



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

VIETNAM MEDICAL SCHOOL PROJECT

(312) 751-6313

AID/vn-76

January 19, 1976

Reference Center  
Agency for International Development  
Washington, D.C. 20523

Gentlemen:

In accordance with the General Provisions of Contract AID/vn-76 enclosed are two copies of the final report for:

Project 730-11-540-150

entitled

Technical Assistance to the Medical Schools of Vietnam.

Sincerely yours,

A handwritten signature in cursive script that reads 'Ira Singer'.

Ira Singer, Ph.D.

enclosures

BEST AVAILABLE COPY



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### FINAL REPORT

November 30, 1975

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#### THE VIETNAM MEDICAL EDUCATION PROJECT

Prepared by: Ira Singer, Ph.D.  
Project Director

#### INTRODUCTION

This final report on the Medical Education Project in Vietnam is submitted to the Agency for International Development in compliance with the provisions of Contract AID/vn-76. This activity, its accomplishments, and the conceptual changes which occurred during its course are a measure and reflection of conflicting and complementary interpersonal relationships, dedication on the part of individuals, and pressures brought to bear by both the academic community in Vietnam and the United States, as well as from the technicians of the Agency for International Development. The events of March and April of 1975 brought the Education Project to an abrupt halt and forced the cessation of all further activity. In any event, the achievements of the program are known to some extent and will here be recorded. This is done with the hope that despite our departure from Vietnam both concepts and materials were left behind which will be of use to the people of Vietnam in the future and which perhaps will have a lasting effect on the education of physicians there, in order to provide necessary health care services.

History of Vietnam: From 1898 until well into the 20th century, Vietnam together with Cambodia and Laos, was known as French Indochina. The Japanese invaded Indochina in 1940, and the occupation was completed in 1941. Until World War II Vietnam was divided into two French colonies, Tonkin and Cochin China, and the French protectorate of Annam. During a lull in the post war fighting in 1949-50, the French ratified separate treaties recognizing Vietnam, Laos and Cambodia as independent governing

states, thus ending the conception that these states were united to form French Indochina. After an eight year civil war, (local and international), Vietnam was divided *de facto* on July 21, 1954, by the Geneva Agreement into two independent republics known as the Democratic Republic of Vietnam and the National Republic of Vietnam.

The Democratic Republic of Vietnam (North Vietnam) was comprised of the former French colony of Tonkin and the northern part of the empire of Annam. The National Republic of Vietnam (South Vietnam) was comprised of the former French colony of Cochin China and the southern part of Annam, extending to the 17th parallel. The Geneva Convention, while looking forward to a unified Vietnam, recognized, as an interim measure, that North and South Vietnam were in fact separate administrative units. Eight of the nine nations participating in the Indochinese phase of the Geneva Conference pledged to guarantee the condition of the troops. The U.S. did not sign this agreement.

South Vietnam was at first a constitutional monarchy but became a republic in 1956, and Ngo Dinh Diem became the first President. Following several *coups d'etat*, the United States continued to recognize the new regimes and to grant military and economic assistance to these successive regimes.

#### AMERICAN INVOLVEMENT

In the late fifties, the United States, at the request of the Republic of Vietnam initiated a program of providing technical advisors to South Vietnam. In general, these advisors served in the U.S. Operations Mission (USOM) under the U.S. State Department. USOM was later redesignated as the U.S. Agency for International Development (USAID). In the mid-fifties USOM became interested in Medical Education and supported the training of 7 Vietnamese in the United States for future positions on the Faculty of Medicine. By 1959 the Agency was committed to the construction of a Medical Education Center including a 500 bed teaching hospital. This commitment was designed and intended to "develop adequate institutions and facilities for the education of professional, medical, nursing, and allied health services personnel" and to provide Basic Science facilities and a physical plant for the Faculty of Medicine. Architectural plans were developed and construction on the Basic Science complex finally began in 1963 with an anticipated date of completion in 1965. This portion of the plan was completed in 1968 and although architectural plans for the hospital were available by 1972 ground was never broken for this segment. For unknown reasons the program was abandoned from mid-1964 through mid-1965. However in late 1965 the newly appointed USAID Director of Public Health, James W. Humphreys, Jr., M.D. recommended that the unfinished Basic Science building be completed and that the Medical and Dental Education Program be continued.

At that time Lawrence A. Pratt, M.D. was appointed to the USAID post of Education Advisor. Dr. Pratt developed a plan for support which would depend upon no one University. It had been impossible for AID to identify a University sufficiently strong to support the Faculty of Medicine in Saigon. Therefore, Dr. Pratt recruited the American Medical Association and the American Dental Association to administer the programs and to seek help for the schools related to the two disciplines.

INVOLVEMENT OF THE AMERICAN MEDICAL ASSOCIATION AND CONTRACTUAL RELATIONSHIPS

Contract AID/fe-224

This contract provided a mechanism whereby a feasibility study to support and strengthen medical education in Vietnam was completed.

Contract AID/fe-260

This contract established the Vietnam Medical School Project (VMSP) with AMA acting as administrator and organizer to provide support for medical education. This "best efforts" program funded by the United States Government as represented by the Agency for International Development became effective on July 1, 1966. The contract stipulated that a program of advisory services would be provided to the Medical Schools of Vietnam through the establishment of counterpart relationships with various American Medical Schools and exchange of medical scholars.

Contract AID/vn-76

This contract represented a continuation of Contract AID/fe-260 with essentially the same purpose and remained in effect until termination for the convenience of the United States Government on October 31, 1975.

At the request of (and under Contract AID/fe-224) with AID a team composed of Robert Long, M.D., William Sodeman, M.D., Ernest B. Howard, M.D., and Walter Wiggins, M.D. visited Saigon between February 21 and March 10, 1966 to determine the desire and ability of the American Medical Association to provide support for Medical Education in Vietnam. This group submitted a report advising that the American Medical Association could undertake the organization and administration of a program through which U.S. and Vietnamese medical faculty interchange might occur. They recommended the best methods and procedures for the establishment and operation of such a program. The Board of Trustees of the American Medical Association approved the recommendations contained in the report of this group and a Contract (AID/fe-260) was negotiated and became effective on July 1, 1966.

Contract AID/fe-260 contained the vague charge that the AMA was to exert its best efforts to improve medical education in Vietnam. This was to be accomplished by providing technical assistance and advice to the medical school for the support and development of programs of medical education. This Contract also listed a time table for the activities to be developed during its first year of existence. These activities related mainly to the establishment of counterpart relationships in the Basic Sciences. For a six month period following the signing of the Contract and the arrival of the AMA's first Field Director in Saigon there was a period of intense activity related to recruitment for participation in the program. During the period 1966 through 1972 subcontracts were signed between the AMA and twenty separate departments in sixteen American Medical Schools to carry out the charge of the Contract. The periods for which these subcontracts lasted reflect to a degree the funds available to support each effort as well as the degree of success achieved by that individual unit. The groups assuming responsibility for the individual academic portions of this program are listed below with the dates of the initiation and termination of the subcontracts involved:

S U B C O N T R A C T S

<u>Department</u>	<u>University</u>	<u>DATES</u>	
		<u>Beginning</u>	<u>Termination</u>
Anatomy/Histology	Louisville	8/1/67	6/30/71
Anesthesiology	Emory	2/1/68	12/31/72
Biochemistry	New York	10/1/67	8/31/68
	Nebraska	12/1/68	3/15/71
Dermatology	Minnesota	7/1/70	3/15/71
Medicine	Michigan	No Formal Contract	
	Oklahoma	7/1/70	4/30/75
Microbiology	Washington	10/1/67	6/30/69
	Hawaii	4/1/70	4/30/75
Neurology	Georgetown	7/1/69	3/15/71
Neurosurgery	Yale	No Formal Contract	
Obstetrics & Gynecology	Medical College of Georgia	8/1/69	4/30/75
Ophthalmology	Harvard	No Formal Contract	
Orthopedic Surgery	Colorado	No Formal Contract	
Otolaryngology	Colorado	12/1/68	3/15/71
Parasitology	Oklahoma	9/1/70	3/15/71
Pathology	Missouri	9/1/67	4/30/75
Pediatrics	Texas/Southwestern	8/1/70	12/31/73
Physiology	Georgetown	7/1/66	3/15/71
Radiology	Pennsylvania	1/1/69	3/31/75
Preventive Medicine/ Community Medicine	Oklahoma	9/1/67	6/30/74
	Pittsburgh	12/1/72	3/31/75
Surgery	Duke	7/1/69	3/31/71
Urology			

The termination of an individual subcontract did not necessarily indicate that an end point in effort had been reached but frequently reflected the vagaries of availability of funds for the component parts of the program. Of the relationships established, two elected not to sign formal subcontracts (Michigan and Yale) and one (Orthopedic Surgery) was not offered a subcontract because funds for support were not available in the budget. Those departments with which subcontracts were terminated prior to the termination of the Project continued to maintain the already established relationships with their counterparts in Saigon on an informal basis. Where department efforts were duplicated, the Contract was either transferred because the U.S. Counterpart Chairman had moved his base of activity or else the Contract was terminated because the Chairman had been unable to stimulate sufficient activity to warrant its continuation.

#### PROGRAM DEVELOPMENT

1966-1970 --- The first University Departments to participate actively in the Vietnam Medical School Project were the Basic Sciences. To start, there was no cohesive plan, other than the vague concept of support of Medical Education. The early American visiting faculty attempted to integrate their efforts with those of their Vietnamese counterparts in the instruction of undergraduate students. It soon became evident that this would prove to be a fruitless effort because of language problems, dilution of effort, and lack of lasting impact. Agreement was then reached that the most important goal would be to make the Faculty of Medicine/Saigon self replicating and the source of faculties of existing and future institutions. To accomplish this it was deemed advisable and necessary to establish formal graduate study programs in addition to existing programs. For this purpose, as well as to enhance the effectiveness of visiting American faculty, an extensive English Language program was instituted which continued through mid-1974 (See Appendix I ). In addition extensive acquisitions were made to build and strengthen the Library and further assistance was provided through the hiring of Consultant Librarians (See Appendix I ). American library and language personnel were hired directly by the AMA with the intention of providing on-site training for Vietnamese and increasing the effective use of both areas.

The Basic Science advisory faculty, their counterparts, and AMA administration agreed on a plan whereby short concentrated graduate courses were offered in Saigon. These courses were acceptable for credit at the University of Saigon as well as at the parent University of the American counterpart. The intent was to encourage the development and use of non-physicians for the teaching of Basic Sciences by drawing on the pool of graduates of the Faculty of Science and Faculty of Pharmacy. Eight non-physician candidates participated in these programs and received Ph.D. degrees from American Universities. The graduate program became viable after an *arrête* of the Prime Minister permitted its establishment in 1968.

Of the Basic Science departments in Saigon only the Department of Physiology is known to have issued "Licenciates" to students in its own program. However, in the course of time the creation of this concept led to the subsequent development of graduate programs in all of the Major Clinical Sciences.

As early as 1968 pressures were brought to bear to provide support in Clinical areas. It was difficult to recruit Major Clinical Departments because of the war and because these areas had problems in keeping abreast with demands being made on them in the United States. On the other hand, it was possible to involve a number of Subspecialty Departments to provide support either because of a sense of adventure or because of fewer commitments. In all cases however, it was very difficult to identify long-term personnel because of salary restrictions imposed by the terms of the Contract as well as availability of individuals in mid-career.

Radiology, Pathology, Anesthesiology, and Preventive Medicine participated early in the program. Throughout the program Public Health and Preventive Medicine had difficulties. At first there was no Vietnamese counterpart chairman and later when one was appointed he was not deeply committed to the discipline. Thus, in this area a continuing uphill struggle ensued in order to develop strength and it was not until 1974 that serious attention was paid to this discipline by the faculty. Radiology encountered a similar problem, but related to a weak department chairman afraid of American participation. This finally resulted in an almost completely American graduate program in Saigon which succeeded in developing considerable strength for training of Vietnamese. This program under the University of Pennsylvania Radiology Department introduced the *Technatic* system to Vietnam and provided the means for excellent radiography in areas where technical skills were minimal and electrical resources were unreliable. Pathology contributed heavily to developing a system of supportive clinical laboratories throughout Vietnam in addition to its support of Medical School programs.

1971-1975 --- By 1971 the four Major Clinical Departments (Medicine, Pediatrics, Surgery, and Obstetrics and Gynecology) had been recruited and were under sub-contract. The primary objective of these departments was the establishment of graduate programs. These were intended for use in identifying prospective faculty and to provide additional training for Ministry of Health employees and Military physicians. More important they were intended to establish a certifying mechanism for Vietnamese by Vietnamese in Vietnam. It was hoped that certification in this manner would preclude the desire and necessity for training abroad which was expensive and frequently inappropriate. Each pair of counterpart departments established a mechanism which it deemed appropriate to the situation in Saigon as well as to available resources.

Pediatrics formed a demonstration unit at the Nhi Dong Hospital staffed by two long-term faculty from the University of Texas, Dallas and a program of support and instruction supplemented by short-term specialty visitors. As part of its plan Vietnamese "residents" were accepted in Dallas for one or two year fellowships after completion of two years of training in Saigon. This program was rigidly adhered to and although a number of candidates completed the cycle, certificates were not awarded because the Vietnamese faculty was unable to agree on a date for final examination.

The Department of Obstetrics and Gynecology established its graduate program early with the arrival of two long-term faculty from the Medical College of Georgia. Although this group decided to work within the existing facilities of the Tu Du Hospital it followed a plan similar to that described for Pediatrics. Short-term specialty personnel were not provided however until about 1972. Nonetheless this was probably the most successful of the programs. Participants who completed training were certified by the Ministry of Education as early as 1974, and comprised the only graduate certifications by any Clinical department.

The Department of Surgery supported by the University of Pittsburgh agreed to work within the existing facilities of the Binh Dan Hospital. This department attempted to have a Surgeon coordinator present in Saigon long-term as well as providing an orderly progression of Senior academic surgeons on a two-month rotational basis. In addition, as "residents" completed their traineeship or earlier, if permitted by the Government of Vietnam, they were sent to the United States for fellowship training. In a number of instances, the American Chairman desired that they continue through Board Certification. He felt that full American internship and residency was necessary for complete and adequate training.

The counterpart Department of Medicine of the University of Oklahoma was unable to begin a graduate course in Medicine until September 3, 1974 despite the fact that they had maintained two long-term faculty in Saigon from the initiation of the subcontract. Medicine was taught in three major locations, Cho Ray, Nguyen Van Hoc, and Cho Quan Hospitals. The Chairmanship of the department alternated yearly between the two major professors and agreement on a course of action was difficult to establish. Oklahoma therefore opted to provide training for five key Vietnamese junior faculty whom they considered as critical mass on which to base a graduate program. After inauguration of the program (9/74) training was centered at the Nguyen Van Hoc and Cho Quan (rebuilt by the Koreans) Hospitals. Although the program was active and well received it did not complete a full cycle, let alone one full year.

The History of the Medical Education Project has been described briefly each year in the Education Issue of the Journal of the American Medical Association from 1968 through 1975 (See Appendix II).

PARTICIPANT PROGRAM

By 1968 the Association had assumed full responsibility for participant training under the guidance of the Office of International Training (OIT) of AID. It became necessary to identify training sites and this was usually facilitated by the Chairman of the American counterpart department. Except for individuals placed in Ph.D. programs every effort was made to limit physician training to no longer than two year periods. This was done to encourage participants' return to Vietnam because time had not permitted achievement of American credentials (Board Certification - Licensure) as well as overtraining and dependence on sophisticated U.S. facilities. Referred to as fellowship programs, it proved successful in providing the supplementary skills and knowledge required, as well as in discouraging non-return. It did not, however, dampen participant desires and pressures for certification because tradition in Vietnam had required the French *agrégé* degree for advancement and status on the faculty. This program reached its peak in mid-1974, at which time 43 were in training in the United States and 2 in Thailand. In sum total 107 Vietnamese junior faculty were trained in the United States and 33 senior faculty visited for purposes of counterpart consultation and observation. At the time of the fall of Saigon 33 participants were stranded in the United States and 2 were in Thailand. They were maintained at their host institutions until August 31, 1975 when all support funds were terminated on the instruction of AID and the individuals were left on their own and dependent on the available resources at the host institution, and good will of the individual mentor.

ADMINISTRATION

The following were responsible for the administration of the Project at the Association's headquarters in Chicago:

<u>Project Directors</u>	<u>Dates of Employment</u>
Walter S. Wiggins, M.D.	7/1/66 - 6/30/67
Hugh H. Hussey, M.D.	7/1/67 - 9/30/67
Ira Singer, Ph.D.	10/1/67 - 10/31/75

and were assisted by:

<u>Contract Administrators</u>	<u>Dates of Employment</u>
Fred Green	7/1/66 - 6/30/67
Vasant Alwa	7/1/67 - 3/31/68
Barbara McClintock	10/1/67 - 10/1/74
Ike Mayeda	10/1/74 - 10/3/75

<u>Secretaries</u>	<u>Dates of Employment</u>
Jacqueline Kenny	7/1/67 - 3/13/68
Geraldine Slowinski	4/1/68 - 9/30/69
Shirley Sullivan	2/21/73 - 10/31/75

The Saigon administration was the responsibility of:

<u>Field Director/Chief of Party</u>	<u>Dates of Employment</u>
Hobart A. Reimann, M.D.	1/1/67 - 6/30/67
Norman W. Hoover, M.D.	7/1/67 - 11/22/69
	1/24/72 - 9/26/74
John S. Cowan, M.D.	11/8/69 - 12/11/71
Ira Singer, Ph.D.	8/17/74 - 4/22/75

and were assisted by the following Administrative Officers:

J. Sherwood Williams	2/1/67 - 12/31/68
Marshall R. Crawford	11/18/68 - 7/15/70
Joseph J. Ziner	7/9/70 - 4/7/72
David L. Buckles	3/1/72 - 2/25/74
Harold B. Rice	8/22/73 - 4/26/75

and the following Administrative Assistants and secretaries:

Dorothy M. Duncan	7/1/67 - 6/30/69
David L. Jones	7/1/69 - 3/31/70
Joan Keigher (Sec.)	7/1/68 - 4/18/75
Linda K. Carrier (Sec.)	4/2/70 - 3/31/71
William O. Camp, Jr.	6/23/70 - 3/31/75
Josephine Doucette (Sec.)	3/1/71 - 3/29/73
Janet E. Guenther (Sec.)	11/6/72 - 9/30/74

The Association also assumed full responsibility for support of the Library, the Language Department and those academic areas for which departments could not be identified or which did not wish to enter into a contractual arrangement, e.g., Ophthalmology, Neurosurgery, and Orthopedic Surgery. Almost all recruitment of personnel and departments was carried out by the Chicago office. In addition Chicago acted for procurement of books, supplies, equipment and teaching aids, and monitored the participant program as well.

The Chief of Party or Field Director in Saigon essentially acted as advisor and counterpart to the Dean of the Medical School. It was his responsibility to coordinate support programs and to determine the logistical and academic needs of the program. All major acquisitions or change in program direction required the concurrence of the Chicago office, both counterpart department heads, and that of the responsible official in USAID (Saigon) and AID (Washington). This complex mechanism and the many factors

affecting it often resulted in delays of months to a year in procurement of both material and personnel. One frequently wondered why the Agency insisted on the complex security investigation procedures for academicians who would stay in Saigon for only six weeks or two months and who barely had sufficient time to leave the Medical School setting to see the surrounding country-side.

Although the Chief of Party was responsible for the overall program in Saigon he did not always have authority over all visiting faculty. This had not created problems when only Basic Sciences had participated but did with the Clinical areas. Each of the long-term visiting faculty was employed through a subcontract and frequently considered himself directly responsible to the parent university and not to the overall program. The individual departments had each planned variations in its individual program and subscribed to a variety of different goals and objectives by means of different pathways. When criticized they usually invoked the precepts of academic freedom. During late 1972 early 1973 the situation assumed serious proportions through interplay of conflicting personalities and forces and the Chief of Party found that he did not have the confidence of about half of the visiting supporting faculty. He also discovered that this group along with their department chairman were unwilling to accept Association direction. Therefore in 1973 following a semi-annual department heads meeting, Chicago administration established a Program Advisory Committee consisting of:

Henry T. Bahnson, M.D., Chairman  
C. Iverson Bryans, Jr., M.D.  
Richard H. Chamberlain, M.D.  
James F. Hammarsten, M.D.  
William W. Schottstaedt, M.D.

all of whom were counterpart department chairmen for the Project. This group was to reach agreement and lend guidance on routine operational matters. A Policy and Planning Committee was also formed consisting of:

Perry J. Culver, M.D., Chairman  
Henry T. Bahnson, M.D.  
Fred V. Lucas, M.D.  
Stanley W. Olson, M.D.  
Robert W. Goltz, M.D.  
William R. Ruegamer, Ph.D.  
Carl E. Taylor, M.D.

of whom four were U.S. counterpart department chairmen. It was intended that this group would act as an overall guiding body for program direction and emphasis.

The basic cause for this troubled period was probably related to the convocation of a Colloquium on Medical Education in 1972. Dr. Hoover, the then Chief of Party, was the architect of this activity and had carefully orchestrated its structure and participation with several purposes in mind. First and most important was that the Saigon faculty establish a continuing dialogue with the Ministry of Health and the Military to determine what the physician end product should be to satisfy the needs of Vietnam. Second, to determine the institutional objectives necessary to produce such a physician.

Along with students, Saigon and Hue faculty, military and MOH physicians the following foreign visitors participated in the Colloquium:

John H. Bryant, M.D. (United States)  
Prem Buri, M.C., M.B., F.R.C.S. (Thailand)  
M. Alfred Haynes, M.D., M.P.H., (United States)  
Dieter Koch-Weser, M.D., Ph.D., (United States)  
E. Croft Long, M.B., B.S., Ph.D. (Guatemala City)  
Joe D. Wray, M.D., M.P.H. (Thailand)

The conclusions of the Colloquium indicated that greater effort was necessary to train family physicians (Generalists) and individuals needed in Community Medicine (Public Health and Preventive Medicine). The Colloquium brought Medical School faculty thought abruptly into the 1970's and focused it on problems similar to those which had become the prime concern of the academic medical community in the United States. The necessity of entering these poorly defined areas, equally unfamiliar to American visitors and Vietnamese faculty created insecurities in both, and led to a debate on, which deserved more attention training a specialist or a generalist and how one went about the latter. As a direct result of the Colloquium the Vietnamese faculty created Departments of Community Medicine and Medical Education. These departments were in active operation when Saigon fell.

As a sequel to the Colloquium, and in order to maintain momentum, a Seminar on Medical Education was supported by the Association and the World Health Organization at both the University of Hue and Saigon in September of 1974. It was hoped that this activity would refocus faculty and Ministerial attention on the institutional goals and objectives consonant with institution purposes. The Association brought Dr. Steven Abrahamson to head the group and Dr. Judilynn T. Foster to assist and evaluate the proceedings. WHO provided three consultants from the Teacher Training Center in Sydney, Australia. This Seminar in both Hue and Saigon was held from September 9 through 20, 1974 and attempted to disseminate principles of teaching and learning, and education and evaluation. It served also to reinforce the need for, and establish the importance of the newly founded Department of Medical Education under Dr. Ngo Gia Hy.

THE FINAL DAYS

During the first quarter of 1975 the program continued to implement its phase out plans for the end of the year and continuing support was given especially in Community Medicine. Despite the deteriorating political and military situation program activity continued as usual until firm instructions were received from USAID on April 16 to cease operation and depart from Saigon by the 22nd of April. These instructions were followed and eight long-term personnel left Saigon within a few days of the established date. Mr. Harold B. Rice, Administrative Officer, was the last to leave, but not before all Project materiel had been officially assigned to either the Faculty of Medicine or returned to USAID. Although the personal property of long-term Association personnel was collected by a transfer company none of this ever reached the United States.

On April 14 the Project Director presented lists of Faculty (Saigon) personnel in Medicine, Dentistry, and Pharmacy who feared for their well-being in the event of a Communist victory to the Deputy Ambassador, Mr. Lehmann. The Ambassador assured the representative of the Association that the situation was stable and no draconian measures were anticipated. However, in case of total military defeat the Embassy would make every attempt to protect and transport all Vietnamese who were devoted to the American effort. Unfortunately, this was never possible because of the rapidity of subsequent military events and the evacuation plan (such as it was) proceeded covertly in order not to panic the general population. Thus, many who considered themselves in precarious positions by virtue of past association and many who were thought to be in danger by their American counterparts waited patiently but were never called. Those who did manage to enter the evacuation mechanism did so by their own ingenuity or through the direct intervention of American friends with access to that mechanism.

PROGRESS AND EVALUATION

By contractual obligation progress reports were presented either quarterly (AID/fe-260) or semi-annually (AID/vn-76) to the Agency. These reports, a joint effort of the Chief of Party and the Project Director provide a chronicle of events and describe in detail the changing situation and needs of the program. They not only informed AID of Association activity but provided the U.S. counterpart chairmen and others interested in the program with an overview of the progress as well as failures or difficulties in achieving purpose. The following dates indicate those reports which should be available in the archives of either the Agency or the Association:

7/1/67 - 6/30/67  
7/1/67 - 9/30/67  
10/1/67 - 12/31/67  
1/1/68 - 3/31/68  
4/1/68 - 6/30/68  
7/1/68 - 9/30/68  
10/1/68 - 12/31/68  
1/1/69 - 3/31/69  
4/1/69 - 6/30/69  
7/1/69 - 9/30/69  
10/1/69 - 12/31/69  
1/1/70 - 3/31/70  
4/1/70 - 9/30/70  
10/1/70 - 6/30/71  
7/1/71 - 12/31/71  
1/1/72 - 6/30/72  
7/1/72 - 12/31/72  
1/1/73 - 6/30/73  
7/1/73 - 12/31/73  
1/1/74 - 6/30/74  
7/1/74 - 12/31/74

U.S. Counterpart Department Chairmen met semi-annually with Administration (Saigon and Chicago) to discuss information contained in the progress reports and to present their individual plans and the necessary deviations from such plans as dictated by rapidly changing events. These meetings were fruitful for the exchange of information and ideas and led to the development of similar plans for graduate education in individual departments. The minutes of these meetings may also be found in Agency and Association archives and are dated:

October 12, 1967  
April 30, 1968  
January 3, 1969  
January 16, 1970  
July 10, 1970  
January 29, 1971  
January 7, 1972  
September 8, 1972  
June 29, 1973  
November 4, 1973  
January 7, 1974  
January 8, 1974  
January 14, 1974  
April 22, 1974

The Association used an additional further method of independent evaluation by following the process of "Survey" in a manner similar to that used for accreditation of U.S. Medical Schools. C.H. William Ruhe, M.D., AMA Director of the Division of Medical Education completed the first survey in August of 1968 and thus provided a complete review of Medical Education in Vietnam and an extensive report of the operations of the Faculty of Medicine (Saigon). In April of 1973 a second survey was made to identify changes in strengths of programs and personnel. This team consisted of:

Robert B. Howard, M.D.  
Professor of Medicine, University of Minnesota

Stanley W. Olson, M.D.  
President, Southwestern Foundation for Research & Education

Kenneth E. Penrod, Ph.D.  
Vice Chancellor for Medical and Health Sciences  
State University System of Florida

C.H. William Ruhe, M.D., Chairman  
Director, Division of Medical Education  
American Medical Association

This team remarked on the advisability for the development of a National Plan for Medical Education in Vietnam. The team also noted improvement in student faculty teaching relationships and the considerable increase in resources. They recommended further revision in the curriculum in order to implement the goals and objectives defined during the Colloquium on Medical Education in 1972.

For further evaluation of the program the AID Office of the Inspector General sent two evaluatory groups to Saigon to determine the effectiveness of the Project. These reports as well as the surveys are in the archives of both organizations.

Although the above mentioned activities were not intended to deal with statistics as an absolute measure they utilize data to substantiate progress and such data as measures may be cited here:

Student Body Entering Class

1968 - 150  
1974 - 225

Faculty

1958 - 50  
1968 - 91  
1973 - 168  
1975 - 195

It should be noted that in early 1974 political pressures urged an increase in student body to 400 per entering class. Heavy counter-pressure was brought to bear by Faculty (Saigon), Association representatives and USAID/Public Health to resist any great increase in the student body in order not to compromise the quality of education by destroying the hard won favorable faculty/student ratio.

CRITIQUE:

Several lessons may be drawn from the program described above. They relate to poorly understood and defined areas of administrative responsibility and direction.

As a result of the Association's feasibility study and because no concrete program objectives could be developed early each component counterpart program tended to develop independently but cooperatively. No firm affirmation of Association authority could be exercised until the goals and objectives of the program were agreed on in 1972 as a result of the Colloquium. By that time overall changes in direction resulted in accusations of infringement on academic freedom. In actuality the Association's administration was challenged by some of the academic counterparts because of the inability of their long-term Saigon visiting faculty to cope with concepts of teaching Community Medicine and Family Practice, which were controversial educational disciplines in American Medical Schools. Although the individual counterpart department system was innovative and perhaps the greatest strength of the program it also proved to be its greatest weakness for the reasons cited above. When and if this method is used in the future clear guidelines of administrative authority should be delineated and if possible firm goals and objectives established early in the process.

An equally serious problem related to administrative problems depending on the structure, function, and personnel of the Agency for International Development. Throughout the course of this program, following the invitation to participate by AID, the two organizations seemed to be constantly in antagonistic rather than cooperative positions. AID technicians from whatever area seemed to feel it incumbent on themselves to influence, evaluate, and measure progress. If any of these individuals had had the proper academic medical credentials their interference might have been more creditable. The Contract office in Washington appeared paralyzed to make decisions when required, and often took umbrage in their need for advice from Saigon or the Vietnam Bureau (Washington). Decisions concerning small items such as authorization to travel often took weeks to months to obtain and for large items such as book orders or equipment, months to over a year. Every request for the "mandatory permission" to act was viewed with suspicion. Contract negotiations were never completed by the required date of renewal and inevitably an amendment for short-term renewal (3 months)

was necessary. Each year the "cat and mouse" game of "offerers cost proposal" had to be acted out with great secrecy and with firm roles for each assigned dollar. In most cases the Association could only project a best effort estimate on personnel who might be recruited. In this connection it should be remembered that this was a "best effort" type of agreement from the very outset. Frequently such efforts might be serendipitous and related to a discipline other than the one specified.

Program Officers in making their recommendations tended to rely only on statistics as a measure of accomplishment. Since this group was influential in the allocation of funds, as soon as numbers of graduates and faculty increased, they simplistically assumed that the end point was approaching and recommended reduction of funding. These staticians, economists, and contract people obviously knew nothing about medicine and appeared to be equally ill equipped to make judgements related to education.

The Medical Education effort was placed in the USAID shadow government under the Assistant Director of Public Health and in AID under the Vietnam Bureau, Director of Public Health. Within the Vietnamese government however responsibility for the Medical School was vested in the Minister of Education and not Health. Therefore the professionals who served AID/Washington and USAID/Saigon were for the most part related in their activities to the Ministry of Health and the Public Health and had little interest or concern with physician education. In fact many had brought their old "town-gown" prejudices to the Saigon or Washington office to have them reinforced by similar situations in Saigon between the Ministries of Health and Education. They were thus, unsympathetic to the goals of academic excellence found among the faculty and pressed the Association and the faculty in pursuit of areas such as Preventive Medicine and Public Health to support national goals and Ministry of Health objectives and needs. Although the Association basically agreed with such objectives, it was unable to order the faculty to strengthen areas which were not considered scholarly by tradition without destroying self-esteem and the established professional objectives of the faculty. These changes in emphasis were finally acceded to through the self-evaluatory mechanisms of the Colloquium on Medical Education.

Although the Association accepted no overhead from AID during the first seven years of this program and contributed generously of its own resources, it always appeared that expenditures were viewed with suspicion and frequently challenged by the established operating mechanisms of the Agency. The rules or laws under which the Agency operates within the Department of State are apparently unable to distinguish between supporting an educational institution and building a bridge spanning a river. Association administration was never able to understand why the Association had been recruited to conduct the program when the Agency seemed determined to retain final approval on each minute decision. This tendency approached the ridiculous when the last Vietnam Bureau Health Chief (Washington) wished

the contract to require concurrence by the Agency for the purchase of even one box of test tubes.

The mechanism through which AID supported this contract was lugubrious and unresponsive to immediate needs. While it is true Association personnel never pretended to fully understand the mission of AID in regard to economics, etc., in Vietnam it contends that AID personnel did not understand the educational mission which it had requested AMA to undertake.

Future programs sponsored by the Agency should have very clearly delineated rules and areas of responsibility. The Agency should recognize that its usual contractual general provisions do not apply to educational efforts. Further the contracting body must be very careful to have its needs delineated and not subject to the whim of an AID official for approval. Abroad the Agency must cease to give special privileges to its own employees, especially in disturbed areas where it should provide equal protection and privilege for its contractors without whom it could not mount its programs.

#### CLOSE

*Despite the many frustrations related to war, politics and government the Association, cooperating institutions, and the many individuals who participated in this effort are grateful for the opportunity to have done so. It was a fascinating and challenging opportunity to help the development of a system of medical education suitable to the needs of a developing country. Success in goals and objectives appeared almost within the grasp when the program reached an abrupt end. Under the influence of visiting American faculty the curriculum had undergone continuing revisions to meet the needs of the nation. The student body had increased and resources of faculty and material were tripled. The antiquated rigid didactic system of the French colonial period had been modernized in such a way as to incorporate modern American methods and to particularly serve the needs of Vietnam. This AID supported activity in conjunction with other health sector improvements supported by the Agency on behalf of the United States government as well as support provided by WHO, Korea and Japan and other free world countries had placed the Republic well on the way to providing adequate health care service for its population.*

APPENDIX I

1. American Faculty and Staff Visits to Vietnam.....I.1
2. Vietnamese Invitational Visits to the United States and  
Participants on Fellowship Training.....I.15

U.S. Supporting Faculty (1966 - 1975)  
(Does not indicate total number of visits)

BASIC SCIENCE DEPARTMENTS

<u>Departments</u>	<u>Chairmen</u>	<u>Longterm</u>	<u>Shortterm</u>	<u>Total</u>
Anatomy	1	2	3	6
Histology	Same	1	1	2
Biochemistry	1	0	2	3
Microbiology	2	0	4	6
Physiology	1	0	5	6
Parasitology	1	0	6	7

SUPPORTING CLINICAL DEPARTMENTS

Pathology	1	12	14	27
Radiology	1	2	1	4

CLINICAL SUBSPECIALTIES

Anesthesiology	1	1	0	2
Dermatology	1	0	0	1
Neurology	1	0	3	4
Neurosurgery	1	0	1	2
Ophthalmology	1	1	0	2
Orthopedic Surgery	1	0	0	1
Otolaryngology	1	0	4	5
Urology	1	1	1	3

MAJOR CLINICAL DEPARTMENTS

Medicine	2	4	10	16
Obstetrics/Gynecology	1	5	14	20
Pediatrics	1	4	15	20
Preventive Medicine & Public Health	1	2	4	7
(Community Medicine Surgery	Same 1	0 2	3 21	3 24
<b>TOTAL</b>	<b>22</b>	<b>37</b>	<b>112</b>	<b>171</b>

BASIC SCIENCE DEPARTMENTSANATOMY/HISTOLOGY

(University of Louisville School of Medicine)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival - Departure</u>	
<u>Chairman</u>			
James B. Longley, Ph.D.	Professor & Chairman	1/67 -	2/67
	Anatomy/Histology	4/68 -	5/68
		2/70 -	3/70
		7/72 -	8/72
<u>Long-term Personnel</u>			
Virgil L. Jacobs, Ph.D.	Assistant Professor (Wayne State)		
	Gross Anatomy/Neuroanatomy	4/68 -	6/68
Roscoe McKinney, Ph.D.	Professor Emeritus (Howard)	4/69 -	7/71
	Histology	2/69 -	8/70
Breen Ratterman, Ph.D.	Assistant Professor	9/67 -	12/67
	Gross Anatomy	9/68 -	12/68
		7/69 -	10/69
<u>Short-term Personnel</u>			
Joseph F. Gennarro, Jr. Ph.D.	Associate Professor	11/67 -	12/67
	Gross Anatomy		
Frederick K. Hilton, Ph.D.	Associate Professor	4/69 -	5/69
	Histology	4/70 -	5/70
Raymond U. Seale, Ph.D.	Assistant Professor (Colorado)	6/70 -	8/70
	Gross Anatomy		
Richard H. Swigart, Ph.D.	Professor	10/67 -	11/67
	Gross Anatomy	11/68 -	12/68

BIOCHEMISTRY

(University of Nebraska School of Medicine)

Chairman

William R. Ruegamer, Ph.D	Professor & Chairman	2/69 -	3/69
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Long-term Personnel

NONE

Short-term Personnel

Dale P.J. Goldsmith, Ph.D.	Associate Professor	7/70 -	9/70
Herbert P. Jacobi, Ph.D.	Professor	1/69 -	4/69
		11/69 -	5/70
		2/71 -	5/71

MICROBIOLOGY

I. 3

(University of Washington School of Medicine)  
(University of Hawaii School of Medicine)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>
		<u>Arrival - Departure</u>
<u>Chairmen</u>		
Charles A. Evans, M.D.	Professor & Chairman (Washington)	2/67 - 3/67
Scott B. Halstead, M.D.	Professor & Chairman (Hawaii)	8/69 - 8/69
		4/70 - 5/70
		7/71 - 7/71
		6/70 - 7/70
		6/74 - 6/74

Long-term Personnel

NONE

Short-term Personnel

Oswald A. Bushnell, Ph.D.	Professor	11/70 - 12/70
Arwind R. Diwan, Ph.D.	Assistant Professor	4/70 - 6/70
		6/71 - 8/71
Sidney Gaines, Ph.D.	Professor	2/72 - 5/72
		5/73 - 7/73
		12/73 - 1/74
		6/74 - 7/74
		11/74 - 11/74
		12/74 - 12/74
Donald R. Nash, Ph.D.	Professor	6/70 - 7/70

PARASITOLOGY

(University of Oklahoma School of Medicine)

Chairman

Michael H. Ivey, Ph.D.	Professor & Chairman	4/68 - 4/68
		2/71 - 2/71

Long-term Personnel

NONE

Short-term Personnel

Glen S. Bulmer, Ph.D.	Associate Professor	2/71 - 3/71
	Mycology	12/71 - 2/72
		12/72 - 1/73
		1/74 - 3/74
Gilbert Castro, Ph.D.	Assistant Professor	2/70 - 3/70
Yezid Gutierrez, M.D.	Associate Professor	9/69 - 10/69
Adam Ewert, Ph.D.	Assistant Professor (Texas)	11/69 - 12/69
James R. Hendricks, Ph.D.	Associate Professor (North Car.)	10/70 - 11/70
		6/73 - 12/73
William G. Sorenson, Ph.D.	Assistant Professor	5/72 - 7/72

PHYSIOLOGY  
(Georgetown University School of Medicine)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u> <u>Arrival - Departure</u>
<u>Chairman</u>		
Lawrence S. Lilienfield, M.D., Ph.D.	Professor & Chairman	10/66 - 10/66 2/67 - 3/67 1/68 - 1/68 12/68 - 12/68 2/71 - 2/71 3/73 - 4/37
<u>Long-term Personnel</u>		
NONE		
<u>Short-term Personnel</u>		
Keith Arnold, M.D.	Assistant Professor	1/71 - 3/71
Thomas Doyle		1/68 - 2/68
John Kabal, Ph.D.	Assistant Professor	1/68 - 2/68
		11/68 - 2/69
Charles E. McCauley, M.D., Ph.D.	Professor	1/68 - 1/68 3/69 - 4/69 1/70 - 2/70 12/71 - 1/72
Lawrence M. Slotkoff, M.D., Ph.D.	Professor	12/66 - 1/67 1/69 - 1/69

PATHOLOGY  
(University of Missouri School of Medicine)

<u>Chairman</u>		
Fred V. Lucas, M.D.	Professor & Chairman	3/67 - 4/67 5/68 - 6/68 2/69 - 3/69 1/70 - 2/70 11/70 - 12/70 10/72 - 11/72 1/73 - 1/73 4/73 - 4/73 5/74 - 5/74
<u>Long-term Personnel</u>		
Barbara L. Atherton	Medical Technologist	1/68 - 8/68
Elizabeth V. Cully	Medical Technologist	11/72 - 4/75
Kent M. Feldsein	Medical Technologist	9/70 - 1/71
Ben R. Ferguson, M.D.	Assistant Professor	1/71 - 12/72 11/73 - 1/74 10/74 - 12/74
Marina S. Ferguson	Medical Technologist	1/71 - 1/72

PATHOLOGY (Continued)

I.5

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival - Departure</u>	
<u>Long-term Personnel</u>			
Janice K. Hermerding	Medical Technologist	1/70 -	1/71
Ben Lin Hom, M.D.	Associate Professor	1/74 -	4/75
Edna L. Horrell	Laboratory Technician	9/67 -	4/68
Margaret D. Jackson	Medical Technologist	9/67 -	7/69
		11/72 -	10/74
Carol Johnson	Medical Technologist	9/69 -	9/70
Samuel McClatchie, M.D.	Assistant Professor	6/73 -	5/74
Marcia White	Medical Technologist	9/68 -	9/69
<u>Short-term Personnel</u>			
Paul Alexander, M.D.	Associate Professor	9/73 -	11/73
Filberto Cavazos, M.D.		10/69 -	11/69
David Garloff, M.D.	Assistant Professor	1/70 -	1/70
Fred V. Lucas, Jr.	Student	6/70 -	8/70
Paul S. Monroe	Student	6/70 -	8/70
John C. Neff, M.D.	Assistant Professor	6/70 -	8/70
		12/70 -	1/71
		3/72 -	4/72
James T. Packer, M.D.	Associate Professor	3/70 -	4/70
Payne H. Percefull	Medical Technologist	9/67 -	12/67
		8/71 -	9/71
Jan M. Parks	Administrative Assistant	1/68 -	2/68
Wallace A. Rogers, M.D.	Assistant Professor	5/72 -	7/72
		3/73 -	5/73
Donald S. Senhauser, M.D.	Professor	10/67 -	12/67
John A. Shively, M.D.	Professor	8/69 -	9/69
		3/71 -	4/71
Harold V. Stewart, M.D.	Associate Professor	3/69 -	3/69
Hubert Van Peenen, M.D.	Associate Professor	1/68 -	2/68

RADIOLOGY

(University of Pennsylvania School of Medicine)

Chairman

Richard H. Chamberlain, M.D. Professor & Chairman	1/68 -	2/68
	2/69 -	4/69
	9/70 -	10/70
	11/71 -	11/71
	7/72 -	8/72
	4/73 -	4/73
	2/74 -	2/74

Long-term Personnel

James T. Lambeth, M.D.	Assistant Professor	1/70 -	5/74
Ronald J. Hoy, M.D.	Associate Professor	11/73 -	2/75
		-	

Short-term Personnel

Homer L. Twigg, Jr., M.D.	Professor (Georgetown)	3/70 -	4/70
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PREVENTIVE MEDICINE & PUBLIC HEALTH/COMMUNITY MEDICINE

(University of Oklahoma School of Public Health)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival - Departure</u>	
<u>Chairman</u>			
William W. Schottstaedt, M.D.	Dean, Professor & Chairman	3/69 - 3/69	4/71 - 4/71
		7/72 - 7/72	8/73 - 8/73
<u>Long-term Personnel</u>			
Thomas R. McGowan, M.D.	Professor /Human Ecology	3/71 - 5/71	1/72 - 2/72
		7/72 - 5/74	
Virginia P. McNamara, M.D.	Associate Professor (Medical College of Georgia)	11/74 - 3/75	
Harold A. Wood, M.D.	Professor/Community Health	11/70 - 12/72	
<u>Short-term Personnel</u>			
Robert C. Bowers, M.D.	Associate Professor	3/69 - 3/69	
Roy E. Brown, M.D.	Associate Professor (Mt. Sinai),	10/74 - 11/74	
Alan P. Chesney, M.D.	Professor/Human Ecology	12/73 - 12/73	
Richard L. Coppedge, M.D.	Professor/Human Ecology	4/72 - 5/72	
		11/71 - 2/72	
Malcom E. Phelps, M.D.	Professor/Family Practice	7/74 - 8/74	
Thomas Points, M.D.	Associate Professor	4/68 - 4/68	

CLINICAL SUBSPECIALTY DEPARTMENTS

ANESTHESIOLOGY  
(Emory University School of Medicine)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u> <u>Arrival - Departure</u>
<u>Chairman</u>		
John A. Steinhaus, M.D.	Professor & Chairman	5/67 - 5/67
<u>Long-term Personnel</u>		
John A. Kayan, M.D.	Professor	10/68 - 3/69 10/69 - 12/69 8/70 - 3/72
<u>Short-term Personnel</u>		
NONE		

DERMATOLOGY  
(University of Minnesota Medical School)

<u>Chairman</u>		
Robert W. Goltz, M.D.	Professor & Chairman	7/69 - 8/69 4/74 - 4/74
<u>Long-term Personnel</u>		
NONE		
<u>Short-term Personnel</u>		
NONE		

NEUROLOGY  
(Georgetown University School of Medicine)

<u>Chairman</u>		
Desmond S. O'Doherty, M.D.	Professor & Chairman	4/69 - 4/69 3/70 - 4/70 3/71 - 4/71
<u>Long-term Personnel</u>		
NONE		
<u>Short-term Personnel</u>		
Margaret Abernathy, M.D.	Neurologist	7/69 - 8/69
Archie McPherson, M.D.	Associate Professor	3/71 - 4/71 1/72 - 3/72

NEUROSURGERY  
(Yale University School of Medicine)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival</u>	<u>Departure</u>
<u>Chairman</u>			
William F. Collins, Jr., M.D.	Professor & Chairman	11/68	11/68
		9/73	9/73

Long-term Personnel

NONE

Short-term Personnel

James H. Manhke, M.D.	Assistant Professor	4/69	4/69
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OPHTHALMOLOGYChairman

Henry F. Allen, M.D.	Professor & Chairman (Harvard)	3/70	3/70
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Long-term Personnel

B. J. Hodgkinson, M.D.	Lecturer (Harvard)	2/70	1/73
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Short-term Personnel

NONE

ORTHOPEDIC SURGERYChairman

James S. Miles, M.D.	Professor & Chairman (Colorado)	7/70	7/70
		7/72	7/72

Long-term Personnel

NONE

Short-term Personnel

NONE

OTOLARYNGOLOGY  
(University of Colorado Medical School)

Chairman

W. Garth Hemenway, M.D.	Professor & Chairman	5/68	6/68
		12/68	1/69
		12/69	1/70

OTOLARYNGOLOGY  
(Continued)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival - Departure</u>	
<u>Long-term Personnel</u>			
NONE			
<u>Short-term Personnel</u>			
Marion P. Downs,	Audiologist	12/68 -	1/69
		12/69 -	1/70
Jerry L Northern, Ph.D.	Assistant Professor	1/71 -	1/71
Marlin E. Weaver, M.D.	Clinical Professor	2/71 -	2/71
Raymond P. Woods, II, M.D.	Professor	2/71 -	2/71

UROLOGY

(Duke University School of Medicine)

Chairman

James F. Glenn, M.D.	Professor & Chairman	11/68 -	12/68
		7/70 -	7/70

Long-term Personnel

Richard C. Reznichak, M.D.	Assistant Professor	9/70 -	8/71
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Short-term Personnel

Saul Boyarsky, M.D.	Professor	11/69 -	11/69
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MAJOR CLINICAL DEPARTMENTSMEDICINE

(University of Michigan School of Medicine)  
 (University of Oklahoma School of Medicine)

<u>Chairman</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival - Departure</u>	
		4/67 -	4/67
William D. Robinson, M.D.	Professor & Chairman (Michigan)	10/67 -	11/67
James F. Hammarsten, M.D.	Professor & Chairman (Oklahoma)	8/69 -	9/69
		9/70 -	11/70
		4/71 -	4/71
		10/71 -	11/71
		4/72 -	4/72
		10/72 -	10/72
		3/73 -	4/73
		10/73 -	10/73
		4/74 -	4/74
<u>Long-term Personnel</u>			
Keith Arnold, M.D.	Associate Professor	6/71 -	4/75
Joel Brown, M.D.	Assistant Professor	10/70 -	6/74
Kenneth Gould, M.D.	Assistant Professor	3/74 -	3/74
		7/74 -	4/75
Joanne T. Smith, M.D.	Assistant Professor	9/70 -	6/71
<u>Short-term Personnel</u>			
Thomas C. Butler, M.D.	Assistant Professor (Case Western)	2/74 -	4/74
Dale Groom, M.D.	Professor	2/74 -	3/73
Chesterfield G. Gunn, M.D.	Associate Professor	2/73 -	3/73
Joseph M. Kiely, M.D.	Professor (Mayo Clinic)	8/73 -	9/73
Everett R. Rhodes, M.D.	Professor	4/70 -	5/70
		7/71 -	8/71
		8/72 -	9/72
William W. Ruck, Jr., M.D.	Professor Emeritus	10/71 -	12/71
Jay P. Sanford, M.D.	Professor (Texas)	7/74 -	7/74
Stephen S. Shappell, M.D.	Associate Professor	11/73 -	12/73
Jack D. Welsh, M.D.	Professor	8/69 -	9/69
		9/70 -	11/70
		4/71 -	4/71
		10/71 -	11/71
		4/72 -	4/72
		10/72 -	10/72
		3/73 -	4/73
		10/73 -	10/73
		4/74 -	4/74
Kelly M. West, M.D.	Professor	7/69 -	8/69
Michael Adickman, M.D.	Volunteer (Case Western)	3/75 -	4/75

OBSTETRICS & GYNECOLOGY  
(Medical College of Georgia)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival</u>	<u>Departure</u>
<u>Chairman</u>			
William A. Scoggin, M.D.	Professor & Chairman	11/68	12/68
C. I. Bryans, Jr., M.D.	Professor & Vice Chairman	10/72	12/72
		3/73	5/73
		12/73	1/74
		5/74	6/74
		2/75	3/75
<u>Long-term Personnel</u>			
Benedict B. Benigno, Jr., M.D.	Assistant Professor	9/70	7/73
Virginia P. McNamara, M.D.	Assistant Professor	5/74	6/74
		11/74	4/75
Earle M. Marsh, M.D.	Professor (Univ. of Cal./S.F.)	6/73	9/74
Carol G. Reznichuk	Instructor/Maternal & Chld.Hlth	9/70	1/71
Gerald I. Wasserwald, M.D.	Assistant Professor	8/69	7/74
<u>Short-term Personnel</u>			
Harry Brody, M.D.	Professor (Calgary)	2/74	3/74
Charles J. Collins, M.D.	Consultant	5/73	6/73
Frederick W. Hanson, M.D.	Assistant Professor (Univ. of Cal./Davis)	10/74	12/74
Gordon W. Jackson, M.D.	Assistant Professor	7/74	9/74
William M. Lester, M.D.	Associate Professor (Emory)	8/73	9/73
Su-Chin Lin, M.D.	Research Assistant	7/74	8/74
Ta-Jung Lin, M.D.	Professor	6/74	8/74
Paul G. McDonough, M.D.	Associate Professor	11/73	12/73
Chester B. Martin, Jr, M.D.	Associate Professor	9/73	11/73
William Mengert, M.D.	Professor	3/73	4/73
George H. Nelson, M.D.	Associate Professor	7/73	8/73
John D. Thompson, M.D.	Professor & Chairman (Emory)	1/73	2/73
Virginia Zachert, Ph.D.	Research Professor	7/72	8/72

PEDIATRICS

(University of Texas, Southwestern Medical School)

<u>Chairman</u>			
Heinz F. Eichenwald, M.D.	Professor & Chairman	11/68	12/68
		3/70	4/70
		1/71	1/71
		6/71	7/71
		12/71	12/71
		5/72	5/72
		11/72	12/72
		3/73	4/73
		11/73	11/73
		10/74	10/74

PEDIATRICS  
(Continued)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival</u>	<u>Departure</u>
<u>Long-term Personnel</u>			
Jo Ann Cornet, M.D.	Professor	1/72	12/73
Wanda L. Dodson	Nutritionist	7/73	1/74
Maria T. Robertson, M.D.	Assistant Professor	1/74	6/74
Jo Anne Whitaker, M.D.	Professor	1/71	12/73
<u>Short-term Personnel</u>			
Michael E. Blaw, M.D.	Professor	3/71	4/71
Roy E. Brown, M.D.	Associate Professor (Mt. Sinai Med. Schl.)	10/74	11/74
Chester W. Fink, M.D.	Professor	11/71	12/71
		1/73	2/73
Pierce Gardner, M.D.	Assistant Professor (Harvard)	2/71	3/71
Kenneth C. Haltalin, M.D.	Associate Professor	1/72	2/72
		7/73	8/73
David Y Hsia, M.D.	Professor (Stritch Med. Schl.)	6/71	7/71
Doman Keele, M.D.	Professor	7/72	9/72
Barbara M. Korsch, M.D.	Professor (Univ. of S. Cal.)	3/74	3/74
James F. Marks, M.D.	Associate Professor	4/71	6/71
John D. Nelson, M.D.	Professor	7/71	8/71
		4/73	5/73
Delmer J. Pascoe, M.D.	Professor (Univ. of Cal./S.F.)	9/74	10/74
Peggy Ann Sartain, M.D.	Assistant Professor	9/72	11/72
Irwin S. Schafer, M.D.	Associate Professor (Case West.)	10/71	11/71
Walton M. Edwards, M.D.	Associate Professor (Kentucky)	9/71	11/71
Robert M. Ward, M.D.	Professor & Chairman (Univ. of S. Cal.)	3/74	3/74

SURGERY

(University of Pittsburgh School of Medicine)

Chairman

Henry T. Bahnson, M.D.	Professor & Chairman	5/70	5/70
		2/71	3/71
		3/72	3/72
		10/72	11/72
		3/73	4/73
		10/73	10/73
		7/74	7/74

Long-term Personnel

George F. McInnes, M.D.	Visiting Professor	5/72	7/73
Steven F. Reeder, M.D.	Assistant Professor	8/73	5/74
		11/74	1/75

SURGERY  
(Continued)

<u>NAME</u>	<u>RANK</u>	<u>DATES</u>	
		<u>Arrival</u>	<u>Departure</u>
<u>Short-term Personnel</u>			
James P. Boland, M.D.	Associate Professor (Penn.) (Thoracic Surgery)	4/72	5/72
Gilbert S. Campbell, M.D.	Professor & Chairman (Arkansas)	1/73	2/73
Larry C. Carey, M.D.	Professor	2/73	3/73
Jack W. Cole, M.D.	Professor & Chairman (Yale)	7/72	8/72
Anatolio B. Cruz, M.D.	Associate Professor (Texas)	2/74	3/74
Harry S. Goldsmith, M.D.	Professor (Jefferson Med. Schl.)	7/73	7/73
William R. Grafe, M.D.	Associate Professor (Cornell)	8/73	9/73
Thomas K. Hunt, M.D.	Professor (Univ. of Cal.)	6/74	7/74
George J. Hill, II, M.D.	Assistant Professor (Colorado) (Washington)	5/72	7/72
Raymond M. Keltner, M.D.	Associate Professor (St. Louis)	9/73	10/73
John H. Kennedy, M.D.	Professor (Baylor)	7/74	9/74
Herbert I. Machleder, M.D.	Assistant Professor (Univ. of Cal./L.A.)	4/73	5/73
Kelvin A. Merendino, M.D.	Professor (Washington)	10/74	11/74
Bart M. Pasternak, M.D.	Assistant Professor (Albert Einstein )	4/74	5/74
James W. Pate, M.D.	Professor (Thoracic Surgery)	5/74	6/74
Edward T. Peter, M.D.	Professor & Chairman (New Mexico)	8/72	10/72
Charles G. Rob, M.D.	Professor & Chairman (Rochester)	3/72	4/72
Gardner W. Smith, M.D.	Professor (Johns Hopkin)	10/73	12/73
Kenneth G. Swan, M.D.	Associate Professor (New Jersey)	11/72	12/72
Timothy T. Takaro, M.D.	Chief of Surgery (V.A./North Car.)	1/75	2/75
		5/73	7/73

ENGLISH LANGUAGE DEPARTMENT

<u>NAME</u>	<u>DATES</u>	
	<u>Arrival</u>	<u>- Departure</u>

Head of the Department

Ronald D. Young	7/18/69	- 8/31/74
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Full-Time Personnel

Susan E. Allen	9/19/68	- 9/19/69
Janice Berth	9/3/68	- 2/24/71
Judith A. Chittick	4/6/69	- 8/30/69
Clyde R. Correll	8/19/72	- 6/30/74
Karen A. Cuddy	1/14/68	- 1/26/69
Hoyt R. Evans, Jr.	5/29/72	- 6/30/74
Hope M. Harmeling	1/9/69	- 12/19/69
Holly H. Jacobs	1/20/69	- 7/5/71
Anita L. Kendall	1/20/69	- 12/3/73
Donald J. Lachowicz	1/9/72	- 6/30/74
Evelyn P. McAlister	10/30/69	- 7/31/71
Diane Phillips	3/24/68	- 5/29/68
Jeanne E. Williams	1/1/69	- 8/18/72

Part-Time Personnel

Michael D. Beck	3/1/73	- 6/30/74
Richard D. Borah	7/2/73	- 1/31/74
Timothy S. Leatherman	3/1/73	- 1/31/74
Richard Trenbath	7/27/72	- 12/31/72

LIBRARYPersonnel

Thomas R. Cassidy	9/5/72	- 7/31/74
Eleanor Johnson	8/16/67	- 7/13/69
John I. Patton, Jr.	5/21/69	- 6/30/72

NUTRITIONISTSPersonnel

Helen W. Bratcher	12/7/68	- 8/2/70
Loyal E. Horton	3/6/67	- 4/5/67

VIETNAMESE FACULTY  
TRAINED IN THE UNITED STATES

I.15

BASIC SCIENCE DEPARTMENTS

<u>NAME</u>	<u>LOCATION</u>	<u>Type of Training</u>	<u>DATES</u>	
			<u>Arrival</u>	<u>Departure</u>
Hoang Gia Khanh Gien	Louisville	ACA (Ph.D.)	8/71	5/74
Bui Quy My, M.D.	Wisconsin	F	10/71	12/72
Tieu Minh Thu, M.D.	Louisville	F	8/69	8/70
	Mahidol	ACA (M.S.)	10/74	8/75
La Cao No	Hawaii	F	5/71	5/72
		F	1/74	12/74
Nguyen Van Van	Louisville	F	9/74	8/75

BIOCHEMISTRY

Dang Quoc An	Nebraska	ACA (Ph.D.)	6/73	6/75
Nguyen Duy Ai	Nebraska	ACA (Ph.D.)	7/71	4/75
Tran The Hung	Nebraska	Ph.D. Candidate	1/74	8/75
Vo Thi Nguyet Suong	Syracuse	Ph.D. Candidate	9/67	9/68
Le Phuoc Thuy	Nebraska	ACA (Ph.D.)	8/69	11/72
Pham Thi Kim Yen	Nebraska	ACA (Ph.D.)	6/73	6/75

MICROBIOLOGY

Nguyen Ngoc Bich, M.D.	Mahidol	F	10/72	2/73
Nguyen Thi Bich	Namru - 2	F	3/73	9/73
Nguyen Thi Minh Chi, M.D.	Namru-2	F	3/73	9/73
Nguyen Ngoc Diep, M.D.	Virginia	F	9/72	9/73
Bo Kim Khanh	Namru -2	F	2/73	10/73
Mai Thi Kim Lien	Hawaii	F	9/74	8/75
Nguyen The Thanh, M.D.	Hawaii	F	9/70	3/71
			8/73	3/75
Dinh Hai Tung, M.D.	Temple	F	12/72	6/74
Le Tien Van, M.D.	Oklahoma	F	5/72	5/73

PARASITOLOGY

Mui Quy Bong, M.D.	Tulane	ACA (M.P.H.)	12/73	5/75
Le Tham Hoang Oanh	Taipei	F	10/72	1/73

ACA - Academic Program

F - Fellowship Program (Special Training)

<u>NAME</u>	<u>LOCATION</u>	<u>Type of Training</u>	<u>DATES</u>	
			<u>Arrival</u>	<u>Departure</u>
Duong Ho Chau	Mahidol	ACA (M.S)	9/74	8/75
Vo Van Lan, M.D.	Georgetown	ACA (Ph.D.)	9/69	5/72
Le Sy Quang, M.D.	Georgetown	ACA (Ph.D.)	8/69	2/72

PATHOLOGY

Dang Thi Ba	Missouri	F	12/67	-
Pham Thi Bach	Missouri	F	12/67	-
Ho Kim Chi, M.D.	Missouri	F	7/71	8/71
Huynh Kim Giam, M.D.	Missouri	F	10/74	8/75
Nguyen Thu Ha	Missouri	ACA	7/72	8/73
Lam Thi Thu Hong	Missouri	ACA	7/72	8/73
Tran Trong Ha	Missouri	F	9/64	9/69 (Hue)
Nguyen Gia Khanh	Missouri	F	1/71	5/72
Nguyen Thi Phuong Khanh	Missouri	ACA	7/70	12/71
Vu Thi Tue Khanh	Missouri	ACA	7/70	12/71
Mai Thi Le	Missouri	ACA	7/70	8/71
Nguyen Thi Kim Lien	Missouri	ACA	7/70	8/71
Tran Thi Ly	Missouri	F	2/69	1/70
Duong Hong Mo, M.D.	Missouri	F	5/72	10/72
Hoang Khai Nguyen	Missouri	F	7/69	8/70
Vu Thi Phiet	Missouri	ACA	9/71	10/72
Cung Thi Lan Phuong	Missouri	F	12/67	-
Tran Manh Ruc, M.D.	Missouri	F	1/75	8/75
Doan Trong Thu	Missouri	ACA	9/71	10/72
Doan Thi Tinh	Missouri	ACA	7/70	8/71
Nguyen Huu Tu, M.D.	Missouri	F	7/69	12/69
Pham Thi Tranh	Missouri	F	8/68	7/69
Nguyen Thi Vui	Missouri	ACA	7/72	8/73

RADIOLOGY

Le Dinh Ky, M.D.	Pennsylvania	F	11/72	8/75
Tuong Chi Luong, M.D.	Pennsylvania	F	6/74	6/75
Tran The Nghiep, M.D.	Pennsylvania	F	7/71	1/72

PREVENTIVE MEDICINE & PUBLIC HEALTHCOMMUNITY MEDICINE

Ton That Chieu, M.D.	Oklahoma	F	8/74	8/75
Van Van Cua, M.D.	Tulane	ACA (M.P.H.)		
	Oklahoma	F	8/72	8/73
Ton That Gia, M.D.	Johns-Hopkins	ACA (Ph.D.)	6/67	6/69
Le Ngoc Tuyen, M.D.	Oklahoma	ACA (M.P.H.)	6/74	6/75

CLINICAL SUBSPECIALTY DEPARTMENTS

<u>NAME</u>	<u>LOCATION</u>	<u>Type of Training</u>	<u>DATES</u>	
			<u>Arrival</u>	<u>Departure</u>
<u>DERMATOLOGY</u>				
Bui Dong, M.D.	Minnesota	F	2/72	2/73
Ngo Thanh Hien, M.D.	Minnesota	F(M.S.)	11/72	8/75
Vu Khac Thao, M.D.	Minnesota	F	3/73	3/75
<u>NEUROLOGY</u>				
Nguyen Nhut Thong, M.D.	Georgetown	F	6/73	6/75
<u>NEUROSURGERY</u>				
Tran Van Khanh, M.D.	Yale	F	7/71	7/72
Le Cong Phuoc, M.D.	Yale	F	9/72	5/73
Nguyen Quyen Tai, M.D.	Yale	F	3/74	3/75
<u>OPHTHALMOLOGY</u>				
Nguyen Huu Tien, M.D.	Minnesota	F	6/73	6/74
<u>ORTHOPEDIC SURGERY</u>				
Tran Tin Co, M.D.	Harvard	F	9/68	8/70
Tran Viet Cuong, M.D.	Colorado	F	6/74	6/75
<u>UROLOGY</u>				
Tang Nhiep, M.D.	Missouri (Pathology)	ACA	7/67	12/67
	California	F	1/68	11/68
	Duke	F	2/69	5/69

MAJOR CLINICAL DEPARTMENTS

<u>NAME</u>	<u>MEDICINE</u>		<u>Type of Training</u>	<u>DATES</u>	
	<u>LOCATION</u>			<u>Arrival</u>	<u>Departure</u>
Nong The Anh, M.D.	Oklahoma		F	2/72	8/75
Hô Dac Dang, M.D.	Oklahoma		F	10/72	10/74
Bui Ngoc Diep, M.D.	Oklahoma		F	10/72	9/73
Dinh Ha, M.D.	Oklahoma		F	10/71	9/73
Bui Thi Khanh, M.D.	Kentucky		F	5/66	8/69
				10/71	12/73
Nguyen Ngoc Linh, M.D.	Oklahoma		F	9/74	4/75
Truong Thi Kim Loan, M.D.	Oklahoma		F	3/73	6/73
Vu Dinh Minh, M.D.	Georgetown		F	3/66	7/69
Tran Quang My, M.D.	Oklahoma		F	2/72	7/74
Nguyen Thi Nhon, M.D.	Oklahoma		F	5/74	5/75
Pham Van Thi, M.D.	Duke		F	8/69	8/70
	Oklahoma		F	9/70	5/71
Tran Kiem Thuc, M.D.	Michigan		F	8/69	9/70
Tran Quoc Toan, M.D.	Oklahoma		F	8/74	8/75
Dao The Xuong, M.D.	Oklahoma		F	2/72	9/74

OBSTETRICS & GYNECOLOGY

Tran Dinh Chuong, M.D.	Berkeley		F	9/74	8/75
Nguyen Thi Tinh-Chau, M.D.	Berkeley		F	9/74	8/75 (Hue)
Phung Thi Tho, M.D.	Medical College of Georgia		F	7/72	7/75
Huynh Dien Qui, M.D.	Emory		F	9/74	8/75

PEDIATRICS

Tran Tien Chi, M.D.	Texas		F	12/73	1/75
Vu Quoc Dich, M.D.	Texas		F	1/73	12/74
Tran Dinh Don, M.D.	Texas		F	1/74	1/75
Nguyen Thi Hanh, M.D.	Texas		F	9/72	5/74
Tran Vinh Hoa, M.D.	Texas		F	12/73	12/74
Vu Trong Hung, M.D.	Texas		F	11/73	10/74
Duong Thi Thanh Lien, M.D.	Texas		F	11/70	5/71
Vu Hoang Long, M.D.	Texas		F	1/73	1/75
Tran Xuan Ninh, M.D.	Chicago		F	9/68	8/70
Tran Thi Ngoc Oanh, M.D.	Texas		F	5/73	6/74
Tran Duy Ton, M.D.	Texas		F	1/73	12/73
Ho Chung Tu, M.D.	Texas		F	5/74	5/75

<u>NAME</u>	<u>LOCATION</u>	<u>Type of Training</u>	<u>DATES</u>	
			<u>Arrival</u>	<u>- Departure</u>
Nguyen Huu Chi, M.D.	Pittsburgh	F	8/74	- 8/75
Van Ky Chuong, M.D.	Pittsburgh	F	8/74	- 8/75
Nghiem Dao Dai, M.D.	Pittsburgh	F	4/73	- 8/74
Nguyen Do Duy, M.D.	Rochester	F	7/74	- 7/75
Nguyen Tien Dy, M.D.	Pittsburgh	F	10/74	- 6/75
Tran Tien Huyen, M.D.	Pittsburgh	F	1/72	- 8/74
Nguyen Khac Lan, M.D.	Pittsburgh	F	4/74	- 4/75
Lam Van Nam, M.D.	Chicago/Loyola	F	6/74	- 4/75
Ho Tan Phuoc, M.D.	Pittsburgh	F	10/73	- 6/75

OTHER DEPARTMENTSCANCEROLOGY

Phan Ngoc Duong, M.D.	Houston	F	5/70	- 5/70
	New York	F	5/70	- 6/70
	Houston	F	7/70	- 7/70
	Washington, D.C.	F	8/70	- 8/70
	Philadelphia	F	8/70	- 8/70
	New York	F	8/70	- 8/70
	Chicago	F	8/70	- 9/70

LIBRARY SCIENCE

Nguyen Thi Nga	North Carolina	F	5/72	- 7/73
Tran Thi Thu Minh	North Carolina	F	5/66	- 7/68

INVITATIONAL TRAVEL - SENIOR FACULTY

<u>NAME</u>	<u>RANK</u>	<u>DEPARTMENT</u>	<u>Time of Visit</u>
Dao Huu Anh, M.D.	Vice-Dean	Pathology	1/71 6/70
Tran Anh, M.D.	Professor & Chairman	Anatomy	8/67
Hoang Tien Bao, M.D.	Professor & Chairman	Orthopedic Surgery	9/72 9/74
Nguyen Huu Can, M.D.	Professor & Chairman	Pathology	11/67 - 5/68 8/73 - 10/73
Pham Gia Can, M.D.	Professor	Pediatrics	9/74
Le Van Cao, M.D.	Professor	Surgery	7/74
Le Xuan Chat, M.D.	Professor & Chairman	Medicine	7/71 8/74
Dang Van Chieu, M.D.	Dean Professor & Chairman	Neurosurgery	9/69 - 12/69 9/72 6/73
Huynh Huu Cuu, M.D.	ARVN & Faculty	Ophthalmology	10/73
Nguyen Phuoc Dai, M.D.	Vice-Dean Professor	Surgery	5/68 6/70 1/71 11/73
Vu Qui Dai, M.D.	Professor & Chairman	Microbiology	9/71
Nguyen Ngoc Diep, M.D.	Professor	Obstetrics & Gynecology	6/73
Le Quoc Hanh, M.D.	Associate Professor	Medicine	5/71 11/73
Nguyen Van Hong, M.D.	Professor & Chairman	Obstetrics & Gynecology	4/70 11/74
Dao Duc Hoanh, M.D.	Professor & Chairman	Cancerology	10/74
Bui Quoc Huong, M.D.	Professor	Neurology	9/69
Nguyen Ngoc Huy, M.D.	Rector Professor & Chairman	Medicine	10/73 11/72 8/71
Ngo Gia Hy, M.D.	Dean Professor & Chairman	Urology	6/67 11/73
L.M.Lichtenberger, S.J., M.D.	Professor & Chairman	Histology	7/67 - 9/67
Nguyen Khac Minh, M.D.	Professor & Chairman	Anesthesiology	10/67
Bui Thi Tuyet Nga, M.D.	Professor	Pediatrics	5/74
Nguyen Duc Nguyen, M.D.	Professor Director, Library	Library	7/74
Do Thi Nhuan, M.D., M.S.	Professor & Chairman	Parasitology	8/67 10/72

<u>NAME</u>	<u>RANK</u>	<u>DEPARTMENT</u>	<u>Time of Visit</u>
Tran Ngoc Ninh, M.D.	Professor & Chairman	Orthopedic Surgery	7/71
Bui Duy Tam, M.D., Ph.D.	Professor & Chairman	Biochemistry	9/67 10/71
Pham Bieu Tam, M.D.	Dean, Professor	Surgery	6/66 7/74
Vu Thi Thao, M.D.	Vice-Dean, Professor	Pediatrics	5/74
Phan Dinh Tuan, M.D.	Professor & Chairman	Pediatrics	11/68 5/74
Pham Tan Tuoc, M.D.	Dean, Professor	Medicine	12/68
Le Minh Tri, M.D.	Minister of Education Professor & Chairman	Otolaryngology	12/68
Nguyen Van Ut, M.D.	Professor & Chairman	Dermatology	9/74 12/70
Nguyen Luu Vien, M.D.	Deputy Prime Minister Professor	Pathology	8/68 4/69
Tran Vy, M.D.	Professor & Chairman	Physiology	9/72

## AMA Vietnam Medical School Project

The American Medical Association has for the past two years endeavored to provide advice and assistance for South Vietnam's medical schools. This has been done by means of a contract with the Agency for International Development, which provides financial support for the Vietnam Medical School Project.

### History

The American Medical Association's involvement in the Project grew from a study of the programs and facilities of the Faculty of Medicine at the University of Saigon carried out in February 1966 at the invitation of the US Agency for International Development and the Government of Vietnam. This survey was conducted by a four-man team: Robert C. Long, MD, Board of Trustees, delegation chairman; William A. Sodeman, MD, Council on Medical Education; Ernest B. Howard, MD, Assistant Executive Vice-President; and Walter S. Wiggins, MD, Department of Medical Education. The purpose of their visit was to ascertain how best to use the resources of American medicine to support and improve preclinical and clinical education to increase the quality and quantity of Vietnamese physicians.

This report noted that

The most basic problems in medical care and medical education are the overwhelming patient-care and teaching loads borne by a very small number of physicians and physician-teachers. The ratio of patients and students to physician-teachers is so large that good medical practice and teaching would not be possible no matter how modern were the facilities and equipment. The tremendous shortage of professional personnel is further aggravated by an equal shortage of nursing and technical assistants.

The feasibility study concluded that the AMA, because of its experience in medical education and its many resources, was uniquely competent to play a significant role in the support and improvement of medical education in South Vietnam. The Board of Trustees approved the delegation's enthusiastic recommendation that the AMA undertake this challenging but difficult task and in June 1966 agreed to organize and administer an American Project of Assistance to Medical Education in Vietnam.

This agreement provided for the general concept of a department-to-department interchange relationship between the Saigon school and "counterparts" in selected

US medical schools as the basic process of strengthening the Saigon faculty. Within this framework, American professors visit Saigon to assist, consult, and participate in the teaching program and Vietnamese faculty and promising graduates are designated for specialized advanced training and observation of educational methods in the United States. To maximize the effectiveness of the new basic-science building and the efforts of the faculty and students, this agreement also provided for consultation on the development of an appropriate medical curriculum, on the development of the medical school library, and for the implementation of an accelerated program of English instruction.

American interest in assistance to the Faculty of Medicine of the University of Saigon began shortly after it was created in 1954 by faculty members and students from the Hanoi medical school who emigrated to the south after the Geneva Agreement divided Vietnam. The school has survived and grown despite military instability, economic difficulties, and political crises. At the present time the medical and dental schools are housed in four modern buildings located in the Cholon section of Saigon, and in 1968 the Faculty of Medicine graduated 193 physicians, compared with 29 a decade ago. Six hospitals in the Saigon area serve the needs for clinical instruction.

The AMA Vietnam Medical School Project is the result of the leadership and vision of such dedicated AID personnel as Lawrence A. Pratt, MD, Col William H. Moncrief, Jr., and Maj Gen James W. Humphreys, Jr. Their commitment to the idea that the Vietnamese must eventually provide for their own needs in the area of medical manpower demanded a strong foundation in medical education. Consequently, a medical/dental education program based on joint technical and financial support by the governments of Vietnam and the United States was initiated in 1957.

This program sought to raise the standards of medical education in Vietnam through the construction and support of a medical/dental science center, to be followed by revisions in curriculum, provision of equipment, and adoption of teaching methods which would augment the quantity and quality of medical and dental professional and technical personnel.

The basic elements of this plan included: the completion, occupancy, and utilization of a new basic-science teaching facility, including laboratories, classrooms, library, and cafeteria; provision for additional oppor-

tunity for study and training in the use of English language; and provision for support and expansion of the library through the cooperation of the National Library of Medicine, the American Medical Association, and the American Dental Association. Because no single American medical school had the resources to meet the critical needs in Saigon, the plan called for support on a departmental basis through the AMA contract.

Although the lack of continuity in leadership and policy caused by the frequent personnel changes within the GVN and USAID/Public Health delayed the early phases of this program, a number of significant developments have occurred. Construction of the basic-science complex was completed and provisions made for maintenance and operation. The buildings were formally dedicated by officials of both governments in November 1966 and the American Medical Association and American Dental Association projects were implemented by the appointments of project directors and field directors.

### Program

#### Administrative.

Dr. Wiggins was appointed project director and served in that capacity until June 1967, when he resigned to become president of the Chicago Medical School. Hugh H. Hussey, MD, director of the Division of Scientific Activities, assumed the responsibility until November 1967, when Ira Singer, PhD, was appointed project director and the program was placed in the newly created Division of Medical Education, under C. H. William Ruhe, MD.

The Project's first field director, Hobart A. Reimann, MD, emeritus professor of medicine from Hahnemann Medical College, arrived in Saigon in January 1967 and remained for five months. Since July 1967, Norman W. Hoover, MD, from the section of orthopedic surgery of the Mayo Clinic, has served in that position.

During Dr. Reimann's tenure, departmental chairmen from several US medical schools visited Saigon to determine the feasibility of establishing counterpart relationships with the Faculty of Medicine: James B. Longley, PhD, *anatomy*, University of Louisville; Wilfred W. Westerfeld, PhD, *biochemistry*, State University of New York/Syracuse<sup>\*</sup>; Charles A. Evans, MD, PhD, *microbiology*, University of Washington; Fred V. Lucas, MD, *pathology*, University of Missouri; Lawrence S. Lilienfeld, MD, PhD, *physiology*, Georgetown University; and William D. Robinson, MD, *internal medicine*, University of Michigan. Shortly thereafter, similar studies were conducted by John E. Steinhaus, MD, *anesthesiology*, Emory University; and William W. Schottstaedt, MD, *preventive medicine and public health*, University of Oklahoma.

The original concept of a strictly advisory program beginning with the progressive transition over a five-year period to a new basic sciences curriculum and effected by short-term visits of American faculty proved to be unrealistic in view of the complex and unusual problems faced by the Saigon faculty. Reexamination of the Project's objectives by the US department heads in October 1967 led to three major decisions: to accelerate the conversion to the new basic-sciences curriculum; to begin the immediate recruitment of counterpart

departments in the clinical sciences; and to employ long-term American faculty who would participate actively in clinical instruction and in the basic-science laboratories.

To implement these redefined goals, an effort was made to identify and attract prospective clinical counterparts and to increase the level of support in the basic sciences. Many US schools expressed interest in the Project and several department chairmen were scheduled to make feasibility studies in early 1968. Unfortunately, the "Tet offensive" in Saigon forced cancellation of their travel and interrupted classes for about two months. In spite of these difficulties, feasibility studies were completed by Richard H. Chamberlain, MD, *radiology*, University of Pennsylvania, and W. Garth Hemenway, MD, *otolaryngology*, University of Colorado.

The AMA maintains a staff in Saigon headed by Dr. Hoover. The field director in essence acts as counterpart and liaison to the dean of the faculty of medicine and consults him on all relevant aspects of the Project. In matters pertaining to intergovernmental relations he receives policy guidance and assistance from Dr. Pratt, chief of the medical/dental education division, and Col Richard L. Coppedge, the present assistant director for public health of the AID Mission to Vietnam. Dr. Hoover is assisted by an office staff of three and also supervises the consultant librarian and four English-language teachers.

In Chicago, Dr. Singer is responsible for the identification and recruitment of additional counterpart departments, placing and monitoring the Vietnamese participants, and providing any logistical support necessary to carry out the teaching program in Saigon. Liaison is maintained with the subcontractors and with the AID Vietnam Bureau's Health office in Washington, DC.

#### Academic

*Teaching and Curriculum.*—The teaching program of the faculty of medicine covers a six-year period and is preceded by one year of premedicine given by the faculty of science. Approximately 150 students are selected by competitive examination for the first premedical year, and another 50 are required to repeat the first year. A similar pattern obtains for each class and results in a total of about 1,200 medical students. In the past, departments of the faculty were separated geographically and operated autonomously. The incorporation of the faculty under one roof has provided an environment conducive to an integrated program of instruction with interdepartmental correlation. Teaching methods and curriculum are gradually changing. Textbooks are now provided to the students so that lecture material does not constitute the sole source of information. During the clinical years more reliance is placed on bedside teaching and discussion and an attempt has been made to reduce lecture time. Through both the European- and American-trained faculty a curriculum and methodology are developing which should be uniquely suited to Vietnamese needs in its blending of the two systems.

In the old curriculum, basic sciences were spread throughout the first four years of instruction and patient-oriented teaching was represented by a four-year course in semeiology. Revision of the curriculum using a block system to contain the basic-science disciplines within the first two years has now allowed for correla-

<sup>\*</sup>William R. Ruegamer, PhD, assumed this responsibility when Dr. Westerfeld became acting president of the Upstate Medical Center and a counterpart relationship will be negotiated with his new institution, the University of Nebraska College of Medicine.

tive teaching and more efficient use of faculty time. During the third and fourth years, mornings are occupied by hospital clerkships and a portion of the afternoons by clinical lectures. The fifth year is now a rotating internship with students assigned to six teaching hospitals, each with equal responsibility, and the sixth year will be served either in a straight internship or by assignment to one of the provincial hospitals. These assignments are made only on evidence of adequate resources for supervision and teaching. The transition from the old to the new curriculum began in September 1967 and it is anticipated that the conversion will be completed by the end of the 1968-1969 academic year.

**Departmental Support.**—To achieve the objective of broadly based support for the faculty of medicine, individual counterparts in different US medical schools have been sought on the basis of excellence, interest, and enthusiasm. At the present time, formal relationships have been established with the following departments after on-site feasibility studies by their chairmen: anatomy, anesthesiology, biochemistry, microbiology, pathology, physiology, and preventive medicine and public health. In addition, Drs. Chamberlain, Hemenway, and Robinson have indicated their intentions of establishing continuing relationships with the faculty and are already providing advice on the program.

By the end of this year, feasibility studies will also be carried out by William F. Collins, Jr., MD, *neurological surgery*, Yale University; James F. Glenn, MD, *urology*, Duke University; Heinz F. Eichenwald, MD, *pediatrics*, University of Texas/Southwestern; and William A. Scoggin, MD, *obstetrics and gynecology*, Medical College of Georgia.

**Related Activities.**—Although Vietnamese is the official language of instruction, the English-language teaching program for premedical and first- and second-year students was developed to enhance the efforts of visiting American instructors and to provide a means of precise scientific communication. A separate building two blocks from the medical center is being renovated for the installation of a 100-place language laboratory secured through USAID. Preliminary discussions have been held with a potential counterpart, the Georgetown University School of Languages and Linguistics, and meanwhile four American teachers have been employed for the program to work with the Vietnamese department chairman.

Development of the faculty's library has had high priority. Miss Eleanor Johnson, on leave from the University of Chicago, has served as consultant librarian for the past year and is now working with her Vietnamese counterpart, who has just completed her participant training. Her major activities have been identifying and cataloging all existing books, and compiling and processing lists of new books to be procured. A new program to provide library-science training in Vietnam is planned.

In addition to these activities, English-language textbooks selected by the department chairmen have been

procured under the contract and are sold to the medical students at reduced rates.

#### Participant Program

One of the most important phases of the Project is the participant-training program. The young Vietnamese physicians sent to the United States for training in the basic and clinical sciences during the 1950's have been essential to the progress made thus far. Ultimately, this program will have the most significant and enduring effect on the faculty's ability to achieve and maintain its own standard of excellence.

Participant training is intended to expose the individual to the best in American medicine and to give him the opportunity to fill in any gaps in his knowledge and previous training. Whenever possible, professional and technical participants are placed in existing counterpart departments. For the most part, the program is operated on a fellowship basis to avoid burdening cooperating institutions and to afford greater flexibility in placement. A prototype program to prepare additional clinical faculty will consist of appropriate basic residency training in Saigon with the assistance of visiting faculty, followed by an additional 12 to 18 months of specialized training at the American counterpart and other selected institutions.

The program has been curtailed to some extent by the difficulties in securing GVN permission for foreign training of male participants who have not completed their military obligations. To overcome this immediate problem and to increase the pool of prospective participants needed to strengthen the faculty in the future, increased emphasis has been placed on the identification of qualified women. Efforts are also being made to identify students without MD degrees for training in the basic sciences leading to the PhD degree. Approximately 24 participants are presently in the United States for training.

#### Summary

To date, counterpart relationships have been firmly established for the basic sciences as well as for anesthesiology and public health and preventive medicine. Negotiations continue for the establishment of such relationships in the clinical disciplines. It is of prime importance to the people of Vietnam that this support in the key clinical areas be developed so that their medical manpower needs may be satisfied in the future. To this end, current plans provide for construction and completion of a teaching hospital before 1973 to allow for the centralization of the faculty on the grounds of the medical school. To support the increasing numbers of physicians, a school of public health is planned and provisions for training of additional paramedical personnel are being explored. In addition, consideration is being given for increased assistance to the Faculty of Medicine of Hue (now in session in Saigon) and to the possibility of establishing other faculties of medicine in different areas of South Vietnam.

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## International Medical Education

An increasing number of American medical schools and educators are becoming interested in activities abroad and are contributing to the development of medical education throughout Africa, Asia, and the Americas. Their goal is to assist developing nations in building effective self-supporting systems of medical education which are relevant to their own health care needs and adapted to existing resources.

According to a survey soon to be released by the Division of International Medical Education of the

Association of American Medical Colleges (AAMC), 38 of 51 US medical schools visited have formal or semiformal commitments with 119 institutions in 59 countries, and their major teaching hospitals are responsible for the training of more than 3,000 foreign graduates. Indeed, every US medical school is involved in such international activities as faculty travel for study, research and teaching, clinical training of foreign graduates, and medical student study overseas.

Although there is no accurate measurement of the

latter category, a recent self-survey by Case Western Reserve medical students indicated that 78% of the first-year class and 85% of the second-year class were interested in studying or working abroad at some time during their medical school careers. The Student American Medical Association publishes a list of 50 international medical programs available to medical students. An AAMC study showed that nearly 600 medical students went abroad during the academic year 1966-1967 and that most of them financed their own travel. Two nationwide competitive programs, both administered by the AAMC, awarded foreign fellowships to 149 students during 1968-1969.

The growing world interest and concern with the role of medical education in modern society is evident in the recent organization of regional associations of medical schools in the Americas, Scandinavia, Africa, and the Middle East, as well as an International Society for Research in Medical Education. Journals devoted exclusively to medical education are published in the United States, Europe, India, and Latin America.

### Role of the AMA

The American Medical Association has initiated discussions of a proposal to establish a Department of International Medical Education within the Division of Medical Education, and is considering the formulation of a clear policy statement concerning its activities in this area.

### Vietnam Medical School Project

The Association's first active role was the Vietnam Medical School Project which operates under a contract with the United States Agency for International Development.\*

Seventeen departments in 14 US medical schools have been involved in assisting the Faculty of Medicine of the University of Saigon since the project began three years ago. With this unique multiuniversity approach, only deeply interested and concerned departments accept responsibility for the counterpart relationships and the burden of providing technical assistance is divided among several American medical schools.

C. H. William Ruhe, MD, director of the Division of Medical Education, reviewed the educational program of the medical school and the AMA support during the first two years of the project. His survey report concluded:

- (1) That the major need of the Medical School is for more faculty, facilities, and funds;
- (2) That many "islands of excellence" exist in Vietnam which, if brought together in a coordinated fashion, could serve as the framework for a good program of medical education and the basis for development of an excellent one within five years;
- (3) That the project of the American Medical Association in support of the Faculty of Medicine has been largely beneficial and, in most respects, successful and that this mechanism of support is well conceived; and
- (4) That support to the basic sciences should be continued with development of programs of appropriate graduate training, and that the support to clinical departments should be initiated as early as possible.

\*For a history of the Project, see *JAMA* 206:2081 (Nov 25) 1968.

During the past year, the project has approached the problem of creating a self-supporting medical school in three ways:

- (1) Intensive in-country graduate training programs in the basic sciences, and development of a mechanism for awarding credits which may be transferred to American schools.
- (2) Support for the new provincial hospital in Gia Dinh, which will serve as a temporary clinical training facility to provide staff for the new university teaching hospital.
- (3) US training programs for selected Vietnamese graduates of the facilities of medicine and science, tailored to meet the needs of the individual departments.

### Basic Sciences

The status of faculty aid in the basic science departments is as follows:

**Anatomy:** The University of Louisville is represented by three professors on long-term assignment to the Faculty of Medicine: Drs. Roscoe McKenney, Virgil Jacobs, and Breen Ratterman.† Their efforts to lay the base for advanced training for potential faculty will be supplemented by short visits from the chairman, James Longley, PhD, and other members of the American department. Support also has been provided to the department of histology.

**Biochemistry:** William R. Ruegamer, PhD, reviewed the University of Nebraska's activities and initiated a research project on endemic goiter to be carried out jointly by Nebraska and Saigon personnel. Herbert Jacobi, PhD, presented a three-month's course in electrolyte acid-base chemistry and plans to return this fall to teach additional graduate courses.

**Microbiology:** Following a feasibility study by Scott Halstead, MD, the University of Hawaii agreed to accept the counterpart responsibility for this department. Initially, they will concentrate on postgraduate staff-oriented laboratory training in virologic techniques.

**Pathology:** The University of Missouri program developed by Fred Lucas, MD, included support for the National School of Medical Biology in the training of laboratory technicians and assistants. The faculty also cooperated in the preparation of a laboratory manual and the establishment of the National Laboratory System. Mr. Harold Stewart, consultant on equipment maintenance and protection, identified human error as the major cause of equipment failure.

**Physiology:** The American counterpart chairman, Lawrence Lilienfeld, MD, PhD, and John Kabal, PhD, Lawrence Slotkoff, MD, and Charles McCauley, PhD, MD, taught intensive graduate courses in renal, cardiovascular, and endocrine physiology. Arrangements were made to transfer credits for these courses to Georgetown University as the students are selected for participant training in the future. Dr. Kabal also provided support for the department of pharmacology.

### Clinical Sciences

The status of programs in the clinical sciences is as follows:

**Internal Medicine:** James Hammarsten, MD, and Kelly West, MD, of the University of Oklahoma agreed to provide counterpart support to the faculty, augmenting the efforts of William Robinson, MD, of the University of Michigan. The AMA has attempted to establish a mechanism for the participation of volunteers from the MILPHAP Team assigned to the Nguyen Van Hoc provincial hospital in nearby Gia Dinh. Although the Surgeon General's office has promised to cooperate, the concept has not yet been implemented because of difficul-

†Dr. Ratterman died Oct 2, 1969, of injuries suffered in an accidental fall.

ties in identifying interested physicians far enough in advance.

**Neurology:** Desmond O'Doherty, MD, of Georgetown University, completed a feasibility study and sent Margaret Aternathy, MD, to Saigon to assist in the improvement of diagnostic facilities and techniques and the training of technicians.

**Dermatology:** Robert Goltz, MD, visited Saigon in August and the University of Colorado has agreed to negotiate a subcontract for this department.

**Preventive Medicine and Public Health:** William Schottstaedt, MD, arranged for the Vietnamese chairman, Dr. Ton That Gia, to visit the University of Oklahoma before his return to Vietnam to formulate plans for assistance and identification of potential trainees. Although the World Health Organization decided not to locate the new National Institute of Public Health near the medical school, every effort will be made to coordinate programs in this important area. Dr. Michael Ivey has organized support for the department of parasitology.

**Anesthesiology:** John Kayan, MD, developed the teaching program for medical students and nurse anesthetists during his five-month stay in Saigon. John Steinhilber, MD, is chairman of the department at Emory University.

**Neurology:** William F. Collins, MD, Yale University, is developing a syllabus emphasizing basic sciences for faculty training. He has proposed a four-year certification program including two years residence in the US and two years of supervised clinical training in Vietnam.

**Obstetrics and Gynecology:** Gerald Wasserwald, MD, Medical College of Georgia, has accepted a long-term assignment to assist the faculty in establishing a residency training program in Saigon. William Scoggin, MD, is chairman of the counterpart department.

**Otolaryngology:** Garth Hemenway, MD, and Mrs. Marion Downs, director of clinical audiology, University of Colorado, presented a course in basic audiometry last winter and will return next month to help set up the new outpatient clinic.

**Pediatrics:** In his feasibility study, Heinz Eichenwald, MD, of the University of Texas Southwestern Medical School, recommended identification of young pediatricians for intensive graduate training to be given by American faculty in Saigon. His department is interested in participation if the faculty accepts this proposal.

**Radiology:** AID has approved the purchase of newly developed battery-operated x-ray machines, which will hopefully be suited to rigors and uncertainties of the climate and services in Vietnam. Richard Chamberlain, MD, University of Pennsylvania, is beginning to implement his program to train medical students and technicians in basic radiology.

**Urology:** Dr. Tang Nhiep completed his participant training at Duke University under the guidance of the counterpart chairman, James Glenn, MD. A list of teaching materials and surgical instruments was developed and ordered.

#### Related Activities

**English Language Program:** Six American language instructors, under the direction of Miss Janice Berth, are working with the Vietnamese faculty to improve the medical students' understanding of lectures given in English and their ability to participate in discussions, as well as their reading comprehension for English textbooks and journals provided under this contract. In addition to the regular program for the premedical and first- and second-year students, courses for special students including many faculty members were offered during the summer.

**Library:** Miss Eleanor Johnson completed a two-year tour as consultant librarian and was replaced by

Mr. Johnn Patton. It is hoped that the faculty will be able to identify Vietnamese employees for in-country training in library science.

**Dietetics:** Mrs. Helen Bratcher, consultant dietician, has been active in the management of the medical center cafeteria and has taught nutrition in the school of nursing. A summer course in dietetics for Ministry of Health personnel was offered to stimulate the development of a training program for hospital dieticians during the current academic year.

#### Participant Program

The Vietnamese ministries of defense and education have reached an agreement which will permit the release of physicians after two years' military service. Twenty-four physicians have been identified and examined and appointed to the Faculty of Medicine. At present, seven AMA-funded participants are enrolled in advanced-degree or specially tailored fellowship programs at the American counterpart schools, and a number of the others are in various stages of processing for participant training.

Albeit slow, great progress has been made in identifying and providing support to the University of Saigon, Faculty of Medicine. Norman W. Hoover, MD, will soon complete a two-and-one-half-year tour as field director of the project and that position will be filled by John S. Cowan, MD. The relationships so carefully initiated and nurtured by Dr. Hoover should continue and grow under Dr. Cowan's guidance in Saigon.

### Vietnam Medical School Project

The Association has renewed its contract with the Agency for International Development to continue support to the Faculty of Medicine, University of Saigon. The activity was described in detail in this section of the EDUCATION NUMBER of JAMA in 1969.

John S. Cowan, MD, is chief of party in Saigon, and directs the activities of the program as adviser to the dean of the faculty of medicine.

This program is unique in its departmental counterpart arrangement based on multi-university support. It was designed to overcome the problems of bilateral university support programs which tended to encourage replication of a particular American educational and administrative system within a foreign school, and which had difficulty in providing adequate support, either in breadth or depth. By utilizing one or two departments from each of many American schools, it has been possible to select only those which have sufficient interest and strength to do the job. It provides a broader base in the United States for development of educational programs specifically designed to meet the needs of the foreign student. It diffuses the feedback from the foreign experience to a large number of American schools. The program began with AID's assistance to the government of Viet Nam in providing participant training for about 20 physicians during the period since 1958-1965. These graduates in medical specialty training returned to faculty appointments and have greatly strengthened the teaching staff. A new basic science building

was completed in 1965. The first efforts of the program of AMA in 1966 were directed to support for the basic science departments. This was followed in the second year, and thereafter, with support to the clinical departments. Emphasis has shifted progressively to the development of graduate education in both basic and clinical sciences, in an effort to increase the size and improve the quality of the faculty, and at the same time to make it self-sustaining. In the initial stages, and at present, basic educational programs are presented with joint support from the Vietnamese and American visiting faculties, with careful orientation to the needs of Viet Nam. Promising individuals are selected from among the students in graduate programs in Saigon for supplementary education in or through arrangements of the related American counterpart departments.

In this way, it is possible to provide precisely tailored and relevant supplementation. Academic degrees and documentary certification have been deemphasized in favor of demonstrated competence, with advice to the faculty of medicine that it confer its own graduate degrees, and develop its own mechanisms for certification in the clinical specialties.

Clinical teaching facilities are inadequate, both in quality and form. The departments are widely dispersed in eight separate hospitals, most of which are limited by specialty. This effectively precludes interdepartmental teaching, rational curricular organization, or reorientation of educational method or content. Plans are now being drawn for a new 500-bed general hospital to be built adjacent to the basic science buildings of the medical school. Its structure is being planned to emphasize ambulant care and community medicine, and to provide facilities for coordinated training programs with ancillary and allied health personnel. Consideration is being given to geographic and administrative apposition to units of the Ministry of Health for tropical medicine, preventive medicine, and public health.

This has been undertaken by AMA as a specific activity to test the particular method of multi-university support to a foreign medical school. Its ultimate value will be determined by the capability of the faculty of medicine of Saigon to support itself and to meet the requirements of the population of Viet

Nam for personnel in the health fields. Progress is difficult to measure in objective terms, but the primary impediment is the resistance to change from traditional patterns of education based on prestigious models in the more developed countries. The departmental approach tends to abet the already strong preoccupation with departmental autonomy. It avoids, on the other hand, the superimposition of a predetermined standardization, and allows thoughtful tailoring of the support to meet each specific departmental need. The greatest value of this approach appears to be the massive strength which one can bring to bear by dividing responsibility among a large number of schools. It fosters interdepartmental associations in ways which are appropriate to the needs and organizational structure of the host school, and in relation to the particular health problems of the native population. The present attitude of AMA and the supporting American departments is one of cautious enthusiasm.

vides policy guidance and administrative control. This concept was novel at its inception and is still unique to this project. It presents a model within which government, a professional association, and a group of universities participate, each fulfilling that role to which it is best suited.

This project built on the experience of the earlier "sister university" projects supported by AID. The planners intended to devise a mechanism by which more strength could be brought to an individual foreign school than that available from a single American university. Only the general mechanics of the operation were defined along very broad functional guidelines. The intent was that faculty from the United States would serve as advisors in Saigon and that simultaneously additional Vietnamese faculty would be trained by the counterpart departments in the United States. This procedure has been followed with first attention to the basic sciences, followed in the second year by support to clinical departments.

The AMA is now confident that the operational plan is sound. The multi-university support has permitted selection of departments for their strength and commitment. The departments have been able to maintain a continuity of purpose by involvement of members of their faculty in Vietnam, providing assistance there while creating an awareness of the educational needs of those Vietnamese who come to the departments in the United States for supplementary training.

The program has evolved somewhat differently than had been anticipated. It became apparent that the "advisory role" described in the planning could be effective only if visiting faculty became working advisors. The high ratio of students to faculty in Saigon made it impractical to participate actively in the teaching of undergraduate students. To concentrate the resources of the program where the yield would be greatest, emphasis has been placed on training of additional faculty.

Graduate courses were established in Saigon in several of the basic sciences in 1968. These were taught by both Vietnamese and visiting American faculty for graduate credits conferred by the University of Saigon. These are valid graduate credits, and in many instances have been transferable and applicable toward advanced degrees in the United States. This has made it possible for gradu-

ate students from Vietnam to come to the United States for shorter periods to complete work for masters and doctoral degrees.

Graduate training programs have been developed since 1969 in the departments of obstetrics and gynecology, pediatrics, internal medicine, anesthesiology, pathology, and radiology. One for the department of surgery is to be added. Besides the obvious advantages of economy and avoidance of loss by emigration, there is substantial basic validity in conducting the larger part of clinical graduate training in Vietnam. The health problems of Vietnam are so different from those of the United States, that, to be appropriate, clinical experience is best provided within the environment of Vietnam, using their patients suffering from their common diseases and using the facilities available to them.

The functional planning and organizational concept of the program seem to be logical and are working well. The concern of AMA is now that the content, orientation, and emphasis of medical education be proper for Vietnam. When early plans were developing, there seemed to be little doubt on the part of the planners that they knew what the school should become. The questions which have been raised about the form and conduct of medical education in the United States and the reappraisal of the applicability of a western educational model to a developing country have coincided with growth of this project. There is much less confidence now that goals which were assumed to be understood and thought to be too obvious to require definition seven or eight years ago are, in fact, clear at all. The program has developed sufficient momentum that movement will be fairly rapid, and therefore it is most important that the program is going in the right direction.

Two other important developments will bear on the conduct of medical education in Vietnam. A new teaching hospital has been planned for Saigon. It appears to be exceptionally well conceived for efficiency of operation and demonstration of comprehensive health care. The largest part of the clinical facility and the first phase of construction will be in an outpatient community health center. This will be followed by construction of a 500-bed inpatient unit of which only about 160 beds will be for acute care and the remaining 340 for convalescent ambulatory patients able to provide self-care. All parties

### Vietnam Medical School Project

The project of the AMA for support of the Faculty of Medicine of the University of Saigon is in its fifth year. It was described in detail in the EDUCATION NUMBER of *JAMA* in 1969 and 1970. The project was undertaken to provide assistance to the Faculty of Medicine of Saigon by establishing counterpart relationships between departments of that school and corresponding departments of medical schools in the United States. Seventeen American schools have contributed to the project. The program is funded by the Agency for International Development. The AMA pro-

concerned with the planning have understood the risk of building a model of western excellence which Vietnam could not afford or hope to reproduce. To obviate some of the difficulties, the hospital will be built with local materials, by local builders. This will keep cost within reason and yet make it possible to have a hospital of excellent design which otherwise will be indistinguishable from other Vietnamese hospitals.

The World Health Organization is developing a National Institute of Public Health for the Ministry of Health in Saigon. This will begin as a technical training school for auxiliary personnel, but it is planned that it will become a professional school of public health for Vietnam. The climate is now favorable to bring this into close functional apposition to the medical school in anticipation of an ultimate administrative association within the university. Numerous recommendations were made to provide autonomy to the University of Saigon and to separate it from direct regulation by the Ministry of Education. It seems likely that this will occur and that, as part of a reorganization, there will be formed a section or separate university of health sci-

ences. The relationship between the newly forming institute and the faculty of medicine offers hope of providing a means to give emphasis within the medical school to public health and the team concept of health care.

The present contract between AMA and AID will end in December 1972, but it is anticipated that the program will be extended for three to five years with sufficient financial support to allow full implementation. With this program, the AMA and the several participating universities share a grave responsibility to act wisely to help create a medical school to match the economic, cultural, and epidemiologic conditions of Vietnam and which will prepare physicians specifically to meet the needs of the people of that country. To assure maximal probability for that accomplishment, it is recommended now that a planning council be formed with representation from the faculty of medicine, the participating organizations, and the group of individuals in the United States with broad experience and understanding in international medical education. A second recommendation calls for the convening of a study group in Saigon next year leading to a symposium on medical education in Vietnam.

were devoted to an informational exchange on medical education and health care and health delivery through briefings by representatives of the ministries and through visits to facilities in Saigon and the provinces. The remainder of the time was allocated to discussions of what had been seen and heard by the working groups, as well as to the identification of problems related to medical education and the needs of the health care-health delivery systems.

To maintain and continue the dialogue initiated by this colloquium, the faculty council established a permanent committee on education to review curriculum and recommend revisions, and a coordinating committee to continue the liaison with the surgeon general's office and the Ministry of Health to help in fulfilling the needs of those sectors. The Vietnamese faculty has recognized the need for community medicine and its responsibility to provide the necessary training and to strengthen its efforts in the direction of public health and preventive medicine.

The AMA Vietnam Medical School Project will continue to provide all possible support to the Faculty of Medicine toward the goal of faculty excellence and replication through graduate training programs. As the Vietnamese faculty reaches decisions on its own aspirations and desires determined by the needs of the country, this project will add all possible support to stimulate the strengthening of preventive and community aspects of the faculty's educational effort.

Formal relationships now exist between the appropriate departments in Saigon and the following American counterparts:

**Surgery**

University of Pittsburgh

**Medicine**

University of Oklahoma

**Pediatrics**

University of Texas Southwestern  
Medical School

**Obstetrics and Gynecology**

Medical College of Georgia

**Preventive Medicine and Public Health**

University of Oklahoma School of  
Health

**Tropical Medicine and Medical Microbiology**

University of Hawaii

**Radiology**

University of Pennsylvania

**Pathology**

University of Missouri

Informal interchange on a limited basis is provided by the following departments:

**Neurosurgery**

Yale University

**Urology**

Duke University

**Dermatology**

University of Minnesota

**Otolaryngology**

University of Colorado

**Parasitology and Laboratory Practice**

University of Oklahoma  
Physiology and Pharmacology

Georgetown University

**Anatomy**

University of Louisville

**Orthopedics**

University of Colorado

**Neurology**

Georgetown University

**Biochemistry**

University of Nebraska

**Anesthesiology**

Emory University

drawn, partially because of funding limitations, programs in the major clinical and supporting departments have been intensified, and an active program in support of graduate training has now been instituted in surgery.

Continuing and previously expressed doubt and concern about the appropriateness of encouraging the imposition of a Western-oriented model of education on Vietnam led to agreement by the AMA and AID to support a request from the ministries of education and health, as well as the Faculty of Medicine, to convene a colloquium on medical education.

The colloquium was held July 18-29, 1972. Participants included faculty members, representatives of the Ministry of Health and the surgeon general of the armed forces, and an international panel of guests coordinated by John H. Bryant, MD, director of the Columbia University School of Public Health and Administrative Medicine, New York. Also included in the international group were

Prem Buri, MC, MB, BS, FRCS

Professor and Chairman, Department of Surgery, Faculty of Medicine, Ramathibodi Hospital, Bangkok

Colin E. Forbes, MD, CSRCPS

Department of Pediatrics, McGill University and Visiting Professor of Pediatrics, Faculty of Medicine, University College Nairobi

M. Alfred Haynes, MD, MPH

Professor and Chairman, Dept. of Community Medicine, Charles R. Drew Postgraduate Medical School, Los Angeles

Dieter Koch-Weser, MD, PhD

Associate Dean, International Affairs, Harvard Medical School, Boston

E. Croft Long, MB, BS, PhD

Field Director, Div. of International Medical Education, Association of American Medical Colleges, Guatemala City

Joe D. Wray, MD, MPH

Visiting Professor of Pediatrics, Faculty of Medicine, Ramathibodi Hospital and Rockefeller Foundation Field Staff, Bangkok

The Faculty of Medicine's organizing committee defined the colloquium's theme as "Medical Education in the Context of Social Development," and included the following areas for study and discussion: health and the community, health care systems, the role of the physician, goals of medical education, and the content of medical education.

The first days of this meeting

#### Vietnam Medical School Project

The AMA effort to support the Faculty of Medicine of the University of Saigon is continuing through its sixth year. This project is funded by the US Agency for International Development and has been described in detail in the MEDICAL EDUCATION issues of *JAMA* for 1969, 1970, and 1971. From its inception the conceptual means of providing support has been fluid and has evolved from aid in teaching undergraduate medical students to support and collaborate in the establishment of graduate training programs. As formal support for the basic sciences and clinical subspecialties has been with-

foreign medical students or graduates may enter the American medical system. They are:

1. Obtaining a full and unrestricted license to practice medicine, issued by a state or other jurisdiction authorized to license physicians.

2. In the case of US citizens, successfully passing the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination. To be eligible for this route, the foreign medical graduate must have completed all educational requirements that would make him eligible for Educational Council for Foreign Medical Graduates (ECFMG) certification should he choose to apply.

3. Certification by Educational Council for Foreign Medical Graduates on the basis of satisfying the ECFMG educational requirements, as well as passing the ECFMG examination.

4. Admission with advanced standing to American medical schools. A coordinated transfer system, "CO-TRANS," has been established by the Association of American Medical Colleges in cooperation with the National Board of Medical Examiners to assist American citizens studying in foreign medical schools to make application to appropriate American medical schools.

5. Completion of the "Fifth Pathway." This pathway for entrance to AMA approved internships and residency programs became available as of July 1, 1971, for students who have fulfilled the following conditions:

(a) Completed, in an accredited American college or university, undergraduate premedical work of the quality acceptable for matriculation in an accredited US medical school;

(b) Studied medicine at a medical school located outside the United States, Puerto Rico, and Canada, but which is recognized by the World Health Organization;

(c) Completed all of the formal requirements of the foreign medical school except internship and/or social service.

Amplifying information on the "Fifth Pathway" follows:

1. Students who have completed the academic curriculum in residence in a foreign medical school and who have fulfilled the above conditions may be offered the opportunity to substitute for an internship required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or junior internship) prior to entrance

into the first year of AMA-approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the Liaison Committee on Medical Education.

2. Before beginning the supervised clinical training, said students must have their academic records reviewed and approved by their medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination acceptable to the Council on Medical Education, such as Part I of the National Board examinations, or the ECFMG examination, or the FLEX examination, or the American Medical Screening Examination. The Council on Medical Education will consider the acceptability of any other screening examination proposed by a sponsoring medical school.

3. Students who are judged by the sponsoring medical schools to have completed successfully the supervised clinical training are eligible to enter the first year of AMA approved graduate training programs without completing social service obligations required by the foreign country or obtaining ECFMG certification.

4. The Council on Medical Education has recommended to all state boards of medical examiners that they consider for licensure all candidates who have completed successfully the supervised clinical training on the same basis as they now consider foreign medical candidates who have received ECFMG certification.

Medical schools which have indicated that they would offer the "Fifth Pathway" program during 1972-1973 are as follows:

University of California-Davis  
University of Southern California  
Indiana University  
University of Maryland  
St. Louis University  
College of Medicine and Dentistry-  
New Jersey  
New York University  
State University of New York-  
Downstate  
Medical College of Ohio at Toledo  
Dalhousie University  
Hahnemann Medical College  
University of Puerto Rico

Because the Ohio State Board reversed its previous position and ruled that it could not license an individual without an "MD" degree, the Medical College of Ohio at Toledo, has not been able to offer the program since June 30, 1973. Although many states have indicated acceptance of the "Fifth Pathway" for eligibility for seeking licensure, there are states which have not accepted it. It is recommended that individuals selecting this pathway check with the appropriate State Board of Medical Licensure before proceeding with the program.

## Vietnam Medical School Project

Academic support for the Faculty of Medicine of the University of Saigon is now in its seventh year. This program, funded by the Agency for International Development, has been described in the MEDICAL EDUCATION issues of JAMA for 1969 through 1972. Support has evolved from aid in teaching undergraduate students to collaborate in the establishment of graduate training programs. In 1970 the decision to withdraw formal support of the basic sciences and the clinical subspecialties was made partially on the basis of limitation of funds and because of the pressing requirements in the major clinical areas and supporting departments.

Following a colloquium on medical education convened by the faculty during July of 1972, increased interest in public health and preventive medicine as well as community medicine has been evidenced by the faculty and it appears that additional effort is being devoted to these areas.

The AMA Vietnam Medical School Project is continuing to aid the faculty of medicine by support of graduate programs as well as the goals established by the faculty. At this time there are approximately 32 faculty members in the United States for fellowship and graduate training programs. Approximately 80 trainees from the ministries of health, education and defense are participating in the ongoing graduate programs in Saigon.

Formal relationships now exist between the appropriate departments in Saigon and the following American counterparts:

Surgery  
University of Pittsburgh  
Medicine  
University of Oklahoma  
Pediatrics  
University of Texas Southwestern  
Medical School  
Obstetrics and Gynecology  
Medical College of Georgia  
Preventive Medicine and Public  
Health  
University of Oklahoma School of  
Health  
Tropical Medicine and Medical  
Microbiology  
University of Hawaii  
Radiology  
University of Pennsylvania  
Pathology  
University of Missouri

Informal interchange on a limited basis continues to be provided by the following departments:

Neurosurgery  
Yale University  
Urology  
Duke University  
Dermatology  
University of Minnesota

Otolaryngology  
University of Colorado  
Parasitology and Laboratory Practice  
University of Oklahoma  
Physiology and Pharmacology  
Georgetown University  
Anatomy  
University of Louisville

Orthopedics  
University of Colorado  
Neurology  
Georgetown University  
Biochemistry  
University of Nebraska  
Anesthesiology  
Emory University

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### National Science Foundation

The National Science Foundation (NSF) is an independent agency of the US government, operating with funds appropriated by Congress. The purpose of NSF is to advance science in the United States. Awards are made in the biological, mathematical, physical, medical, engineering, social, and other sciences.

In the area of scientific research, NSF awards research grants and contracts primarily to universities and other nonprofit institutions. Clinical research in the medical sciences does not fall within the purview of the foundation.

In fiscal year 1974 the foundation awarded \$46.4 million for basic medical and health-related research. This included support for several conferences and symposiums of medical interest.

Through NSF's Research Applied to National Needs (RANN) program the foundation supports applied research in medical fields such as medical instrumentation for diagnosis and treatment; methods of early detection and diagnosis; medically related enzyme research; health effects of toxic substances, including trace substances such as lead and mercury; and delivery systems of health care, including telecommunications and public administration. For program information contact Office of Programs and Resources, Research Applications Directorate, NSF, Washington, DC 20550.

NSF awards fellowships for graduate study in the mathematical, physical, biological, medical, engineering, and social sciences, in the history and philosophy of science, and in interdisciplinary science fields. Such awards are not made in clinical, education, or business fields, nor in social work, diplomacy, history, or law, or for a joint MD-PhD program.

A fellow may study under the award at any appropriate nonprofit graduate institution. Fellowships are awarded only to citizens or nationals of the United States.

In cooperation with the Department of State, NSF awards North Atlantic Treaty Organization (NATO) fellowships in science for postdoctoral level work to US citizens or nationals. The NATO fellowships are for study or research in foreign countries that are NATO members or that cooperate with NATO.

For detailed information on NSF fellowship programs contact the Division of Higher Education in Science, National Science Foundation, Washington, DC 20550.

### Vietnam Medical School Project

The AMA's support program for the University of Saigon Faculty of Medicine, initiated eight years ago under a contract with the US Agency for International Development (AID), has been

regularly described in the Medical Education issues of *JAMA* since 1968. AID expects to continue funding on a phase-down basis through fiscal year 1975, at the end of which time the project will be terminated.

The Saigon Faculty's Long Range Planning Committee has recommended a number of substantive changes in the curriculum:

1. Incorporation of the premedical year, now conducted by the faculty of science, into the curriculum of the faculty of medicine to make a seven-year educational program;

2. Addition of behavioral science subjects early in the curriculum;

3. Increased emphasis on preventive medicine, public health, and management of health care within a newly formed Department of Community Medicine;

4. Provision of approximately 25% of instructional time as elective;

5. Tracking after the third year into clinical curative medicine, community medicine, or biological science; and

6. Reorganization of the internship to provide options for the various tracks, uniform opportunity for all medical students, and early entrance to specialization for those wishing to continue in clinical or degree programs beyond the seven-year period.

In September 1973, the faculty's newly formed Department of Medical Education and the Vietnamese National Institute of Public Health sponsored a Seminar on Medical Education. Other organizations concerned with the training of health manpower, including the Faculty of Dentistry, Faculty of Pharmacy, and the Military Medical Corps, participated in this workshop. The three subjects addressed were objectives of medical education, concepts of learning, and concepts of evaluation. Stephen Abrahamson, PhD, and Judilynn T. Foster, PhD, of the Division of Research in Medical Education, of the University of Southern California, served as resource consultants for the meeting.

On the recommendation of the AMA's Planning and Policy Committee for the project, the development of Community Medicine and its relationship with the various clinical departments will have the highest priority for support during the phase-down period. The committee also recommended continuing graduate training programs in the major clinical disciplines—pathology and radiology—the point where these programs show reasonable promise of independent viability. Supporting activities, such as the English language program and the provision of a consultant librarian, were terminated in mid-1974.

### **The Medical Education Project in Vietnam An Obituary**

In cooperation with the Agency for International Development, the AMA Division of Medical Education has for the past nine years supported the Faculty of Medicine of the University of Saigon in its efforts to strengthen the educational process and resources of that institution. This was possible with the participation of 19 different departments in 16 American medical schools. The Vietnamese faculty proved to be highly dedicated in their quest to improve the education process. To achieve this, about 124 faculty studied and trained in the United States for various periods while others labored to modernize curriculum and reassess

objectives. This activity was brought to an abrupt close during late April of this year because of the drastic political and military changes that occurred in the Republic of Vietnam. Through the years, almost 250 Americans representing the AMA and cooperating institutions have given their time, intellect, emotion, ideas, and ideals to this experiment in medical education.

This program has been regularly described in the Medical Education issue of *JAMA* since 1968. The program began in 1967 and proceeded with the vague goal of "improving medical education in Vietnam." The innovative part of the program was to provide support from departments of several US schools, rather than from only one institution. Not only did this allow for an infusion of varied ideas but also provided groups with the necessary resources, incentives, and above all, the desire to participate. On the other hand, it tended to weaken administrative goals and mechanisms because of established prerogatives and independence in the academic community.

At first, the basic sciences were supported with teaching personnel. It soon became evident that direct teaching contact with young students made little impact, and efforts were redirected toward strengthening faculty. A graduate program was instituted for academic credit in both American and Vietnamese counterpart departments, with the intent that this lead to certification by the Saigon department or to an advanced degree through its American counterpart. This emphasis on training faculty, together with the pressures to aid clinical sciences, led to the establishment from 1969 to 1974 of a graduate training program in each of the clinical specialties. These programs were intended to lead to certification in Vietnam by Vietnamese and to prepare especially promising young faculty for fellowship study abroad. The first and only certifications by the Vietnamese Ministry of Education were awarded in late 1974 to physicians completing graduate training in obstetrics and gynecology.

The basic goals of the Saigon Faculty of Medicine were not unlike those of faculties in most Western schools. The education system had its roots in the tradition of French medicine, and goals were primarily related to academic and scientific excellence. Although admirable in concept, these goals were not consistent with the resources of the nation, the social pressures of the people, and the direct manpower needs of both the ministries of defense and health. To resolve this conflict between needs and goals, the faculty convened a Colloquium on Medical Education in 1972 which proved to be a turning point for both the school and the project. It provided a forum for new ideas and dissenting opinions. In principle, it demonstrated to the faculty the need for change in a changing world. It provided the impetus for establishment of mechanisms for curriculum evaluation and revision, as well as the development of departments of community medicine and medical education. In September 1974 the faculty sponsored a seminar on medical education. Discussion centered on the concepts of learning and evaluation, as well as on mechanisms for establishing

behavioral and educational objectives. The Saigon Faculty of Medicine had become cognizant of the most modern concepts of medical education and sympathetic to developing social pressures. In early 1975, they were eager to strengthen those programs designed to satisfy both the needs of society and government.

When the Republic fell to the Communist forces of the North, any possibility of evaluating the effectiveness of this program was lost. Undoubtedly, the system of medical education developed in a free South Vietnam will, as time passes, become more like that followed in Hanoi. One is saddened to think of the time and effort (to say nothing of the approximately \$9 million) expended in this effort at building an institution.

Rumors from Saigon, via Hanoi, to relatives in Paris to refugees in the United States are certainly not encouraging and, of course, possibly not accurate. The stories relate primarily to personal concern of executions, suicides, and disappearances of persons taken for "reeducation." The rumors indicate that deep-seated changes are in process, as might be expected. Reports suggest that the private practice of medicine is now forbidden, and one must wonder if this avenue has also been closed to nurses, midwives, pharmacists, and Chinese practitioners. One Westerner who left Saigon in mid-July stated that vanloads of American furniture and supplies were being dispatched to Hanoi. This leads to conjecture about the report of Prof. A. W. Galston's visit to Hanoi (*Science*, Aug 29, 1975). He noted that the Northerners admired "many features of science and education in the South; they planned to incorporate them. . . ." It is possible that the physical features of equipment and supplies may have been incorporated in the facilities of the North and the US Government may already have indirectly provided the aid the North Vietnamese consider their due.

In a more positive vein, it is perhaps fortuitous that 425 to 500 Vietnamese physicians are now in the United States. Of these, about 30 were stranded junior faculty-in-training under the AMA program. About 35 others were members of the Saigon faculty at various levels. Many have begun to prepare for licensure and subsequently practice in underserved rural communities. Through its past association with the now exiled portion of the Vietnamese academic medical community and with the help of DHEW, the AMA has convened a Saigon Faculty of Medicine Council-in-Exile that has authenticated records and helped to identify physicians.

Those of us who participated in this experiment hope that our efforts to help prepare Vietnamese physicians for the practice of medicine in Vietnam, as well as the efforts to strengthen the scientific basis of medicine, will bear fruit. We can take comfort that many well-trained people, excellent facilities, and a considerable quantity of equipment, supplies, and resources were our legacy to the people of South Vietnam. We trust that the new government will use them judiciously and will permit the continuing growth and development of the processes of medical education and service.

IRA SINGER, PhD, *Project Director*  
AMA Vietnam Medical Education Project

FINANCIAL REPORT: AMA/AID VIETNAM  
MEDICAL EDUCATION PROJECT

During the tenure of the agreement between the American Medical Association and the United States Department of State, Agency for International Development, a total amount of approximately \$8,974,305 was expended on the Vietnam Medical Education Project covering the period 1966-1975. Other portions of the Administrative Report for the program will allude to the administrative and operational aspects which consumed the expenditures from the start to the abrupt termination of the contract agreement existing between the two parties.

Additional Tables I and II and Chart A are provided as supplements to this report. The tables and chart summarize the total expenditures for the program during the period from September, 1966 to the end of October, 1975. As shown in Table I and detailed in other parts of the Administrative Report, the total expenditures of approximately \$8,974,305 was incurred under two contractual agreements, Fe/260 and Vn/76, which provided the guidance on the budget and allowable expenditures for the program.

Table II shows a breakdown of the expenditures by category as required under the contractual agreements. The expenditures made during the duration of the program were within the budget limits established each year by the Agency for International Development. Some of the problems encountered with the procedure followed in securing the approved budget from the Agency for International Development are discussed in other parts of this report. The troublesome methods followed in the budgeting procedure led to delays which added a great deal of confusion and misunderstanding in the planning process to meet commitments and objectives agreed upon between the Faculty of Medicine/Saigon Medical School, the Chief of Party and the Project Director involved in the program.

Most of the expenditures by category as shown in Table II were directed by the American Medical Association with the exception of the "Subcontract" category. As mentioned elsewhere in the report, the AMA was authorized to contract with various United States Medical Schools for the provision of personnel and other services in providing assistance in the development and continuance of various departments required for a medical education program in Vietnam. Most of the expenditures made through the agreements with the various U.S. Medical Schools are reported under the category of "Subcontracts".

Chart A supplementing this report shows the expenditures made during January 1-December 31 of each year with the exception of the amounts shown for 1966 and 1975. This chart was included to give some indication on the periods greatest activity for the program. In viewing this chart, however, one must be cautioned that the amounts shown as yearly expenditures

represents the amounts reimbursed and recorded within a given period of time. Therefore, in looking at the chart, it would seem that the largest expenditures were made in 1974. Due to the reimbursement procedure and method followed by most organizations, institutions, and agencies, there exists a great deal of time lapse between the actual expenditure and the actual reimbursement for the expenditure. That was particularly true in categories of expenditure such as travel and transportation, equipment and supplies, and subcontractor. Taking the delay factor into consideration the chart does indicate a large amount of expenditures were made in 1972, 1973 and 1974 and these periods probably reflect the greatest amount of activity for the program.

Although the financial figures provide a useful guide on the quantitative aspects of the program they do not reflect fully the quality of activity of the program.

TABLE I

TOTAL EXPENDITURES

AMA/AID VIETNAM MEDICAL EDUCATION PROJECT

1966 - 1975

Contract AID/fe-260 September 11, 1966 - March 31, 1970	\$1,847,370
Contract AID/vn-76 April 1, 1970 - October 31, 1975	<u>7,126,935</u>
Total Expenditures	\$8,974,305

TABLE II

TOTAL EXPENDITURES BY CATEGORY  
AMA/AID VIETNAM MEDICAL EDUCATION PROJECT

1966 - 1975

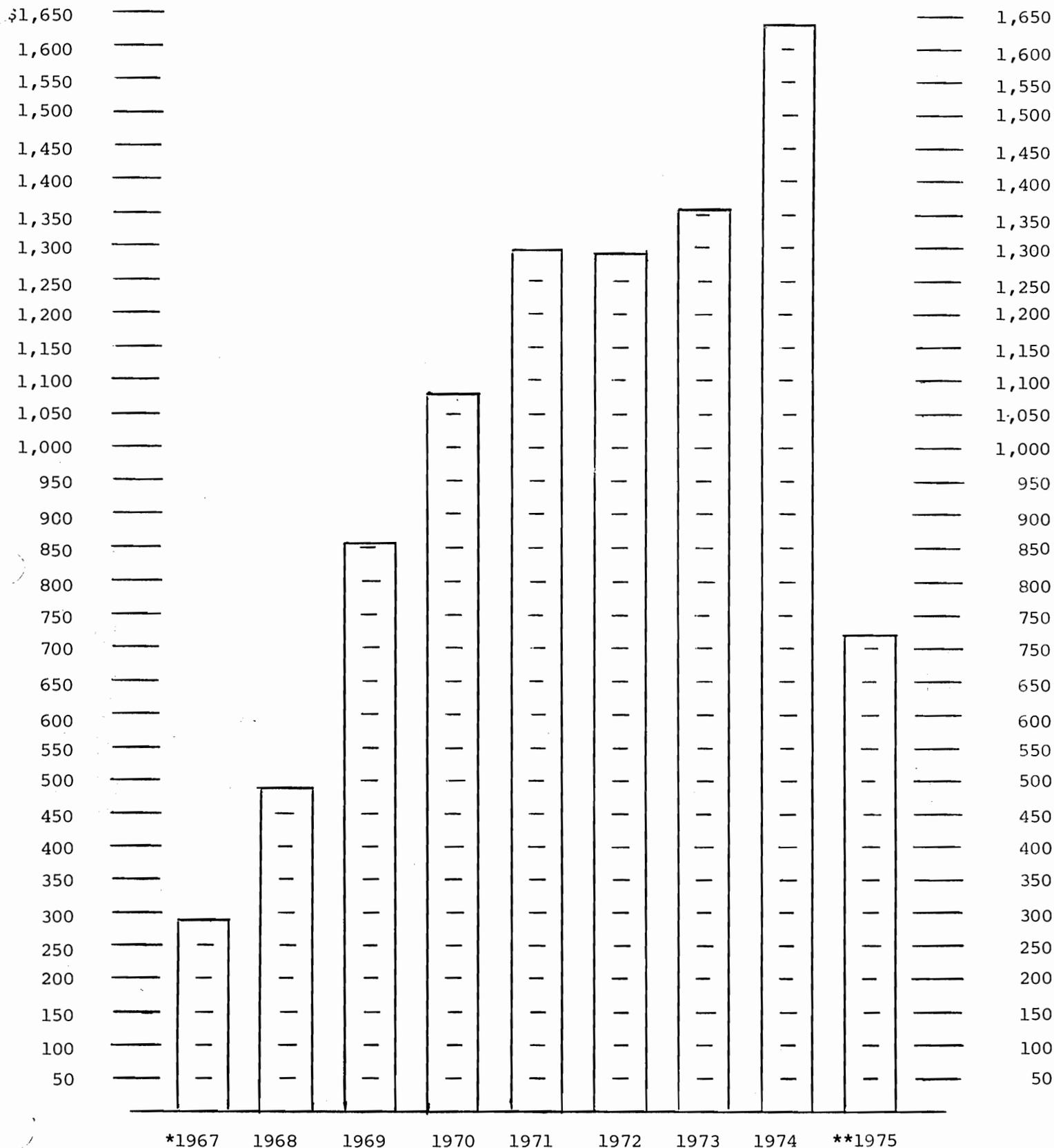
<u>Category</u>	<u>AID/Fe-260</u> <u>9/11/66 - 3/31/70</u>	<u>AID/VN-76</u> <u>4/1/70 - 10/31/75</u>	<u>Total</u>
Salaries	\$ 666,851.	\$1,572,042.	\$2,238,893.
Allowances	97,690.	207,193.	304,883.
Travel and Transportation	231,038.	733,579.	964,617.
Other Direct Costs	271,415.	207,582.	478,997.
Equipment	547,622.	463,491.	1,011,113.
Textbooks	---	61,699.	61,699.
Subcontractor	---	2,507,154.	2,507,154.
Participants	32,754.	799,743.	832,497.
Promotional Expense	---	55,474.	55,474.
Miscellaneous Costs	---	299,548.	299,548.
General Admin. Expense	---	219,430.	219,430.
Total	\$1,847,370.	\$7,126,935	\$8,974,305.

CHART A  
TOTAL EXPENDITURES BY YEAR  
AMA/AID VIETNAM MEDICAL EDUCATION PROJECT  
1966 - 1975

III.5

Thousands of  
Dollars

Thousands of  
Dollars



\*Includes period September 11, 1966 - December 31, 1967

\*\*Includes ten month period January 1 - October 31, 1975