

OFFICE OF THE SENIOR MEDICAL ADVISOR
IV CORPS ADVISORY GROUP
APO 96215

HACV-IVC-4

SUBJECT: Medical News Letter.

Medical Advisor 7th ARVN Div
Medical Advisor 9th ARVN Div
Medical Advisor 21st ARVN Div

1. From observations gained during my trips to the field and from reports rendered to me by other members of the Corps staff I have reason to question the efficacy of the Medcap program. Rather than impose my observations on you I would like you to study the Medcap program as it is implemented w/in your DTA. This should be delved into considering all pertinent aspects ie: US Directives, ARVN Directives, Advisor policy and actual operation. It would be appreciated if your comments were rendered to me through technical channels prior to 1 Jan 1968.

2. Medical supplies are again becoming a problem area. Although the 741st Medical Depot is heavily stocked and issueing more than 100 Tons of supplies per month we are still receiving all to many reports that the supplies are not reaching the districts. Investigation has usually shown that the fault lies at the A&DSL Company level. Prompt action is taken at this level when instances of supply shortages are made known to us. To date we have been responsible for the relief of 3 officers and the imprisonment of 1 NCO for medical supply irregularities w/in the Corps area. I urge all medical advisors to take increased interest in this area and report any irregularities and/or reports of shortages to the Med Supply Advisor 741st Medical Depot Adv. Tm 10, APO 96215. It is much better if these reports are rendered by the medical advisor of the area concerned rather than second hand to us by the Corps SA, DSA, Chaplins, and cooks and bottle washers.

3. As advisors our ultimate aim is to put ourselves out of a job. In view of this it is requested that an honest evaluation be made of all medical positions w/in your areas of responsibility to determine

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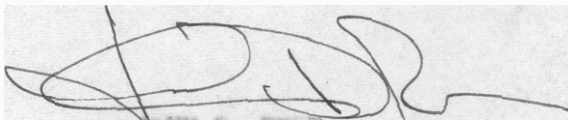
whether they are all, in fact, necessary. If any additions, deletions, and/or changes are deemed necessary do not hesitate making this known through your command channels.

4. On your morbidity reports to me, please do not send them by certified mail, this delays their delivery to me and oftentimes they do not arrive before the due date. Telephonic reports are acceptable, but ensure a member of the medical section takes same, as messages received for by others at times become lost.

5. Information from the MACV Surgeon has been sparse, I believe we feed more to them than they to us. Since our last conference, though, two items of note have been passed out. MACV/USAID Joint Directive 5-67 (28 Nov 68) concerning the care of civilian war casualties has been published and will be in the field shortly. Although you will not be directly involved in this program it behooves you to become familiar with it. In connection with this program a 400 bed US evac hospital will be constructed in Can Tho; construction starting soon w/an opening date projected for April 1968. This hospital will have no U.S. beds and it will be built whether needed or not. The second item of interest is that I hope to shortly have on hand enough copies of the Merck Manual to issue one to each medic in the Corps; please make your needs for these known to me.

6. Mobile Advisory Teams are being deployed w/in the Corps area. Current guidance is that they will be attached to a particular sector for support to include medical supply support. It is not envisaged that they will hop from sector to sector but will remain in the sector originally assigned. Please offer all assistance possible to these teams until they get on their feet.

7. These information letters will be sent out as necessary in an attempt to keep you informed of current medical information and problems w/in the Corps area. Your comments on the letter are solicited. Remember that the passing of information is a two way street and the medical advisors at Corps and IV ALC are here to assist you, w/your problems as they develop.



JOHN D. PRICE
MAX MSC
Sr. Medical Advisor