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AID/W TOAID A - 1096 X

PD-AAZ-197

ISN 60963

DATE REC'D.

DATE SENT April 21, 1966

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FROM - VIENTIANE

SUBJECT - End of Tour Report - Russell N. Tucker, Health Administrative Advisor

REFERENCE - M. O. 325.1 Operation Brotherhood

Forwarded herewith is the END OF TOUR REPORT for Russell N. Tucker, Health Administrative Advisor, Public Health Division, Vientiane, Laos, for the period March 17, 1964 to April 1, 1966.

The comments made under "unfavorable factors" need some qualifications:

Item 1. Until recently the Public Health Division was seriously understaffed. The priorities of the Village Health Program required that the PH Chief spend a large part of his time following up operations in the field. The Division Chief also felt that many of the details of the forward area health activities should be handled on a "need to know" basis. Since Mr. Tucker's working assignment only concerned OB health activities he was not always completely informed about other operations. It is understandable that he felt he was "kept entirely in the dark" - on the other hand the Division Chief believes he was adequately informed on matters concerning OB health facilities and other matters for which he had responsibility.

OTHER AGENCY

Item 2. Although it is true that some unfair criticism was directed against OB Hospital operations other complaints and criticisms proved to be legitimate. During the last 6 months these deficiencies have been defined and constructive action has been taken to correct most of them.

Item 3. Mr. Tucker is alluding to the somewhat difficult situation of working in a Division where the wife of the Division Chief also served as the functioning Deputy Chief of the Division. Understandably he resented this supervisory relationship. On the other hand Dr. Weldon, the Chief of the Public Health Division says that he would have welcomed Mr. Tucker's assistance in overall health and hospital administration but that Mr. Tucker

Enclosure: (5) Charts of Hospitals in Laos. to FTEC 4/28

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11/6/79

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AID-5-39 (9-62)

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never appeared to want additional work or added responsibility. In other words this a definite difference of opinion between this technician and his Division Chief as to Mr. Tucker's willingness to become involved in the overall health program of the Division.

Item 4. In truth there is considerable coordination of the Mission's health activities with W.H.O., UNICEF, Columbo Plan, Dooley Foundation and other national and international agencies. The Mission's objectives and priorities concerning health activities, however, do not always coincide with those of other agencies. Therefore, full coordination in terms of mutual support is not always feasible nor advisable. The Mission is, however, adequately informed about assistance given by other health agencies and no true duplication of efforts exist. Mr. Tucker, however feels he was not kept informed about the Divisions efforts in coordination with other agencies.

Item 5. The lack of trained technical people in all fields is a well known problem in Laos. To date there has been limited opportunity to up grade Lao professional and higher level administrative health personnel. Mr. Tucker apparently feels that insufficient effort has been made in this regard. This could be a valid criticism and one that needs more emphasis in the future.

SULLIVAN

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END OF TOUR

REPORT

Russell N. Tucker

Health Administrative Advisor

Country of Assignment:	Laos
Entered on Duty:	17 March 1964
Prior Country Assignments:	Vietnam 1959 to 1962 Thailand 1962 to 1964
Project Activity:	Operation Brotherhood (USAID Contract No. 439-423)

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GENERAL

Attached to this report are five photos of a chart prepared by the writer entitled "Hospitals in Laos". A review of this chart, which embraces the health field in Laos for Operation Brotherhood, hospitals of the Royal Lao Government and other allied health organizations, will provide a broad picture of the health field.

My principal duty is that of advisor to Operation Brotherhood in hospital administration. My secondary duty is that of health administration advisor for the Public Health Division. However, due to the physical makeup of the Public Health Division personnel staff, this duty has been negative. In explanation of this, it is necessary to state that two months after my arrival, the wife of the Chief of the Public Health Division was appointed as Public Health Physician, but in the functional capacity of Deputy Division Chief. The Public Health Division is conducted on a "need to know" basis and since no division staff meetings or general discussions were held at any time during my tenure, on any aspects of the organization or plans for Public Health Division, the Health Administrative Advisor devoted 100% of his time to the Operation Brotherhood project. To keep abreast of division activities or planning, it was necessary to extract whatever information may have been available in the files of Communications and Records.

Upon my arrival in Laos, the Public Health Division complement consisted of one doctor and three technicians. The division is now comprised of four doctors, one dentist, one nurse, one secretary and four technicians. In addition, there is a third country national secretary and a Lao - former/Minister of Health for the Royal Lao Government but now retired. Secretary General to the

OBJECTIVES

The objectives of my assignment is to improve hospital administration in general in OB. This includes more efficient administration practices and better patient care. It is hoped that this in turn will be projected into the RLG hospital program. It should be pointed out to my successor that USAID/PHD Laos does not give direct aid to the RLG hospital program, with some minor exceptions. The PHD Chief does work with and through the RLG Ministry of Health. A second objective is to locate potential participant training candidates. This includes midwives, lab and X-ray technicians, PN, RN, and hospital administrative personnel. Training may be local with OB, third country training or U.S. and Canadian training. A third objective is to promote the concept of the American hospital system in Laos. OB patterns their system after this concept and therefore it becomes a concerted effort projecting teaching methods and demonstrating that it is the most efficient of all systems; in essence, a change from the French system.

FAVORABLE AND UNFAVORABLE FACTORS

Favorable

1. Counterparts for the OB and RLG, including our own staff member who was a former RLG/Minister of Health, are all exceptionally receptive and cooperative. We have

Secretary General to the

an excellent avenue of approach at OB through their Project Manager, Mr. Jovito Naranjo. Due to an established friendship prior to my assignment to Laos, I have adopted the Medical Director of the RLG Mahosot Hospital, Prince Jaisvaad Visouthiphong, MD, as my Lao counterpart. This relationship has been limited for the most part to the selection of Lao participants in midwifery.

2. OB hospitals have been accepted by the people of Laos and the RLG Ministry of Health. This is evident for two outstanding reasons:

   a. OB began in Laos in 1957 with a small staff and a 25-bed hospital, with little or no medical equipment. Today, their seven hospitals have a total staff of 23 doctors, 32 nurses, 7 dentists, 1 pharmacist, and 5 lab and X-ray technicians. Their School for Practical Nurses is now recognized by the RLG and graduates of the two-year course are given a certificate upon completion of their training.

   b. The Ministry of Health has recently decreed that the OB hospitals will be integrated into the RLG health services, thus making it evident that they are accepted by the RLG.

3. Two contingents of 15 Lao midwives have completed their one-year course of training in Thailand and returned to work for the RLG. Fifteen more are ready to leave in September, 1966.

4. More than 150 medics have received basic training at OB and are now in charge of small dispensaries throughout Laos, and a class is currently in progress for 25 medics for a one-year period of training.

5. Hospital facilities are continually being upgraded from dirt floor, open-type, to the present all-screened modern type construction. The pilot project in Vientiane offers an intensive care or post operative unit, a diet kitchen, a pharmacy and a modern central supply unit for better control of issuing drugs and supplies. Lao personnel are learning by working in these departments and the ultimate goal is that this system will be adopted by the RLG with a complete takeover and operation of all OB hospitals.

6. Two Lao personnel recently received training in medical records and hospital bookkeeping in Thailand.

Unfavorable Factors

Since OB is the instrument of USAID/PHD designed to provide the proper impact in the medical and hospital field in Laos, it is imperative that the best of relations exist between PHD and OB. Therefore, many of my unfavorable comments are directed at our own operations.

1. The most unfavorable factor in the discharge of my assignment has been the lack of communications within the Public Health Division. This is a direct result of

the make-up of division staffing. In the 21 months of my tenure here, no division staff meetings or general staff meetings of any kind were held. There was no dissemination of information following executive staff meetings, and there was no discussion of the make up of the E-1. It is embarrassing and obviously hampering to a successful operation to be kept entirely in the dark as to what is being planned in one's own division or, for that matter, even to be entirely unaware of the whereabouts of personnel.

2. Another debilitating factor has been the fact that undue and unfair criticism has been leveled against the OB Hospital operation, with little or no constructive assistance. This has been directed toward medical services, the out-patient clinic and patient services. It also pertains to the use of drugs and medicines. General meetings of PHD and OB are indicated and would have proven most helpful.

3. With the departure for home leave at the same time of the Public Health Division Chief, and (functional) Deputy Chief, the basic rule of good administrative practices was defeated. Additionally, it is an extremely unwise practice to have both chiefs in the field 75% of the time.

4. No effort has been made to coordinate functions with personnel from allied health organizations such as the UN, WHO, etc. This could have assured that there would be no duplication of effort, and perhaps even have accelerated our own program.

5. In comparison with U.S. health standards, there are only 3 [illegible], 3 Lao pharmacists (French trained) and one partially trained hospital medical director in Laos. There are two Registered Nurses (French trained), but no dentists, lab or X-ray technicians, and no trained hospital medical equipment repairmen. There are no Lao personnel trained as dieticians, medical record librarians, or any of the other various hospital technicians. However, there are now ten Lao hospitals in operation with more than 25 beds and 25 hospitals of less than 25-bed capacity.

In all fairness, however, it must be pointed out that factors 1 and 2 have recently been corrected.

RECOMMENDATIONS

1. Search for medical/hospital trainees.

2. Concentrate on hospital equipment maintenance (X-ray) repair.

3. Follow up on hospital physician administration, i.e., Dr. Tiao Jaisvasd Visouthiphong, M.D., Medical Director of Mohosot Hospital. He is a graduate of Chulalongkorn Medical School, Thailand. He is desirous of studying hospital administration in the U.S. and he is a potential Lao future leader.

4. Plan to use PHD staff member, Dr. Khamlek Vilay, in a more effective manner. Dr. Khamlek is a retired RLG/Minister of Health and is currently one of the 12 advisors to the King of ~~Laos.~~ /Secretary General to the

5. Endeavor to achieve closer relationship with other health organizations. Exchange program data information.

CONCLUSION

I have thoroughly enjoyed my association with OB and will depart knowing that I have made a contribution toward a better hospital program in Laos.