



## United States AID Mission To LAOS

## USAID Staff Notice

February 12, 1973 VIENTIANE, LAOS

No. 73-55

SUBJECT: Travel for Medical Purposes  
(Subject Index 450/560)

Following discussions with the Post Medical Officer, Dr. Dustin, he has written down some of the issues, philosophy and guidance on medical-related travel. His treatment of the subject is so clear and concise that I see no reason to paraphrase it, and I am passing it along to all the staff as it is. Dr. Dustin makes it clear that there are no precise answers to all the questions, and no formula which will save us from having to make individual judgments on the merits of each case. The guidelines for making these judgments are fairly clear, however, and individual staff members can help by applying them to their own cases and to those they must decide at field stations. The main thing to remember is that the whole subject is covered by regulations (The Foreign Affairs Manual), which are quite extensive, and it is not merely the whim of an administrative officer or a medical officer as to what he can approve for Government expense and what he may not.

As Dr. Dustin suggests, USAID intends to permit the senior officer of the field post to use his judgment, after obtaining the best advice he can get (when he has time), in deciding whether to send someone in to Vientiane or to another facility for medical or "emergency dental" treatment. We expect that officer to follow the general guidelines of this Notice, but we will not second-guess his judgment when health and pain are involved.

Attachment: Dustin Memo dated 2/8/73

Harry L. Carr  
Acting Deputy Director

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UNITED STATES GOVERNMENT

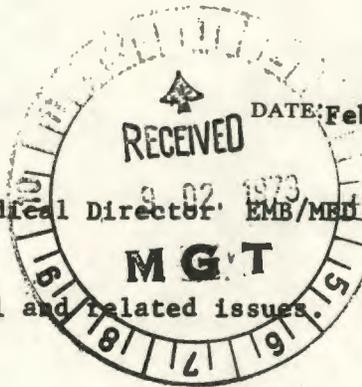
# Memorandum

TO : Mr. Harry Carr USAID/ADMIN

DATE: February 8, 1973

FROM : Eben H. Dustin, M.D. Post Medical Director EMB/MED

SUBJECT: Medical Travel, Dental Travel and related issues.



## 1. Medical Travel

I see no problem with authorization of travel costs for employees or their legal dependents from the outlying posts to Vientiane for any of the medical purposes outlined in 3FAM 686.1b ie diagnosis, specialized examination, special inoculations, ....., hospitalization or obstetrical care.

I believe the ACs in effect have the authority to approve and arrange such travel drawing on the advice of whatever medical personnel may be available in the area and with your sort of "blanket" concurrence for such a move. In other words, I'm quite sure you aren't going to try to second guess one of the AC's if he says Mrs. so and so has to come to Vientiane to see the doctor unless there is an indication of flagrant abuse of this privilege. Obviously some judgement factor should be utilized. If the medical situation is not terribly urgent and the AC knows that a "free" flight will be available in a day or two I think he can reasonably ask the patient to await that means of travel as opposed to RAL.

There is some question about authorization of travel expense for coming to Vientiane for HL physical exams. I feel that this can be considered a "special examination" and paid on that basis. I see no reason why mission employees who live here in Vientiane should enjoy free access to this facility and others, because they are assigned to a remote post should have to pay for the same service.

All outpost mission members should try to coordinate their routine immunizations with other travel to Vientiane. It should be a very rare circumstance when anyone had to be authorized travel just to get a "shot". The nurses have all been alerted to assist the people from the outposts by giving them routine inoculations at other than regular immunization clinic hours. To that end it is advisable for these people to bring their shot records with them whenever they come to Vientiane and to review them frequently.

There will be a few occasions when medical travel directly from an outpost to Bangkok or Udorn, etc. is better - either for reasons of medical urgency or economy - than travel to Vientiane. In such circumstances it is preferred that I be notified before the travel take place, if possible. The administrative details of setting up appointments for consultation, arranging for hospitalization, etc. seem to work out best if handled through my office. (Miss Collier and Mrs. Taylor are the administrative detail managers for such events).

Travel for obstetrical care must be considered in a slightly different light. We do not do obstetrical deliveries here in Vientiane and do not approve any of the local hospitals for this service. We do perform, adequately, I believe, routine pre natal care at the Medical Unit. It is my policy to authorize a woman to visit the obstetrician of her choice in Bangkok once during her pregnancy as a "special examination" with the purpose of getting acquainted with the obstetrician and the hospital facility she has chosen and having the benefit of the special talent of the obstetrician in determining if there are any unusual aspects of the pregnancy which require peculiar or particular observation. This visit may be made at any time during the pregnancy but preferrably during the early months. Before and after that visit antenatal care will be performed at the Medical Unit unless the obstetrician lets us know in writing that a particular problem related to that pregnancy requires that the patient revisit him. We are trying to inform all of our pregnant gals of this policy.

Per diem, as you know, is not paid for outpatient visits to a doctor, clinic or hospital unless directly related to a previous hospitalization, within a certain time frame, and is not paid for pregnant woman awaiting delivery.

## 2. Dental Travel

Travel authorization for dental work is a somewhat different situation because 3FAM 686 1 b notes that travel can be authorized only for "emergency dental care". The definition of emergency dental care given in 3 FAM 681.6 f gives me some distress since it really allows room for interpretation except in the one specific instance of orthodontia which "is not regarded as an emergency dental condition".

Here in Vientiane where there is a dentist at the OB Hospital, where the Medical Unit can provide relief for pain and treatment of infection and where, we expect, there will soon be a full time American dentist at the Dental Unit I feel that there are very very few dental situation which would qualify as a dental emergency for authorized travel. A broken bridge is not an emergency here - nor is an abcessed tooth.

But - I would not, if I were the AC in Ban Houei Sai or a similar outpost tell a guy who has been up two nights taking Aspirin and Jack Daniels to modify a red hot gum boil, that his problem was not an emergency - not if I valued my own teeth! The first visit of such a person for such a problem can certainly qualify for emergency dental travel, however, if the dentist does the necessary pain relieving work, puts in a temporary filling and then asks the man to come back for a series of additional appointments, the subsequent visits cannot qualify for paid travel.

The fact that a person doesn't like a given dentist does not alter the fact of his availability to provide emergency dental care. If someone insists on going to Bangkok for emergency dental treatment when the dentist is available here he is going to have to pay the travel costs. That is an autocratic ruling but I see no way around it.

cc: Mr. Reed P. Robinson ADMIN/EMB  
Mr. Luke Malabad PER/AID