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MILITARY ASSISTANCE COMMAND,
VIETNAM, APO San Francisco 96222

UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT
Saigon, Vietnam

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(MACMD)

MILITARY PROVINCIAL HEALTH ASSISTANCE PROGRAM - (MILPHAP)

1. PURPOSE. To establish policies and procedures for military participation in the Provincial Health Assistance Program (PHAP).

2. GENERAL.

a. The PHAP has a dual objective of (1) providing direct medical care and health services to Vietnamese civilians, and (2) working with Vietnamese medical and health personnel to augment, develop and expand Vietnamese capabilities in clinical health care and public health programs. Designated US military medical units (MILPHAP) of all armed services will provide medical assistance in the Government of Vietnam (GVN) provincial medical service organization. The United States Agency for International Development/Vietnam (USAID) will assist in the logistical support of the military units and will fund all medical expendable supplies issued the units.

b. The immediate objective of MILPHAP is an instant increase in the government-sponsored health services available to civilians in the provinces. This aspect of the program involves directly the MILPHAP in therapeutic and preventive medicine. The ultimate objective of MILPHAP is to foster an effective GVN/Ministry of Health (MOH) provincial health service, which involves the following specific assistance tasks:

(1) In the Office of the Province Medicine Chief:

(a) Improving internal organization, staffing, and office procedures.

(b) Instituting regular inspection and reporting procedures.

(c) Developing comprehensive, long-range health programs, properly coordinated at the province and regional level.

(2) In the Province Hospital:

(a) Improving internal organization, staffing, and office procedures.

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(b) Planning and supervising execution of facility improvement projects.

(c) Upgrading logistical support services.

(d) Instituting effective medical records and reporting procedures according to GVN/MOH requirements.

(e) Improving facility sanitation and maintenance.

(f) Developing and/or supervising application of basic didactic and/or in-service training programs for ancillary personnel, as approved by GVN/MOH.

(3) In the District Dispensaries:

(a) Planning and supervising the execution of facility improvement projects.

(b) Instituting an effective program for managing medical equipment and supplies.

(c) Formulating a workable patient screening/referral system with the province hospital.

(d) Fostering direct supervision of dispensary operations by the Province Medicine Chief and his staff.

(e) Installing a basic medical records and reporting system, as required by the Province Medicine Chief and/or GVN/MOH.

(f) Organizing on-the-job training programs to improve skills of the dispensary staff.

c. This program augments the military Medical Civic Action Program (MEDCAP) by improving the GVN medical referral system.

d. MILPHAP teams treat US military personnel only when no other US medical facilities are available and in emergencies.

e. USAID funded supplies will not be used to support a military operation.

3. RESPONSIBILITIES.

a. MACV is responsible to:

(1) Provide logistical and administrative support for MILPHAP except that assigned to the USAID in 3b, below. Except as indicated below, the required support will be provided through the senior advisors of the sector advisory teams located in the province capitals. Sector teams will provide security when the MILPHAP teams must be quartered outside the MACV compounds.

(2) Provide supply and maintenance support to MILPHAP teams for authorized TOE items. Supply and maintenance support will be provided as follows:

(a) USARV will provide TOE supply and maintenance support to MILPHAP teams located in II, III, and IV CTZ; and will designate to COMNAVFORV sources of supply and maintenance support for MILPHAP teams located in I CTZ for TOE items not carried in Navy supply system.

(b) NAVFORV will provide TOE supply and maintenance support to MILPHAP teams located in I CTZ for TOE items carried in Navy supply system; and will provide supply and maintenance support to MILPHAP teams located in I CTZ through sources designated by USARV for TOE items not carried in Navy supply system.

(3) Coordinate the issue of medical expendable supplies and equipment to the MILPHAP teams from Army Republic of Vietnam (ARVN) medical depots as a secondary source of supply, provided that the items requested: (a) are not available within GVN/MOH supply system, and (b) that the sale of the item does not create a shortage within the ARVN system. Funding arrangements will be coordinated with Assistant Director for Public Health/USAID.

b. USAID is responsible to:

(1) Provide each MILPHAP team with four drivers and four interpreters.

(2) Select team deployment sites with concurrence of MACV and GVN/MOH.

(a) Issue medical expendable supply items.

(b) Improve health facilities, as required to permit team operations.

(c) Issue and maintain medical nonexpendable supply items other than MILPHAP team authorized TOE items.

4. PROCEDURES.

a. Each team normally will be assigned to a particular Province as its medical base, and attached to a MACV sector advisory team for quarters, rations, security and administration. Operational control of the teams is assigned to ADPH/USAID. MACV will issue military orders making the necessary assignment and attachments.

b. Medical operating policies will be coordinated and promulgated through the GVN/MOH by the ADPH/USAID. MACV will be kept informed on medical operating policies.

c. MILPHAP team operating locations will not be changed by ADPH/USAID without the concurrence of MACV. ADPH/USAID will coordinate such fragmentations or changes in location with the GVN/MOH.

d. Senior advisors of sector teams will exercise command control over the MILPHAP teams except for those matters which are operational in nature. They may neither move nor fragment a team. Recommendations for movement or for fragmentation may be forwarded to ADPH/USAID for approval as indicated in paragraph 4c, above. Senior advisors of sector teams may not use MILPHAP team members nor resources in support of scheduled military operations without prior approval of Headquarters, MACV.

e. MILPHAP team commanders will not assume responsibility for the operation of a provincial health service or a GVN/MOH health facility. Such facilities are GVN/MOH directed responsibilities of the Province Medicine Chief. MILPHAP team commanders will be responsible to the Medicine Chief as he discharges his responsibility for all health matters in the province. To accomplish their mission MILPHAP team personnel must integrate themselves into the entire provincial health service operation as opposed to assuming responsibility for a section thereof.

f. Where the MILPHAP team commander has been designated by ADPH/USAID as the USAID Public Health Division Representative in the province, the team commander will act as counterpart to the Province Medicine Chief. In such an event the team commander will also act as advisor to the

USAID Province Representative on all health matters. In his capacity of USAID Public Health Representative in the province, the MILPHAP team commander is under the operational supervision of the USAID Region Chief Health Officer (CHO). Should a USAID physician other than the MILPHAP team commander be designated the USAID/PHD representative in the province, the MILPHAP team will be responsive operationally to the designated USAID Public Health Representative.

g. On occasion, individual civilian physicians, nurses and technicians (either voluntary or USAID direct hire) may be assigned to the PHAP where a MILPHAP is deployed. These additional civilian professional personnel will complement the MILPHAP in the province-wide assistance program. USAID will be responsible for these personnel, to include all administrative and logistic support. Should the MILPHAP team commander be the Province USAID Public Health Representative, these additional personnel will be responsible to the team commander for medical operating policies.

h. MILPHAP teams will not perform MEDCAP missions.

5. REPORTS.

a. MILPHAP team commanders will prepare a Monthly Technical Activity Report with distribution as follows:

(1) Original and two copies to USAID/DADPH/O, Saigon, through Regional Chief Officer, so as to reach Saigon office not later than the 10th of each month.

(2) One copy to the MACV Surgeon, through Corps Senior Medical Advisor.

(3) One copy to USAID Province Representative.

b. For military control purposes the Monthly Medical Technical Activity Report is assigned MACV control symbol (RCS: MACMD-05). Format for the report will be as directed by USAID/ADPH and required forms for submission of the report will be obtained from USAID/ADPH sources.

6. ADMINISTRATIVE PROCEDURES.

a. Morning Report Data (MACV Form 245) will be submitted in accordance with MACV Directive 330-2, or other service regulations, as applicable.

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b. Payment of personnel will be accomplished by the Class A Agent paying the advisory team to which the unit is attached.

c. Army military records for personnel assigned to MILPHAP teams will be maintained by Headquarters, MACV, Saigon; Air Force records by CPBO, TSN AB, Tan Son Nhut; Navy records by NSA, NAVFORV, Saigon.

d. The service headquarters maintaining the personnel records will be responsible for requisitioning replacements for MILPHAP personnel.

e. Medical and dental records of personnel assigned to MILPHAP teams will be maintained centrally with personnel records LAW provisions of applicable service directives as follows:

(1) For US Army personnel (paragraph 38, AR 40-403).

(a) Medical records at 17th Field Hospital, Saigon.

(b) Dental records at USA Dental Clinic, Saigon.

(2) For US Air Force personnel: CPBO, TSN AB, Tan Son Nhut.

(3) For US Naval personnel: NSA, NAVFORV, Saigon.

f. Officer Efficiency/Fitness/Effectiveness report channels. Reports will be processed and forwarded in accordance with provisions of MACV Directive 623-1. USAID Province Representatives will provide narrative evaluations upon request from the sector senior advisors.

g. Military Justice. MILPHAP team commanders will forward all matters pertaining to military justice to the sector senior advisor for advice and disposition through appropriate uniservice chain of command (see MACV Directive 22-1).

h. Military blank forms and military publications will be drawn from MACV AG Publications, Saigon.

i. Supply support for organizational clothing and equipment will be the responsibility of Headquarters Commandant, MACV.

- j. Processing of departing personnel will be in accordance with MACV Directive 612-3.
- k. Requisitions for authorized TOE items will be submitted to the appropriate US military support element in accordance with established procedures.
- l. Requisitions placed on the ARVN medical depot systems (as a secondary source of supply) will be submitted in accordance with instructions contained in RVNAF Memorandum No 021162/TCTV/CQY/TL.2, 14 Dec 65, and RVNAF Memorandum No 019738/TCTV/CQY/TL.2, 7 Nov 66.
- m. Requests for modifications to TOE authorizations (MTOE) will be submitted in accordance with AR 310-31, through MACV command channels.
- n. Requisitions for medical expendable supply items and medical nonexpendable supply items other than authorized TOE items are submitted only by the Province Medicine Chief through GVN/MOH channels.

W. C. Westmoreland
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General, United States Army
Commanding

Donald G. MacDonald
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DISTRIBUTION:

- A (less AMEMB & USAID)
Plus 100 - MD
25 - J3
8 - TSG, DA
2 - TSG, USAF
2 - TSG, USN
5 - AMEMB
20 - Mission Director, USAID
10 - ADFO, USAID
70 - ADPH, USAID
25 - USAID Regional Directors (5 ea)
15 - USAID Regional Health Officers (5 ea)
44 - USAID Province Reps (1 ea)