack of sufficient materials. (The basic report refers to a possible relocation of the Ba Vi facility. This latest information from the Vietnamese indicates their plans are to upgrade it at its present location.)

Supplement to U.S. Department of
State Report "The Problem of the
Disabled in Vietnam" (Oct/13/87)

During the second (Nov. 9-12/87) trip to the U.S. Humanitarian Team, the following correction/clarifications were proposed by the Vietnamese, and accepted with appreciation by the U.S. specialists.

1. The following statement (under "The Problem") is incorrect and should be deleted: "Statistics from non-governmental sources indicate that in 1986, there were also 15,000 amputees 7 to 15 years of age."

2. In the same section, "The Problem," the statement concerning the below knee/above knee amputee ration should correctly read "Below knee to above knee amputee ratio is 2 to 1.5" (not 2 to 1, as incorrectly stated).

3. Polio is viewed as "not a major problem" in Vietnam. The Vietnamese state: "We can resolve this problem. This is an achievement of our Health Ministry. We have the vaccine. We can prevent this disease."

4. All rehabilitation centers "belong to the Ministry of Labour, Invalids and Social Affairs" and are under the direction of this central authority. The phrase "under the sponsorship of local authorities" (listed under "Current Vietnamese Efforts") should therefore be deleted, for clarification.

5. The Ba Vi Center is to be upgraded, not relocated as incorrectly stated in the report. A new "model center" is now projected in the area of Vinh, to begin as a prosthetics workshop and later expanded to include a 50-bed rehabilitation center.

Overall, the report was accepted with expressed appreciation by the SRVN representatives. The recommendations for NGO involvement in assistance were described as "very suitable" and the statement was made: "We welcome NGO assistance."

Priority areas of need are identified as:

1. Materials (types as listed in the original report);

2. Equipment (as described in original report);

3. The equipping of a new prosthetics center in the area of Vinh City (equipment as outlined in initial report);

4. Similar equipping of a new prosthetics center to be developed near Hanoi; and

5. Educational material about new technologies in prosthetics.

A Vietnamese participant in the last meeting summarized their reaction: "We welcome this report. It will create opportunity for NGOs to participate--to-contribute—to humanitarian assistance for Vietnam. We appreciate the bulk of information and consider this a great effort—a complete evaluation, as complete as it could be."

(November 16, 1987)