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REFUGEE AND CIVILIAN WAR CASUALTY PROBLEMS IN VIETNAM

PREPARED FOR
SUBCOMMITTEE TO INVESTIGATE PROBLEMS
CONNECTED WITH REFUGEES AND
ESCAPEES

OF THE
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

BY THE
GENERAL ACCOUNTING OFFICE

DECEMBER 14, 1970

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PREFACE

(By Senator Edward M. Kennedy, Chairman)

Since 1965 the subcommittee has attempted to document the continuing needs of refugees and civilian war casualties in Vietnam—as well as offered several recommendations—in order that these basically humanitarian problems would hopefully receive the official priority and concern they deserve. Periodically, the subcommittee has requested the General Accounting Office (GAO) to investigate the effectiveness and implementation of relief programs in Vietnam. Presented here are the findings of the two most recent GAO reports.

The first report, entitled “Continuing Difficulties in Assisting War Victims in Vietnam,” documents the deteriorating situation among the millions of refugees and other war victims in South Vietnam. The second, “Civilian Health and War-Related Casualty Program in Vietnam,” reveals the staggering human toll the war has taken among Vietnamese civilians and the continuing difficulties in providing adequate hospital care for civilian casualties.

Together, these GAO reports serve to reinforce the conclusions of an earlier subcommittee staff report, released after a month’s field study in July and August 1970. In fact, the GAO findings go even further in exposing the false sense of optimism and progress which continues to pervade so much of our Nation’s activities in Indochina.

While it has long been recognized that the humane treatment and rehabilitation of millions of war victims, including civilian war casualties, is a major key to successful pacification, the fact is that after years of war and optimistic rhetoric from official quarters, the GAO finds the situation today is as difficult and problematic as it has been since the beginning.

The GAO finds that :

- With new refugees and more civilian war casualties created each day, the situation among the people of South Vietnam continues to deteriorate.

- Despite years of prodding from many quarters, there is still no formal system of priorities for any nonmilitary U.S. assistance program—let alone for the important programs of aiding and rehabilitating war victims. Field reporting to Saigon and Washington for planning and budgetary purposes is grossly inaccurate and often of no use at all.

- Sloppy management, nonutilization and diversion of goods and illegal distribution continues to plague the extensive U.S. commodity import program for war victims.

- Hospital facilities for the treatment of war casualties remain “deficient” and “deteriorating,” and newly constructed USAID hospitals have been badly mismanaged and maintained. The sorely needed treatment of civilian war casualties has been placed in “the lowest category” of USAID health concerns.

The GAO finds that official statistics on refugees and civilian war casualties have been misleading and grossly understated. In fact, in a highly advertised campaign last year, hundreds of thousands of refugees were removed from relief rolls in an apparently deliberate effort to create the illusion of progress in the pacification program. Yet the bulk of these people remain refugees—and nearly all of them in need. Thousands of people forcibly moved by the military are given no relief at all. And the sluggish attitudes of Saigon officials have caused numerous refugees to return to Vietcong controlled areas.

Perhaps the most discouraging point in the GAO report is that it documents the simple fact that the United States remains saddled with the same dilemmas and the same problems of involvement in Vietnam which we have had to face for several years. Moreover, it is now clear that the process of "Vietnamization" only prolongs those dilemmas, as it also prolongs the war which causes such vast suffering among the Vietnamese people.

By documenting the continuing high level of refugees and civilian war casualties, the GAO reports fully confirm the fact that the problems of the Vietnamese people remain as overwhelming today as they have in the past. While American troops withdraw, the war continues—as does the incredible toll in human life and spirit.

Is it not time for us to finally shift our focus in Vietnam—from policies and programs which prolong the war and emphasize military concerns, to efforts which emphasize the Paris negotiations to end the war once and for all? Only then will we be able to support the long overdue program to rehabilitate the people and reconstruct the countryside so tragically ravaged by years of war.

Only by rearranging our priorities will we find the solutions to the continuing dilemmas of Vietnam.

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SUBCOMMITTEE'S SUMMARY OF GAO REPORTS

A. REPORT ON "CONTINUING DIFFICULTIES IN ASSISTING WAR VICTIMS IN VIETNAM"

NUMBER AND CONDITION OF WAR VICTIMS

1. Official statistics representing the number of refugees and war victims at various times in recent years have been "misleading and significantly understated as to the true number of people in need of assistance".

2. There has been a reluctance "to report some newly generated refugees".

(a) Many people being relocated for strategic reasons by the military "are not being recognized as refugees"—and relief accorded them becomes a "scrounging operation".

(b) The number of such people is "considerable". In I Corps alone, "Where the problem appears to be focused owing to the level and nature of military activity", U.S. officials put the number at some 50,000 in recent times.

3. The official number of refugees was reduced by more than 1 million in 1969—from 1,400,000 in February to some 268,000 in December.

(a) At least 14 percent of this reduction—some 154,000 refugees—were dropped from relief rolls because they "did not meet the GVN criteria for refugee status of having fled Vietcong controlled areas and of living in groups of 20 or more families".

(b) The bulk of the reduction, however, occurred when hundreds of thousands were supposedly given a meager allowance and simply "removed from the rolls"—regardless of their condition or economic potential.

(c) Among the nearly 600,000 refugees officially reported as having been completely resettled, "a good number had received only a month's rice". Still others received nothing except "a promise of assistance". In fact, "a good number of them were still refugees".

4. On the much heralded "Return to Village" program—the GAO says that in the war-ravaged hamlets where return has actually taken place, "little has been done to develop the hamlets".

5. That war widows, orphans and disabled persons receive little attention is reflected in the fact that official data is nowhere available "to show the total numbers, their conditions and needs, and the number assisted by the GVN." However, GVN estimates of "questionable validity" place the total number of war victims, other than refugees, at some 572,000—including 258,000 orphans.

6. In recent months some 150,000 ethnic Vietnamese refugees from Cambodia have been assisted "at the expense of the regular refugees as it relates to funds and manpower".

7. Official USAID estimates put the number of unrecognized refugees in Saigon and other urban areas at 1 million—of whom some 600,000 “are dependent upon the presence of U.S. troops for subsistence”.

(a) In case of need, and in the absence of official concern, “these refugees can only turn to their relatives and the voluntary agencies for assistance”.

(b) Although the problems associated with the “urban drift” have been recognized—including the fast rising unemployment generated by U.S. troop withdrawals—“no formal plans have been made to cope with them”.

FIELD REPORTING SYSTEM TO PROVIDE RELIABLE DATA FOR PLANNING AND BUDGETING PURPOSES

1. The basic information being reported in the automatic data processing system “was generally conflicting, confusing, and inconsistent”.

2. The system in effect through February 1970 was “deficient”—at least 44 percent of refugee sites were reporting “questionable data” to Saigon.

3. The data from the new system established in April 1970 is of “questionable accuracy” and “will continue to be highly questionable”.

4. Among others, the GAO cites the situation in a show-case province, Vinh Long in the delta, where U.S. officials say information relayed to Saigon “is unreliable and of little value”.

U.S. COMMODITY SUPPORT FOR WAR VICTIMS RELIEF

1. An October 1969 USAID report showed that U.S. food was “not being utilized properly, not being distributed in an expeditious manner, and not always being issued on the basis of need.”

2. Some of these problems have been solved, but “illegal distributions” of commodities “remain uncorrected.”

3. GAO says: “In Saigon warehouses, numerous items designed for refugees, such as tarpaulins, tents, sewing kits, sewing machines, hoes, shovels, and picks, appeared to have been in storage for some time. * * * sewing machines were rusting and tarpaulins and tents were deteriorating from dry rot.”

4. Also, “there were 1,690 sheets of 20 by 20 foot tarpaulins valued at about \$80,000 on hand on June 30, 1970. This merchandize was part of a shipment of 1,900 sheets of tarpaulin received during November 1968. We noted that, in approximately 19 months, only 210 sheets of this tarpaulin had been issued and that 200 of these sheets were issued in April and May of 1970.”

PRIORITIES ACCORDED TO USAID PROGRAMS, INCLUDING REFUGEE AND SOCIAL WELFARE PROGRAM

1. In a February 1968 report to the Subcommittee on Refugees the GAO said U.S. officials had taken steps to accord a higher priority to the refugee program. The current report says “these measures were not translated into effective actions at the operating level.”

2. In fact, GAO says there is no evidence that “a formal list of priorities” has been established for any U.S. assistance activities—let

alone refugee relief and social welfare—"which would indicate the relative importance placed on various programs."

3. Since 1965 "emergency relief" rather than rehabilitation has characterized the refugee program, and "the needs of other war victims such as widows, orphans and the handicapped received less attention. Likewise, the development of the sites in which refugees and former refugees are located appeared to have received a low priority."

PERSONNEL AND FUNDING

1. U.S. "personnel shortages still are being experienced in the field."

2. "According to information available at AID, U.S. voluntary agencies, and the GVN during fiscal years 1968 and 1969, contributed about \$57 million and \$61 million, respectively, in support of the refugee and social welfare program. Estimates of the fiscal year 1970 level of assistance are about \$68 million, 89 percent of which is expected to come from the United States, 6 percent from voluntary agencies and free-world assistance, and 5 percent from the GVN."

3. "Notwithstanding an acknowledged need for a social welfare program, very small amounts of funds have been provided for the program, and the funds made available were expended at an extremely low rate for various reasons including the relatively low priority assigned to the social welfare program."

4. The slow release of funds for the relief of war victims by the GVN Ministry of Social Welfare continues to be a problem.

(a) In 1968 only 70 percent of the refugee resettlement budget was expended.

(b) In the first half of 1969 only 13 percent of the budgeted resettlement funds were expended. However, administrative improvements by the end of the year reportedly raised this to 94 percent.

(c) In 1970, some 64 percent of the resettlement budget had been allocated to the provinces by June 1, but only 12 percent had been expended by province chiefs.

(d) Early this year, because of very slow expenditures rates in the Delta, "numerous refugees vacated GVN-controlled areas and returned to Vietcong-controlled areas."

STATUS OF REFUGEE FACILITIES

1. GAO reports "considerable shortfalls in construction and adequacy of needed facilities, such as housing, classrooms, wells, medical facilities, medical services, and sanitation facilities."

2. Many war victims are living in sites that offer "little opportunity for self-support and/or economic potential."

3. Typical examples—

(a) *An My, Quang Nam Province.*—"This resettlement site was previously visited by GAO in 1967. At that time it was a temporary refugee camp and had two wells, no medical dispensary, and no sanitation facilities.

"During our current review, we found that no significant improvements had been made. Currently, there are about 660 people in this site, which was established in 1965 as a temporary refugee camp. Only 73 people have received their resettlement allowances.

We noted one school in the camp which appears to be inadequate. The site did not have latrines and medical facilities. We saw three wells which appeared to be enough."

(b) *Phu Lac (6), Quang Nam Province.*—"At this location, there were about 2,070 people. We were informed that only 883 were recognized as refugees and that they would receive temporary benefits. We were advised that these people were all Vietcong families and that they were relocated by force in February or March 1970. These people are under heavy guard by the Vietnamese military.

"During our inspection, we observed that there were no latrines, no usable wells, no classrooms, and no medical facilities. The shelters were crudely constructed from a variety of waste material, such as ammunition boxes and cardboard. We observed that the number of shelters would not adequately house these people. The U.S. refugee adviser stated that there were no plans to improve the living conditions at this site."

(c) *Thanh Tay, Quang Nam Province.*—"This temporary refugee camp had about 6,000 refugees and they have been here since 1967. We found that the shelters were crudely constructed and that these people were living in very crowded conditions. The camp was surrounded by a fence and barbed wire and was guarded by the GVN military. We were informed that these people were all Vietcong sympathizers. We observed some wells, one classroom, no latrines, and no medical facilities. The people and their clothes were very dirty.

"The U.S. refugee adviser stated that these people had received their 30-day food allowance and that no other assistance had been provided them by the GVN. We noted that these people had no place to grow food."

(d) *Phu Nhom A, Quang Ngai Province.*—"This site was visited by us during our last review in 1967. At that time, a Red Cross representative told us that this was one of the worst camps in his jurisdiction. During our last review, we found that it was overcrowded and that it had inadequate drainage, no dispensary, and no usable wells.

"During our current review, we found that the above conditions had not improved. There were 1,124 former refugees in this site, and 397 families were living in 233 houses. At the time of our last review, this site was a temporary refugee camp. It has now been converted into a resettlement site. This site was originally established in 1964. We noted that the people were just starting to construct drainage ditches under a food-for-work program.

"During our inspection of the site, we observed that there were no schools for the children. The conditions of the houses or shacks were very poor. The people were very dirty and their clothes were dirty and shabby. There still were no usable wells and no medical facilities. The U.S. refugee adviser informed us that there were no plans to improve the living conditions of this site. On the basis of our inspection of this site, we believe that these people have little opportunity to be self-supporting, and there is little economic potential for this site."

(e) *My Trang, Quang Ngai Province.*—"Approximately 800 unrecognized refugees are located in this hamlet. These people

were relocated by military activity from a GVN-pacified area. The U.S. refugee adviser stated that these people could not be recognized as refugees because GVN policy specifies that refugees cannot originate from pacified areas. Because of the lack of time, we did not attempt to inspect all facilities at the site. It was apparent, however, that these people were living in substandard conditions. The refugee adviser stated that the GVN's assistance to these people consisted of some rolled outs in January 1970 and nothing since then."

B. REPORT ON "CIVILIAN HEALTH AND WAR-RELATED CASUALTY PROGRAM IN VIETNAM"

NUMBER OF CIVILIAN WAR CASUALTIES

1. Official statistics are misleading and understated. The GAO found "that the reports on the number of civilian war-related casualties reflected only the admissions to GVN Ministry of Health and U.S. military hospitals and did not include any statistics on the number of civilian war-related casualties that

- Were treated at GVN military medical facilities,
- Were treated at private hospitals and health facilities,
- Were treated at GVN health facilities other than hospitals,
- Were treated by nonscientific practitioners,
- Were not treated at all because they had received minor wounds, and
- Were dead from wounds prior to reaching a hospital.

2. Official statistics, based exclusively on GVN and U.S. military hospital admissions, show some 245,715 civilian war casualties since records were first compiled in 1967. Some 223,506 of this figure were admissions to GVN hospitals.

1967—48,724 admissions for a monthly average of 4,060.

1968 (Tet)—87,522 admissions for a monthly average of 7,296.

1969—67,766 admissions for a monthly average of 5,647.

1970 (9 months)—41,703 admissions for a monthly average of 4,633.

(Note: Estimates of the Subcommittee on Refugees place the total number of civilian war casualties since early 1965 at more 1,000,000—including at least 300,000 deaths. These estimates are based on repeated field studies by subcommittee personnel, as well as unreported data from official sources.)

3. Military regions I and IV (the northern most provinces and the Mekong Delta area of South Vietnam) "have accounted for about 75 percent of all civilian war-related casualties."

4. GAO found that, "because of congressional interest in civilian war-related casualties, a USAID/VN public health official in October 1969 requested that some previously unreported data be accumulated and forwarded to Saigon by the field personnel. This new data included the number of civilian war-related casualties treated at the district level where U.S. or free-world personnel were present and the number of civilian war-related casualties treated as out-patients at Ministry of Health hospitals. We were informed by a USAID/VN health official in July 1970, that all the data requested were being reported by the field

personnel but statistical reports as yet do not reflect these additional figures. The AID health office in Washington was unaware that additional statistics were available but informed us that appropriate measures would be taken to secure any information that would add to current civilian war-related casualty figures." The data, however, remains unavailable.

PRIORITY ACCORDED TO USAID HEALTH PROGRAM, INCLUDING THE
TREATMENT OF CIVILIAN WAR CASUALTIES

1. As in the case of all USAID programs in Vietnam, GAO found that "no specific priority designation had been established for the (overall) health program." GAO, however, found "that the health program was allocated significant amounts of money and a relatively large number of staff compared with other programs."

2. Officially, "a primary goal" of USAID is "to ease the suffering of civilians * * * injured by the war." GAO found, however, that in late 1969 the USAID Director of the Office of Health Administration recommended "that the project associated with civilian war-related casualties be placed in the lowest category" of health concerns. The recommendation is being implemented.

3. Since its last investigation of USAID health programs (in 1968), GAO finds that budgeted amounts for medical care and the treatment of civilian war casualties "have decreased from 40 percent of the Public Health Division budget in fiscal year 1968, to less than 20 percent in fiscal year 1971"—even though the number of casualties has not significantly decreased and the capabilities of the GVN have not significantly increased.

MEDICAL FACILITIES

1. GAO found that GVN hospital facilities "were deteriorating and essential utilities were lacking. Also, equipment was being poorly maintained."

2. GAO found that the GVN hospital in Da Nang, for example, "was generally deteriorating and maintenance was inadequate. We observed that latrines were generally inoperative or very unsanitary. We were informed by a U.S. medical officer that sanitation was a major problem at this facility. He also stated that the Vietnamese did not understand that the hospital septic tanks must be cleaned out at least once every 30 days to keep them operative. We were told that plumbing fixtures installed at the hospital by a Vietnamese contractor were inadequate and were not expected to last long and that the contractor would not return to correct construction deficiencies."

3. GAO found that "a comprehensive survey by an AID contractor of hospital facilities in Vietnam rated most of the Ministry of Health hospitals as fair or poor, from both the functional and physical standpoints."

(a) "The hospitals were uniformly deficient in essential utilities and were structurally inefficient * * * equipment was nonexistent or antiquated and received poor or no maintenance.

(b) "Most of the surgical suites built at 29 hospitals as part of the USAID/VN program to improve treatment of civilian war-related casualties were reported to have rapidly deteriorated

because of a lack of maintenance from insufficient personnel and funds.”

4. In recent GVN Ministry of Health budgets the “costs for hospital and equipment maintenance, which in calendar years 1968, 1969, and 1970, amounted to \$110,000, \$145,000, and \$216,000, respectively, *or only about one half of 1 percent* of the total Ministry of Health budget. As evidence of its insignificance, the Ministry felt that 10 percent of its 1970 budget should be used for maintenance; however, only six tenths of 1 percent was finally budgeted.”

5. On USAID “Impact Hospitals,” the GAO stated :

(a) This U.S. program “was intended to provide minimal, austere hospital facilities in nine provinces throughout Vietnam.” The hospitals were planned for locations where there were no existing facilities or where facilities were generally inadequate for rehabilitation or expansion into full hospital operations. Initially, the U.S. dollar cost for constructing these nine facilities were estimated at \$3.5 million and all the hospitals were scheduled for completion during the first 7 months of 1968.

(b) GAO found, however, “that numerous problems caused considerable delays in construction,” and the construction of one hospital was canceled “because of the lack of security.”

(c) Although lack of security “appears” to have contributed to construction delays, the GAO found “that other factors—such as extensive electrical modifications, provision for unspecified generators, and numerous construction deficiencies—also have contributed to the delays.”

(d) At a hospital finally occupied in January 1970, the Korean medical officer in charge told GAO investigators “that 120 construction deficiencies had been identified. He said that he reported these deficiencies many times but that very few had been corrected.” GAO “identified a number of problems at this hospital, including (1) a water shortage, (2) an inoperative sewage system, and (3) a lack of electrical power.”

6. At U.S. Department of Defense hospitals :

(a) GAO found that three DOD hospitals, initially constructed “for the exclusive treatment of civilian war-related casualties,” have, in fact, been used “to treat both U.S. military and Vietnamese civilian casualties.”

(b) GAO found that “since April 1968 the U.S. military policy has been to treat civilian war-related casualties in U.S. hospitals as available bedspace permits.”

(c) GAO “found that unofficially 25 percent of the operating beds were held in reserve for contingencies, but that no beds were reserved exclusively for civilian war-related casualties.”

(d) Vietnamese civilian war casualty admissions to U.S. military hospitals have accounted for a very low percentage of Vietnamese admissions—in recent years it has been little more than 3 percent, or 7,747 admissions out of 255,782 in 1968 and 8,544 admissions out of 226,279 in 1969.

7. Transfer of excess U.S. military hospitals to GVN as a result of U.S. troop withdrawals :

(a) Because of U.S. troop withdrawals and redeployment, “some of the U.S. medical facilities have been, or will be, relocated or closed, resulting in some excess usable hospital buildings.”

GAO reports that "consideration has and will be given to the eventual transfer of some of these excess facilities to the GVN depending on various factors."

(b) GAO found that "GVN had surveyed U.S. military hospitals and had expressed interest in 9 (100-bed hospitals) for future use as GVN facilities." GAO found that "more facilities were not desired because of a shortage of GVN manpower, lack of maintenance capabilities, undesirable locations and high operating costs."

(c) GAO found that at least "nine U.S. military hospitals were closed," including hospitals in Qui Nhon and Long Binh, originally used as prisoner-of-war hospitals. Only one of these hospitals, at Vung Tau, "will be turned over to GVN."

MISCELLANEOUS

1. Level of financial assistance—

(a) GAO found that funds provided for all health assistance and from all sources "have continued at a high level since our February 1968 report." From fiscal year 1968 through fiscal year 1970 "the equivalent of between \$85 and \$98 million had been obligated or budgeted annually for Vietnam health activities, covering medical personnel, medical supplies, and construction or renovation of health facilities."

(b) USAID obligated \$27,600,000 in fiscal year 1968 and \$20,400,000 in fiscal year 1969. Some \$18,400,000 had been budgeted for fiscal year 1970. Additional U.S. funds have come from the Department of Defense.

(c) Voluntary agencies, international organizations, and "other free-world countries" have contributed an estimated \$12,800,000 from July 1964 through 1969.

2. Staffing and manpower—

(a) USAID is still having problems "in recruiting qualified personnel." U.S. military personnel assist GVN civilian health programs through several channels.

(b) GVN personnel shortages (doctors, nurses, dentists, laboratory technicians, etc.) continue, mainly because of "the military draft and low Government salaries."

(c) Since early 1968 the number of Vietnamese doctors has risen from about 1,000 to 1,400—of whom 1,000 (71 percent) are military doctors. This leaves some 400 nonmilitary doctors "responsible for treating about 14 million of Vietnam's 17 million people." This year (1970) an estimated 216 new physicians were expected to graduate. All are drafted into military service.

(d) According to GAO, an AID/Washington health official reports "that the Vietnam health program was not performing effectively, mainly because of deficiencies in skilled manpower * * * and an organization with authority concentrated too heavily at the national level."

**REPORTS TO THE SUBCOMMITTEE BY THE
GENERAL ACCOUNTING OFFICE**

A. CONTINUING DIFFICULTIES IN ASSISTING WAR VICTIMS IN VIETNAM

CHAPTER 1

INTRODUCTION

At the request of the Chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Senate Committee on the Judiciary, in a letter dated April 21, 1970, the General Accounting Office (GAO) has examined into the refugee and social welfare programs in Vietnam.

Specifically, the subcommittee requested that we update the information contained in our earlier reports on the refugee program. In addition, the subcommittee was interested in (1) the effect of Vietnamization and what it means in terms of refugees, (2) the relation of refugees from refugee status to "relocated" or "resettled" status, and the social welfare program in Vietnam.

The scope of our review is shown on page 45. Because of the limited time available for presentation of the report to the subcommittee, our review was less detailed than we normally would perform.

In addition, the subject matter and report conclusions were not submitted to the agencies for formal written comment. We did discuss, however, parts of the report with the agency officials who had responsibilities for the matters covered in this report and their comments were considered.

CHAPTER 2

PROGRAM MANAGEMENT

During our current review we found that, although some organizational changes had taken place in the roles of the Government of Vietnam (GVN) and U.S. organizations, overall program management responsibilities remained relatively the same as we previously reported in February 1968.

U.S. Organization for Refugee Relief and Social Welfare

In May 1968 the responsibility for social welfare activities was transferred from the U.S. Agency for International Development, Vietnam (USAID/VN) to the Civil Operations and Revolutionary Development Support (CORDS) Refugee Directorate,¹ who come under the Commander, U.S. Military Assistance Command, Vietnam, and in January 1970 this directorate was also given the responsibility for supporting the GVN program for war veterans. In May 1970, the organizational title "Civil Operations and Revolutionary Develop-

¹ Effective July 1, 1970, the Refugee Directorate was renamed the War Victims Directorate.

ment Support" was changed to "Civil Operations for Rural Development Support."

The CORDS organization at the staff level includes civilian personnel whose salaries are paid by USAID/VN. Its responsibilities for management of the refugee relief and social welfare programs in the field are performed, as are all CORDS functions, through the individual region, province, and district CORDS organization. As of January 1, 1970, all four regional headquarters had individual staff positions authorized to provide relief assistance, and three had authorized positions to provide social welfare assistance. At the province level refugee advisors may be performing various functions including refugee relief and possibly social welfare functions. CORDS district personnel were responsible, in general, for all CORDS functions, including social welfare and refugee matters. In effect, the regional headquarters has both command and technical jurisdiction over social welfare matters in the field.

It should be noted, however, that the GVN administers the programs, and that program improvements are dependent on GVN actions and the emphasis they give to U.S. advisers' suggestions.

GVN Organization for Refugee Relief and Social Welfare

Refugee relief was included in the Ministry of Social Welfare until a Special Commissariat for Refugees was established in February 1966. In November 1967 the Commissariat was merged again with the Ministry of Social Welfare, and in 1968 the health program was added to form the Ministry of Health, Social Welfare, and Relief. Separate Ministries were established in 1969 and, as of August 1970, refugee relief and social welfare activities were the responsibility of the Ministry of Social Welfare.

Social welfare is a relatively new responsibility for the GVN. Traditionally such services were provided to needy individuals by large, tightly knit groupings of several generations of relatives. The war, however, caused burdens which exceeded the capability of the family groups and required the GVN's assistance.

Social welfare includes preventive and rehabilitation programs designed to benefit the Vietnamese population, in general, including community centers, day care centers, vocational rehabilitation, orphanages, homes for the aged, juvenile delinquency assistance, and disaster relief. Because of the war, most Ministry of Social Welfare programs have been directed toward relief and emergency assistance to war victims who include refugees, widows, orphans, the physically disabled, and the economically handicapped. Among the war victims the refugees have received the most attention from the GVN and the United States.

According to CORDS, the progress made during 1969 in dealing with the refugee problem will enable the GVN to direct more attention to the other categories of war victims and long-range social development programs.

Priority accorded to refugee relief and social welfare

Our February 1968 report stated that, although CORDS headquarters in Saigon had taken steps to accord a higher priority to the refugee program, these measures were not translated into effective actions at the operating level.

During our current review, we could find no evidence that a formal list of priorities had been established for U.S.-assistance activities in Vietnam which would indicate the relative importance placed on the various programs. For example, the stated goals of the Agency for International Development (AID) for 1970 were not assigned any order of priority and were so broad as to encompass the entire range of AID programs: economic stabilization, pacification, public services, economic development, and easing the suffering of civilians displaced or injured by the war. In addition, U.S. officials at AID/Washington and Vietnam were not aware of any U.S. or GVN formal priority list for the management of assistance programs in Vietnam. We were informed, however, that refugee relief falls within the pacification program which is accorded a high priority by CORDS and the GVN. On the other hand, it does not appear that social welfare has an assigned priority.

On the basis of the data available, it appears that, within the CORDS and GVN program for refugees and social welfare, the primary emphasis from 1965 through 1969 was on providing emergency relief in the form of resettlement allowances and temporary homes to the estimated 3.5 million refugees displaced by the war, whereas the needs of other war victims such as widows, orphans, and the handicapped, received less attention. Likewise, the development of the sites in which refugees and former refugees are located appeared to have received a low priority.

During 1969 much progress was made, during the pacification program, in paying refugees their long overdue allowances, especially those refugees returning to their villages (thus reducing the number of refugees on the rolls). AID officials believed that this progress during 1969 would allow the GVN to devote an increasing amount of resources to (1) restoring destroyed or damaged hamlets for returning refugees, (2) upgrading refugee sites with better housing and other essential facilities, and (3) attending to the needs of war widows, orphans, the physically handicapped, etc.

However, CORDS assessments of the 1970 refugee relief and social welfare programs have not indicated encouraging results with respect to war victims and community developments. Most of the reported activity in these areas consisted of discussions and meetings designed to reach policy agreements and to draw up program plans, and progress was described by CORDS as not rapid. As a result, although one of the key goals during 1970 was supposed to be improvement of the living conditions at resettlement sites and hamlets of returning refugees, this program continued to present many difficulties.

Reporting

We found that the reporting system described in our February 1968 report to the subcommittee had undergone three major revisions designed primarily to more efficiently measure the effectiveness of the refugee program, to provide all levels of management with a basis for making decisions, and to provide for more reliable and accurate data. We found that the data derived from the system in effect through February 1970 had remained deficient and the data from the new system was of questionable accuracy.

The first revision took place in March 1969 after CORDS determined that a manually prepared report was inadequate as a manage-

ment planning tool. As a result, an automatic data processing system was implemented. Under this system, the CORDS refugee advisers were responsible for preparing the report. However, the Ministry of Social Welfare provincial officials were also preparing a report for submission to the Ministry. We were informed by a CORDS refugee directorate official that the refugee advisers primarily used the records of Ministry officials as their source of information for the statistical data included in the report. Along with the accumulation of this data, the refugee advisers were also responsible for preparing the narrative section of the report, in which they were supposed to comment on important factors needing emphasis, and any problem areas requiring corrective action by CORDS.

General instructions were issued by CORDS which set forth the criteria for the refugee advisers to follow in the preparation of the report, both from the statistical and narrative aspects. These instructions stressed the importance of the refugee advisers' and the Ministry officials' reaching precise agreement on the categories of refugees, types of sites, and number of refugees in each site.

We were informed by a CORDS refugee directorate official that, in numerous instances, the statistics reported by the Ministry officials in their reports were not comparable to the data being reported by the CORDS refugee advisers. This official stated that the primary reason for these wide variances in the statistical data was due mainly to a difference in interpretation of the Ministry of Social Welfare's regulations by the refugee advisers and the Ministry's officials.

The second revision took place in May 1969 when the Ministry of Social Welfare amended its refugee reporting system to include essentially the same data items provided under the CORDS reporting system. The Ministry's report was prepared by Ministry personnel in collaboration with a CORDS adviser whose signature was required on the report to indicate his concurrence.

In April 1970 a new reporting system was initiated by CORDS. Our review and evaluation of this new reporting system were limited by time considerations. Certain weaknesses, however, are apparent on the basis of our discussions and limited review described below.

A CORDS Refugee Directorate official informed us that the new automated reporting system was developed and implemented in order to have only one joint report submitted. This official stated that the primary reason for devising this new system was the lack of comparable statistics reported by the refugee advisers and the Ministry's officials under the previous reporting system. We were also told that other reasons for the new reporting system were:

The inclusion of "in return-to-village process" and "war victim" statistics and information in the reporting process,

The elimination of the term "resettled" from the reporting process, and

The addition of other data requested by the Ministry of Social Welfare in the reporting process.

As under the previous reporting system, the new reporting format is intended to provide CORDS and Ministry of Social Welfare management officials with reliable information for effective and efficient planning, programming, and budgeting for the refugee program. However, under the new reporting system, the statistical section of the report is prepared by Ministry provincial officials in Vietnamese.

A CORDS Refugee Directorate official has informed us that, according to verbal reporting instructions, refugee advisers are supposed to review this data for accuracy and validity. Any disagreements are to be pointed out in the narrative section of the report, and any matters needing emphasis or any problem areas requiring corrective action by CORDS should be included.

The revised reporting system has eliminated the old dual reporting system and will represent a needed improvement, if it is properly implemented and policed to insure real compliance. We feel, however, that the new system has not eliminated the problem of unreliable data, since most of the information will continue to be supplied by the Ministry's provincial officials in Vietnamese. We believe that there will be a need for full cooperation by these officials and a need for improvement in the reliability of the input data, a requirement which conditions any discussion or evaluation of the adequacy of program operations. Our observations regarding this very important subject are discussed below.

Unreliability of the refugee data being reported

Although much essential refugee data was available to enable CORDS and/or AID/Washington to evaluate the program, we found that the basic information being reported in the automatic data processing report in Vietnam was generally conflicting, confusing, and inconsistent.

Data collected for inclusion in the monthly refugee reports generally comes from the Ministry of Social Welfare provincial officials who, according to AID/Washington and CORDS officials, have not had formal training on data collection and reporting. Also, we found that much of the basic data being reported is based on subjective assessments made by Ministry of Social Welfare personnel using GVN criteria.

On the basis of discussions with CORDS officials in the six provinces visited and GVN Ministry provincial officials in some of these provinces, we believe that the basic data being reported has and will continue to be highly questionable.

For example, in Quang Ngai Province in I Corps, the CORDS refugee adviser and the ministry official stated that most of the data reported under the old reporting system was purely estimated, because there was not enough time every month to complete the reports accurately. The refugee adviser stated that the site characteristic data was very inaccurate. He stated that neither he nor the ministry official could visit each site on a regular basis because of limited time and lack of security. Regarding the new reporting system, the refugee adviser explained that he was unable to review the monthly reports because the data is printed in Vietnamese and that he did not have sufficient time to have it translated. Therefore, he just signs off on it and hopes that it is accurate. The ministry official told us that the GVN placed little emphasis on these reports and that he never had received any feedback from the Ministry of Social Welfare about it.

In Vinh Long Province in IV Corps, the Assistant New Life Development officer (no refugee adviser in this province), who is also responsible for the refugee program, stated that the refugee information reported is unreliable and of little value because all the deficiencies have yet to be eliminated from the system. He pointed out that the

philosophy behind the new reporting system was that it was going to be a joint report to be utilized by the United States and the GVN, but in practice the report is utilized only by the United States and it will probably remain that way.

Our analysis of the statistical data that was reported under the old system as of February 20, 1970, showed obvious questionable site characteristic data for 44 percent of the sites in I, II, and III Corps as follows:

Corps ¹	Number of sites		
	Sites reported	Reporting questionable data	Percent reporting questionable data
I.....	160	76	48
II.....	119	63	53
III.....	101	29	29
Total and average percent.....	380	168	44

¹ IV Corps is not included because its geographical and social conditions preclude reporting comparable data. In addition, Quang Tri Province in I Corps is not included because it did not report any data.

Following are examples of obviously questionable data that we found during our analysis of the reports:

1. Sites where latrine facilities, water supply, medical facilities, and medical services were rated as inadequate; however, the overall physical conditions of the sites were rated as adequate.
2. Sites where there were no children reported in school but classrooms were reported in use.
3. Sites where children were reported in school but no classrooms were reported in use.
4. Sites where there were reported to be no classrooms available, yet classrooms were reportedly being used.
5. Sites where there were more children in school than the total school age population.

We have been informed by a refugee directorate official that CORDS is aware of these types of deficiencies in the reporting system and that this is taken into consideration by CORDS when using these reports for planning, programing, and budgeting for the refugee program. This official stated that these deficiencies resulted because:

CORDS field personnel were preparing this report without having adequate time to verify the accuracy and validity of the data.

CORDS field personnel were preparing this report without having adequate knowledge and background necessary to insure adequate reporting.

Reporting instructions were being misinterpreted or were not being followed,

Clerical errors were being made.

In June 1970 AID/Washington officials told us that they were aware of inconsistencies and conflicting information appearing in the monthly reports received from Vietnam and that they felt the reports were unreliable. They also stated that both AID/Washington and CORDS were continuously seeking ways to improve the quality of the reports.

CHAPTER 3

NUMBER OF WAR VICTIMS

Refugees

Although the total number of civilians suffering as a result of the war, the extent of the assistance provided by the GVN, and the conditions under which these people were living are unknown, we were able to obtain data from the GVN relating to some of these victims; that is, refugees. The following table shows the changes that have taken place since 1967 in the refugee population as recognized by the GVN.

<i>Period:</i>	<i>Number</i>
December 1967-----	794,000
December 1968-----	1,329,000
December 1969-----	268,000
June 1970-----	1,570,000

¹The increase between December 1969 and June 1970 is primarily due to a change in the reporting classifications. Effective in April 1970, the category of "refugees in return-to-village process" was added to the statistics. As of June 1970 the number reported in this category was about 250,000.

We believe that the above figures representing the number of refugees at various times are misleading and significantly understated as to the true number of people in need of assistance because of—

A reluctance by the GVN to report some newly generated refugees;

A GVN policy of claiming refugees in sites as resettled on the basis of the payment of GVN refugee allowances, despite the fact that many of these people are in need of assistance;

An apparent misinterpretation of GVN policy resulting in refugees being classified as returned to their original villages or resettled on the basis of the GVN promise to pay the refugee allowances;

A GVN policy of classifying refugees as returned to their original village despite the fact that many of these people are not economically viable and lack basic facilities; and

A GVN policy of removing from the rolls certain refugee groups living outside refugee camps who have received their 1 month's temporary allowances, which terminate benefits until such time as they are able to return to their original village.

It is the GVN's stated policy to help restore victims of war and communities affected by military operations to self-sufficiency by providing individuals with allowances and by furnishing adequate facilities for education, health, and sanitation so that these communities may be included in the hamlet administrative structure of the GVN.

In commenting on this section of the report, CORDS officials in Saigon stated that most of the people returning to villages did so by choice rather than by force by the Government. They felt that the GVN had done much for the refugees and that considerable progress toward program objectives had been achieved. Evaluation of CORDS comments would have necessitated additional fieldwork; however, because of the limited time available, we were unable to perform the additional work. Therefore, we are unable to evaluate their comments.

Following are the results of our limited review regarding certain aspects of the progress made by the GVN in meeting its stated respon-

sibilities and the reliance that can be placed on the GVN refugee figures.

Newly generated refugees

We found that many people are being relocated but are not being recognized as refugees. As a result, it appears that relatively little assistance has been provided to these people by the GVN.

Current GVN policy clearly requires that security be brought to the people, not people to security. The generating of refugees must be avoided to the greatest extent possible; any unavoidable relocation of a group of people is to take place only with the prior approval of the GVN Central Pacification and Development Council; and, if this Council approves the relocation, the military unit conducting the operation must notify the appropriate GVN Province officials so that preparations and planning for the reception, and care of the refugees can be completed prior to the movement.

We found that this policy, however, appears to be only occasionally observed in practice. In I Corps¹ where the problem appears to be focused owing to the level and nature of military activity, the record indicates that very few instances of prior approval by the Central Pacification and Development Council were obtained for such relocations in calendar year 1969. A CORDS official cited 17 instances during calendar year 1969 in which about 25,000 people were relocated without prior approval. In accordance with the above policy, some GVN Province chiefs refuse to classify the people as refugees.

A CORDS official stated in December 1969 that, when these people were not handled as refugees but as unofficial war victims, any relief accorded them became a scrounging operation. He stated that, if the assistance was insufficient, as it usually was, the misery of these people and their hostility toward the GVN were correspondingly greater.

Although the exact number of such unrecognized refugees and the amount of GVN assistance being provided them are not known, it appears that the number of such unrecognized refugees is considerable and that some relief assistance is being provided. For example, in I Corps alone, a CORDS official estimated that about 50,000 people have been relocated without prior GVN approval. He believes, however, that about 20,000 of these people have now been recognized as refugees and are receiving some assistance from the GVN.

Reduction in number of refugees

We found that a significant reduction in the number of refugees carried on the rolls has occurred between February 1969 through December 1969. It appears that this reduction has come about mainly because of the GVN's policy of claiming refugees in sites as resettled on the basis of the payment of GVN refugee allowances. These refugees were removed from the rolls despite the fact that many were not economically self-sufficient, some are living in sites where there is no future economic potential, some are living in substandard and crowded shelters, and/or do not have access to adequate facilities such as wells, latrines, classrooms, and dispensaries. (See p. 32 for our observations of some of these sites.)

¹ Vietnam is divided into four military regions, labeled as I, II, III, IV combat tactical zones (abbreviated corps by the U.S. military).

The record shows that, at the end of 1967, about 794,000 persons were carried on the rolls by the GVN as refugees. These numbers increased to over 1.3 million at the end of 1968 and over 1.4 million in February 1969. However, by the end of 1969 there were only about 268,000 persons counted by the GVN as refugees.

On the basis of information available in Washington, 14 percent of the 1969 reduction was due to the removal of war victims who did not meet the GVN criteria for refugee status of having fled Vietcong-controlled areas and of living in groups of 20 or more families.

In May 1970, CORDS reported that, among the 586,000 refugees who were reported as having been completely resettled in 1969, a good number had received only a month's rice; others had received nothing except a promise of assistance whenever they return to their original village; and thousands lived in substandard sites after receiving their full resettlement allowances. Moreover, the refugees reported in the category of completely resettled were dropped from the rolls, even though a good number of them were still refugees.

In April 1970 a refugee official from I Corps estimated that there were over 390,000 refugees and former refugees in I Corps who were still living in substandard sites. However, I Corps reported only about 137,000 refugees. It seems that consideration should be given to reinstating these 253,000 resettled refugees on the active caseload, to insure that their living conditions are improved. This might prove to be an incentive to the GVN to step up the improvement of the living conditions at the substandard sites, which appears to have been largely neglected to date. A CORDS Refugee Directorate official informed us that they attempted to convince the GVN to retain these people on the active caseload until the living standards of the sites have been upgraded. However, they have not been successful to date.

As pointed out on page 16, the understatement of the number of refugees was partially remedied in April 1970 by adding back to the refugee roll those persons who had returned home but had not received all their allowances. As of June 1970, about 280,000 refugees were reported in this category.

Refugees in resettlement sites

As stated above, we found that many of the refugees paid allowances by the GVN and classified as resettled were, in our opinion, only slightly better off than prior to receipt of the payment.

To be eligible to receive resettlement allowances from the GVN, refugees in temporary camps must be moved to a resettlements site, or temporary refugee camps must be recognized by the GVN as a site to be converted into a resettlement location. This would involve the general upgrading of the camp including construction of wells, schools, dispensaries, et cetera. The GVN objective regarding resettlement sites is to provide adequate facilities for inclusion in the regular hamlet administrative structure of the GVN.

During 1969 the Ministry of Social Welfare planned to upgrade the temporary camps which AID claimed housed thousands of refugees in substandard conditions. Primarily because the GVN gave top priority to paying resettlement and return-to-village allowances to the refugees, these plans were not too successful.

AID reported that, despite the GVN's failure to upgrade most temporary camps to an acceptable level, it was a common occurrence

for the GVN to designate temporary camps as resettlement sites on the basis of resettlement allowances paid without regard to adequacy-of-site facilities or economic condition of the occupants.

According to USAID/VN and CORDS officials, as soon as allowance payments are made by the GVN, most distribution of food to these people by the GVN ceased.

Statistics available showed that, between February 1969 and April 1970 over 600,000 refugees were paid resettlement allowances and dropped from the GVN roll as refugees. AID estimated, however, that 400,000 of these remained in their original camps which were mostly substandard. The USAID/VN Mission Director in April 1970 reported that, considering the magnitude of the refugee problem and the nature of the conflict, most people in the resettlement sites were only about one third as well off as before being displaced.

Returned-to-village refugees

Thousands of refugees were taken off the GVN refugee rolls and were declared to be returned to their original villages even though the GVN had not helped these people return to a self-supporting status but had only promised to pay the benefits as soon as they returned to their villages. In addition, apparently the GVN had not furnished many of these people with adequate facilities for education, health, and sanitation and had ceased distribution of foodstuffs.

Once returned-to-village refugees are paid their allowances, their villages are considered normalized and are no longer considered the responsibility of the Ministry of Social Welfare but come under the Central Pacification and Development Councils, located in each province, which coordinate pacification efforts of all GVN ministries including the development of hamlets reoccupied by refugees returning to their former homes.

The GVN gave these councils the responsibility for these villages in August 1969 when concern was expressed for the large numbers of refugees reportedly returning to their hamlets which had been ravaged by the war. We found, however, that little had been done to develop the hamlets reoccupied in 1969 mainly because the GVN ministries had not budgeted funds for that purpose.

During 1969 allowance payments and promises to pay allowances to a total of about 488,000 refugees resulted in their being dropped from the GVN refugee roll and transferred to a category signifying that they had returned to their original communities. As stated previously, however, some of these people were erroneously removed from the roll because they had not received all their benefits and have now been reclassified as refugees in return-to-village process.

In February 1970 the Ministry of Social Welfare reported that many of the return-to-village sites established during 1969 are short on health, sanitation, education, and market facilities. The Ministry stated that this shortcoming occurred because many provinces did not preplan for these facilities.

The USAID/VN Mission Director in April 1970 stated that, due to many variables, a qualitative measure of the return-to-village refugees' status was difficult to assess, however, they were probably only half as well off as before they were displaced.

Out-of-camp refugees

We found that large numbers of people living outside GVN refugee camps were removed from the rolls after they had received their temporary benefits, in accordance with GVN policy which terminates benefits until such time as they are able to return to their original villages. At that time, they will be entitled to receive return-to-village benefits.

Beginning in November 1968, the GVN initiated a program to find and register all refugees throughout Vietnam. According to AID, initial results of the survey were that approximately 500,000 persons were added to the refugee population, mostly people living outside recognized GVN refugee camps.

In a subsequent policy decision by the GVN, three criteria for refugee status were set forth. To be considered a refugee a person must (1) have moved from an insecure area, (2) have done so on or after January 1, 1964, the (3) presently live in a group of 20 or more families. The GVN later established that those people living outside camp and meeting at least the first two criteria would be given a month's assistance allowance and would be removed from the refugee rolls. As a result, hundreds of thousands of out-of-camp war victims who had been added to the refugee rolls were removed from refugee status for having not met the criteria or for having received all assistance for which they were then eligible. Such persons were not eligible for any further assistance from the GVN until they returned to their home villages, at which time they would qualify for return-to-village benefits.

Currently, the out-of-camp refugees, living in groups of 20 or more families are recognized as refugees in CORDS and GVN reports but qualify for only limited assistance until they return home. As of June 1970, there were about 92,600 persons (or 16 percent of the total recorded refugees) in this category. Persons who live in groups of less than 20 families are not recognized as refugees and are not counted in the refugee reports.

Although the number of these people living in groups of less than 20 families is unknown, it seems to be quite large. For example, in IV Corps, AID reported that a large percentage of the refugees did not live in refugee camps but were scattered throughout the population, due partly to limited availability of land, economic factors, and preference.

It seems from the foregoing statement that the GVN in some cases has not been providing assistance to refugees on the basis of need, but rather on location. Refugees living in groups of 20 families or more received a month's temporary allowance, whereas refugees living in groups of less than 20 families received no such benefits; however, we were unable to find any evidence indicating that either group of refugees was in need of assistance more than the other group.

OTHER WAR VICTIMS

War widows, orphans, and disabled persons

In addition to refugees, there are other victims of the war who do not leave their communities for extended residence in refugee camps although they too are in need of assistance. Included in this category

are war widows, orphans, and the physically disabled. Unlike the refugee situation, however, we found that statistics were not available at AID/Washington and in Vietnam to show the total numbers, their condition and needs, and the number assisted by the GVN. We found that, although some assistance in the form of death benefits, housing allowances, and food had been provided by the GVN, the people included in this category generally were not considered top priority by the GVN.

It seems that the past emphasis placed by the GVN on providing emergency relief and resettlement payments to displaced persons has retarded the development of programs designed to provide services to other war victims. The following statistics as to the total number are the best available, although they are based on estimates by the GVN which, according to AID, are of questionable validity.

Disabled persons.....	183,000
Orphans	258,000
War widows.....	131,000
Total.....	572,000

Refugees from Cambodia

In addition to refugees and other war victims generated from within Vietnam, recent events in Cambodia have resulted in some 150,000 people crossing the border to seek refuge and sanctuary in Vietnam as of July 25, 1970. Included in the above total are about 10,000 Cambodian and Cambodian Montagnard refugees. The remaining 140,000 are Vietnamese repatriates.

The GVN has drawn up a standard relief program for these repatriates and refugees, in which they are provided reception and temporary allowances. A CORDS Refugee Directorate official informed us that the funds for paying these allowances are obtained from the Ministry of Social Welfare budget. However, he stated that, when 75 percent of the total budget has been expended, an additional 600 million piasters will be made available from the U.S. Special Fund. We found that these repatriates and refugees are not included in the refugee statistics but are reported separately. A CORDS official informed us in July 1970 that there are approximately 70,000 additional ethnic Vietnamese in Phnom Penh, Cambodia, who are awaiting repatriation into Vietnam.

According to an official in the CORDS Refugee Directorate, the GVN has handled this emergency situation arising out of Cambodia efficiently, effectively, and timely; however, this official stated that this is being done, to a certain degree, at the expense of the regular refugees as it relates to funds and manpower.

War victims in urban areas

Although the actual number of persons seeking refuge in urban areas, rather than at recognized refugee camps, is unknown, AID/Washington officials have estimated the number at 1 million. These people chose to move to urban areas (primarily Saigon) and either live with relatives or seek employment. According to an AID/Washington official, these people were not considered as refugees because the GVN wanted to reduce further urbanization.

Presently there is high employment in the urban areas and most refugees have found means of support either directly because of the

U.S. troops or indirectly by providing the troops with needed services, such as laundries and housekeeping. However, the unemployed refugee in the urban areas is eligible for no assistance from either the GVN or AID. Therefore, these refugees can only turn to their relatives and the voluntary agencies for assistance.

An AID official estimated that 600,000 of the persons seeking refuge in the urban areas are dependent upon the presence of U.S. troops for subsistence. It is anticipated by the GVN and AID that, as the U.S. troops withdraw, most of these people will want to return home. By certifying themselves as meeting the refugee criteria, that is, originally evacuated from insecure villages, they will be eligible for return-to-village benefits.

Although the problems associated with the "urban drift" have been recognized, no formal plans have been made to cope with them.

CHAPTER 4

STATUS OF SITE FACILITIES

During our current review, we found considerable shortfalls in construction and adequacy of needed facilities, such as housing, classrooms, wells, medical facilities, medical services, and sanitation facilities, for many war victims. In addition, we found that many of these individuals were living in sites that offered little opportunity for self-support and/or economic potential.

In July 1970 our staff inspected 18 sites in three Provinces in I Corps that accommodated about 94,000 persons. Following are examples of conditions we noted at some of these sites.

Quang Tri Province

1. *Ha-Thanh*.—At the time of our visit this site housed about 19,000 people. Ha-Thanh was originally established in December 1967 as a temporary refugee camp. Subsequently, it was converted into a resettlement site. All the people have received their resettlement allowances and have been dropped from the refugee rolls.

The site was located in what appeared to be a barren area. We saw very few crops, three medical aid stations, 20 wells (76 needed), no latrines (760 needed), and 30 classrooms. We believe these facilities are inadequate for 19,000 people. We were unable to count all the houses; however, it was very apparent that these people were living in crowded conditions.

A CORDS official informed us that the substandard conditions of this site existed because the GVN Province chief believed that these people were no longer the responsibility of the GVN, as far as providing food and upgrading the living conditions are concerned. He stated that the Province chief only provided food when the situation became critical, such as when some starvation was reported or when several hundred families were in critical condition.

2. *Trung-Gio*.—This site housed about 14,000 people and was established as a temporary refugee camp in 1967 when these people came from the demilitarized zone. Subsequently, it was converted into a resettlement site. These people have received their resettlement allowances and have been dropped from the refugee rolls.

We found that wells, latrines, medical facilities, medical services, and classrooms were inadequate for these 14,000 people. There was

little land available to grow crops, and in our opinion, very few people could subsist on the land. It appeared that the people did not have much opportunity for self-support, and the site had little economic potential.

Quang Nam Province

1. *An My*—This resettlement site was previously visited by GAO in 1967. At that time it was a temporary refugee camp and had two wells, no medical dispensary, and no sanitation facilities.

During our current review, we found that no significant improvements had been made. Currently, there are about 660 people in this site, which was established in 1965 as a temporary refugee camp. Only 73 people have received their resettlement allowances. We noted one school in the camp which appears to be inadequate. The site did not have latrines and medical facilities. We saw three wells which appeared to be enough.

2. *Phu Lac (6)*—At this location, there were about 2,070 people. We were informed that only 883 were recognized as refugees and that they would receive temporary benefits. We were advised that these people were all Vietcong families and that they were relocated by force in February or March 1970. These people are under heavy guard by the Vietnamese military.

During our inspection, we observed that there were no latrines, no usable wells, no classrooms, and no medical facilities. The shelters were crudely constructed from a variety of waste material, such as empty ammunition boxes and cardboard. We observed that the number of shelters would not adequately house these people. The CORDS refugee adviser stated that there were no plans to improve the living conditions at this site.

3. *Thanh Tay*—This temporary refugee camp had about 6,000 refugees and they have been here since 1967. We found that the shelters were crudely constructed and that these people were living in very crowded conditions. The camp was surrounded by a fence and barbed wire and was guarded by the GVN military. We were informed that these people were all Vietcong sympathizers. We observed some wells, one classroom, no latrines, and no medical facilities. The people and their clothes were very dirty.

The CORDS refugee adviser stated that these people had received their 30-day food allowance and that no other assistance had been provided them by the GVN. We noted that these people had no place to grow food.

Quang Ngai Province

1. *Phu Nhom A*—This site was visited by us during our last review in 1967. At that time, a Red Cross representative told us that this was one of the worst camps in his jurisdiction. During our last review, we found that it was overcrowded and that it had inadequate drainage, no dispensary, and no usable wells.

During our current review, we found that the above conditions had not improved. There were 1,124 former refugees in this site, and 397 families were living in 233 houses. At the time of our last review, this site was a temporary refugee camp. It has now been converted into a resettlement site. This site was originally established in 1964. We noted that the people were just starting to construct drainage ditches under a food-for-work program.

During our inspection of the site, we observed that there were no schools for the children. The conditions of the houses or shacks were very poor. The people were very dirty and their clothes were dirty and shabby. There still were no usable wells and no medical facilities. The CORDS refugee adviser informed us that there were no plans to improve the living conditions of this site. On the basis of our inspection of this site, we believe that these people have little opportunity to be self-supporting, and there is little economic potential for this site.

2. *My Trung*—Approximately 800 unrecognized refugees are located in this hamlet. These people were relocated by military activity from a GVN-pacified area. The CORDS refugee adviser stated that these people could not be recognized as refugees because GVN policy specifies that refugees cannot originate from pacified areas. Because of the lack of time, we did not attempt to inspect all facilities at the site. It was apparent, however, that these people were living in sub-standard conditions. The refugee adviser stated that the GVN's assistance to these people consisted of some rolled oats in January 1970 and nothing since then.

We also visited 10 refugee sites in three Provinces in IV Corps. The refugees were living in markedly different conditions than those in the other regions where they generally lived in normal refugee camps and resettlement sites. In the delta the refugees are scattered along canals and roads. These people are (1) integrated with the local inhabitants, (2) living in shelters they constructed, or (3) living with friends and relatives. Accordingly, we were unable to determine the exact number of refugees residing in the sites visited.

The geographical and social conditions existing in the delta preclude our comparing the refugees' living conditions in IV Corps with the conditions in the other three regions. During our inspections of the sites, we observed that most of the refugees (1) appeared to be economically self-sufficient, (2) were living in sites where there appeared to be economic potential, and (3) were living in homes that, in most instances, were comparable to or better than the homes of some non-refugees. Our observations at two of the sites visited in Kien Giang Province are described as follows:

Dong Thai and Dong Hoa—We found it difficult to identify all refugees in Dong Thai because some were merged with the non-refugees. All the homes were located along the banks of the canal and were not clustered together. We observed that some of the refugee homes appeared to be bigger and better than some of the nonrefugee homes. Behind some of the refugee homes, plenty of land was available for farming. We were informed by a CORDS official that the land was being farmed by refugees. Food appeared to be plentiful, and no evidence of starvation or malnutrition existed among the inhabitants.

Further down the canal, in Dong Hoa where some unrecognized refugees were living, the homes were smaller and closer together but the people were not living in crowded conditions. We were informed that these people had received no benefits and would not receive any; because the Ministry of Social Welfare stated that, instead of moving to GVN-controlled areas, these people initially had moved to Vietcong-controlled areas. Subsequently they returned to their former homes but they are not

considered by the GVN as refugees returning to their villages.

We observed no shortage of water and there appeared to be adequate sanitation facilities. However, there was no dispensary in Dong Hoa. There were classrooms available but no teachers.

As of March 20, 1970, the monthly refugee report for 402 occupied sites in Vietnam showed that 176 sites (42 percent) were overcrowded and 87 sites (21 percent) were deficient in medical support. In addition, 833 classrooms were needed and an undetermined number of sites had inadequate water supplies. Of the 382 sites for which ratings were assigned by Ministry of Social Welfare personnel, 91 of the sites (24 percent) were rated substandard.

Furthermore, the Minister of Social Welfare in March 1970 stated that many refugee sites, although secure and in existence for a long time, lacked necessary facilities for education, public health, sanitation, and water and that many refugees were poor and not self-supporting.

In June 1970 it was reported that, in 133 campsites in I Corps, 224,963 people could not support themselves and that 213,718 of these 224,963 people were living in sites where there is no economic potential. No similar data was available for the other regions.

Although no detailed statistics were available in Vietnam pertaining to the conditions and deficiencies prevailing in hamlets or villages which are being reoccupied by returning refugees, it has been recognized by AID and the GVN that the overall living conditions are not adequate. In February 1970 the Minister of Social Welfare stated that return-to-village sites were in need of facilities for health, education, sanitation, water, and marketing.

CHAPTER 5

RESOURCES APPLIED IN SUPPORT OF THE PROGRAM

U.S. staffing

Our analysis of CORDS staffing to administer programs for war victims showed that, as of July 1970, there have been increases in the percentage of total personnel on board (and field personnel) since our February 1968 report. Nevertheless, personnel shortages still are being experienced in the field.

In January 1969 authorized positions totaled 116 and 15 percent of these were unfilled. In response to a Presidential directive designed to bring about overall reduction in the U.S. effort in Vietnam, the ceiling in fiscal year 1970 was reduced to 97 positions. AID reported no serious difficulties with this reduction because vacant positions were the ones eliminated.

The following schedule compares the CORDS refugee and social welfare staffing and personnel shortages both inside and outside Saigon for various time periods.

CORDS STAFFING RESPONSIBLE FOR REFUGEES AND SOCIAL WELFARE

	U.S. position authorizations and staffing		
	November 1967	January 1969	July 1970
Total:			
Authorized	96	116	97
On Board	72	100	187
Percent short(-)	-25	-14	-10
Salon:			
Authorized	27	27	26
On Board	28	25	27
Percent short(-) or over	+4	-7	+4
Field:			
Authorized	69	89	71
On Board	44	75	60
Percent short(-)	-36	-16	-15

¹ This number includes 78 persons actually working in Vietnam, 4 en route to Vietnam, and 5 in training for specific positions.

The July 1970 staffing includes seven authorized positions for the social welfare program, of which six were filled.

The number of on-board personnel, however, isn't necessarily indicative of the number working on the programs. It appeared that some CORDS field personnel responsible for refugee and social welfare activities were assigned other responsibilities at the discretion of the CORDS province senior adviser. For example, we found that a refugee adviser had been assigned, in addition to his refugee responsibilities, the duties of supply and logistics officer. Also, other CORDS personnel do refugee and social welfare work in cases where no adviser is specifically assigned to the programs.

LEVEL OF FINANCIAL ASSISTANCE

According to information available at AID, United States voluntary agencies, and the GVN during fiscal years 1968 and 1969 contributed about \$57 million and \$61 million, respectively, in support of the refugee and social welfare program. Estimates of the fiscal year 1970 level of assistance are about \$68 million, 89 percent of which is expected to come from the United States, 6 percent from voluntary agencies and free world assistance, and 5 percent from the GVN.

U.S. support

Financial assistance for the refugee and social welfare programs is largely provided by the United States either directly with dollars or indirectly with local currency (piasters) derived from the sales of U.S. agricultural commodities under the Agriculture Trade and Development Act of 1954 (commonly referred to as Public Law 480) or from the sales of commodities furnished under the AID commodity import program for use within Vietnam.

In fiscal years 1968 and 1969, U.S. direct assistance (exclusive of piasters) amounted to about \$14 million and \$10 million, respectively, and about \$6 million was programmed for fiscal year 1970. In addition to this direct assistance, the United States also contributed Public Law 480 agricultural commodities valued at about \$10 million in fiscal year 1968 and \$14 million in fiscal year 1969. About \$13 million initially was programmed for fiscal year 1970 but this was increased to

\$20 million to enable the feeding of Vietnamese repatriates and Cambodian refugees.

The piaster support of the refugee and social welfare program in fiscal years 1968 and 1969 amounted to the equivalent of \$25 million and \$29 million, respectively. For fiscal year 1970 the equivalent of about \$34 million was programmed. According to AID/Washington officials, the increase in piaster funds during 1970 (despite a decrease in the number of refugees on the GVN rolls) was needed to pay the backlog of refugees who hadn't received their allowances; to improve living conditions in the refugee camps; and to provide allowances to an unknown number of eligible war victims who were expected to return to their villages but who were not previously counted as refugees or who had never been registered.

Correlation between refugees resettled and amount of resettlement funds expended

We were not able to correlate increases or decreases in the number of resettled refugees with increases or decreases in the amount of allowances paid, primarily because the number of refugees reported to be resettled was not accurate. In an October 1969 CORDS report to AID/Washington on the development and status of the refugee reporting system, it was pointed out that several problems existed concerning the number of refugees reported as returning to their original communities, including (1) the possible duplicate reporting of resettled refugees who subsequently return to their original community, in both the resettled category and the return-to-village category, and (2) the possible inclusion of other individuals in the return-to-village category who were not entitled to resettlement benefits.

Another problem in correlating the number of resettled refugees and the amount of resettlement payments was that refugees living in temporary camps, scheduled for conversion into resettlement sites, were not entitled to receive monetary housing allowances if housing was already provided by the GVN. However, the number of this group of refugees may be included in the reported number of refugees resettled.

The Ministry of Social Welfare estimated that about 750,000 refugees would be reestablished during 1970. Of this number 200,000 would be resettled and 550,000 would return to their original communities. The Ministry also estimated that an additional 130,000 new refugees would be generated during 1970.

GVN support

In addition to the piaster funds provided by the United States, during calendar years 1968 and 1969 the GVN provided the equivalent of \$4.3 and \$3.6 million primarily for salaries and expenses of Ministry personnel in support of the refugee and social welfare program. For calendar year 1970 the GVN programmed \$4.3 million.

The following table shows the relationship between budgeted GVN expenditures for the refugee and social welfare program and for all civil (as distinguished from defense) programs and the amounts of U.S.-provided piaster funds, which are included in the GVN budget, for calendar years 1967 and 1970.

PIASTER SUPPORT OF GVN REFUGEE RELIEF AND SOCIAL WELFARE PROGRAMS

	1967		1970	
	Total budget	United States provided portion	Total budget	United States provided portion
Total civil budget ¹	279.7	67.8	571.2	105.1
Refugee and social welfare budget ¹	12.3	10.6	34.1	29.9
Percentage.....	4.4	15.6	6.0	28.4

¹ In millions of U.S. dollar equivalents.

Voluntary agency and free-world assistance

Another resource available to the refugee and social welfare program is the support provided by some 37 U.S. and third-country voluntary agencies listed with CORDS in Vietnam, and assistance provided by other free-world countries. Data available, which is based on estimates furnished by the voluntary agencies and other countries, indicated that, for fiscal years 1968 and 1969, the amounts provided in support of these programs by voluntary agencies were about \$3.8 and \$4.3 million, respectively, in direct support exclusive of personnel costs. Programed support for fiscal year 1970 is estimated to be about \$3.8 million. The assistance is concentrated on health programs, educational and institutional feeding projects, and the providing of personnel and services in support of the refugee relief and social welfare program.

The activities of the voluntary agencies are coordinated with the GVN through the Ministry of Social Welfare. Refugee activities and social welfare activities of eight U.S. voluntary agencies are currently being financially supported by the United States under AID contracts. About \$1 million has been expended for fiscal year 1970, under contracts with these eight voluntary agencies. In addition, USAID/VN is providing storage facilities and transportation support for the voluntary agencies in the field.

Low rate of expenditure in support of social welfare program

Our review showed that, notwithstanding an acknowledged need for a social welfare program, very small amounts of funds have been provided for the program, and the funds made available were expended at an extremely low rate for various reasons including (1) the relatively low priority assigned to the social welfare program, (2) limited organizational and manpower capabilities within the GVN Ministry of Social Welfare, and (3) an apparent reluctance on the part of the GVN to assume funding responsibilities.

Prior to calendar year 1969, counterpart funds were not provided for a comprehensive social welfare program because the major U.S. concern was for refugee relief. During 1969 a social welfare assistance program was developed and it is expected that in 1970 the major U.S. effort will shift from emergency relief to the rehabilitation of war victims, such as social development.

Only about 4 percent of the counterpart funds programed in 1969 to the Ministry of Social Welfare were provided for social welfare activities. In addition, the Ministry of Social Welfare did not expend a significant amount of these programed funds. For example, in calendar year 1969, a total of 133 million piasters (about \$1.1 million) was

programed for the social welfare program. Of this amount, only about 7.7 million piasters (approximately \$65,000) or only 6 percent was expended during 1969; 28 percent was unexpended, and thus no longer available for this program; and the major part of the remaining 66 percent of the funds was authorized for Ministry of Social Welfare expenditure in 1970 or transferred to the Ministry of Public Works for future Ministry of Social Welfare construction projects.

Apparently the 1970 funds will not be expended much faster. For example, of 112.4 million piasters (about \$953,000) programed for social welfare in calendar year 1970, only 1.6 million piasters (approximately \$14,000) or about 1 percent had been expended as of June 1970.

A CORDS Refugee Directorate official informed us in June 1970 that only small amounts of counterpart funds had been programed for social welfare activities, primarily because the Ministry of Social Welfare did not have the organizational and manpower capabilities to handle social welfare activities at the present time.

According to AID officials, the primary reasons for the low expenditures were that (1) since the social welfare program had no priority, it was difficult to get construction permission for social welfare projects and (2) after the first year the costs of operating the social welfare program would be paid from the GVN's own funds, rather than the U.S. counterpart funds. The GVN is reluctant to obligate itself to a long-range program.

Piaster fund releases by Ministry of Social Welfare

We found that the overall release of funds for refugee relief expenditures by the Ministry of Social Welfare appears to have improved somewhat over what we reported in February 1968. However, indications are that the rate of payment of resettlement benefits is still below the piaster expenditure rate contemplated by the Ministry's budget. For example, through May 30, 1970, 64 percent of the resettlement budget had been allocated to the provinces; however, only 12 percent had been expended by the Province Chiefs.

Although detailed information was unavailable for calendar year 1968 concerning the rate of release and expenditure of funds, we did find that during the year only 70 percent of the resettlement budget had been expended.

During the first half of 1969, the release of funds was extremely slow with only 13 percent of the budgeted resettlement funds being expended through July. AID blamed the slow releases on a complicated GVN allotment process, badly prepared program plans, insufficient Ministry province personnel, and lack of decentralized province payment procedures. However, AID reported that administrative improvements were made by the Ministry during the end of 1969 which resulted in improvement in the number of refugees paid their authorized allowances. By the close of 1969, improvements increased the rate of expenditures to 94 percent of the budgeted amount.

We were informed by a CORDS refugee official in IV Corps that for the first 4 months of 1970, the refugees in IV Corps, for the most part, had been neglected because of the Ministry of Social Welfare's failure to release the temporary and resettlement funds on a timely basis. He stated that, as a result, numerous refugees vacated GVN-controlled areas and returned to Vietcong-controlled areas.

U.S. commodity support

The United States, under title II of Public Law 480 (food-for-peace program) donates agricultural commodities to support war victims and other Vietnamese who, because of war, disease, and other factors, are unable to provide basic food needs for themselves. The dollar amount of commodities programed for the refugee and social welfare programs for fiscal years 1968 and 1969 was estimated to be \$9.8 million and \$13.9 million respectively. The programed amount for 1970 was estimated at \$13 million. Subsequently, the amount was increased to \$20 million; the increase being attributed to feeding Vietnamese repatriates and Cambodian refugees from Cambodia.

The Ministry of Social Welfare has overall responsibility for administration and supervision of the food program. About 55 percent of the title II, Public Law 480 food is distributed by the GVN through its pacification program and the remaining 45 percent is distributed by the voluntary agencies.

In October 1969 a team of CORDS and USAID/VN officials made an evaluation report of the title II, Public Law 480 food program in Vietnam and included the criteria used to determine needy recipients and the distribution and utilization of the commodities. They reported that foodstuffs provided by the United States under title II of Public Law 480 primarily in support of the refugee and social welfare programs were in some cases (1) not being utilized properly, (2) not being distributed in an expeditious manner, and (3) not always being issued on the basis of need.

Information available indicates that USAID/VN has taken some corrective actions in response to recommendations made by the evaluation team, such as reducing the amount of the commodities not readily acceptable to the Vietnamese; establishing committees to help correlate the activities of the United States, Government of Vietnam, and voluntary agencies; and stopping illegal distributions of commodities.

Although we were unable to fully evaluate the corrective actions taken because of the limited time available for this review, it appears that their actions should help correct the first two problem areas. However, the third area relating to the commodities not being issued according to need appears to remain uncorrected.

The evaluation team reported that throughout Vietnam title II, Public Law 480 commodities were not being distributed on the basis of need as provided by the program objectives. It was reported that no criteria had been developed to determine persons in need and those who were self-supporting. Cases were reported where needy Vietnamese failed to receive food and less needy employed persons continued to receive food.

In addition to agricultural commodities furnished under title II of Public Law 480, the United States has provided other commodities under project assistance. During our visits to the project commodity warehouses located in Saigon, we noted that numerous items designed for refugees, such as tarpaulins, tents, sewing kits, sewing machines, saws, shovels, and picks, appeared to have been in storage for a considerable length of time. We were advised by a USAID/VN official that no issues had been made for some of these commodities for over a year. He stated that the sewing machines were rusting and that the tarpaulins and tents were deteriorating from dry rot.

In our review of the GVN property records, we found further evidence of nonutilization of some project commodities. For example, there were 1,690 sheets of 20- by 20-foot tarpaulins valued at about \$80,000 on hand at June 30, 1970. This merchandise was part of a shipment of 1,900 sheets of tarpaulin received during November 1968. We noted that, in approximately 19 months, only 210 sheets of this tarpaulin has been issued, and that 200 of these sheets were issued in April and May 1970, for use in support of the Vietnamese repatriates and Cambodian refugees.

We were advised by a CORDS refugee directorate official that these project commodities are the property of the GVN Ministry of Social Welfare. He stated that this Ministry, like other GVN Ministries, would not under normal circumstances transfer excess or unneeded property to other Ministries who might be better able to utilize them for their own programs. Although CORDS is aware of this problem, we were informed that they have been unsuccessful, as yet, in convincing the Ministry to either utilize these commodities or transfer them so that they may be properly utilized.

CHAPTER 6

SCOPE OF REVIEW

This review was conducted at the request of the chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Committee on the Judiciary, U.S. Senate. It was directed primarily toward updating our prior inquiries into the problems associated with the refugee program in Vietnam and performing initial research into the social welfare program in Vietnam.

The review was conducted at AID headquarters in Washington, D.C., at CORDS headquarters in Saigon, Vietnam, and at various refugee camps throughout I and IV corps in Vietnam. Our work included examination of available records, discussions with responsible agency officials, and observations in the field.

To try to meet the reporting date requested by the general counsel of the subcommittee, fieldwork on this assignment was less detailed than we normally would perform.

B. CIVILIAN HEALTH AND WAR-RELATED CASUALTY PROGRAM IN VIETNAM

CHAPTER 1

INTRODUCTION

At the request of the chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Senate Committee on the Judiciary, in a letter dated April 21, 1970, the General Accounting Office has examined into the civilian health and war-related-casualty program in Vietnam. The scope of our review is presented on page 32.

The chairman also requested that we review (1) the refugee and social welfare program in Vietnam, (2) the civilian war-related-casualty situation in Laos, and (3) the refugee situation in Laos. Separate reports will be issued on the results of our reviews of these areas.

Specifically, the subcommittee requested that we update the information contained in our earlier reports (B-133001, issued on October 9, 1967 and February 29, 1968) on the civilian health and war-related-casualty program. In addition, the subcommittee was interested in the effect of Vietnamization and what it means in terms of war-related casualties.

During a subsequent meeting with the subcommittee's counsel on July 8, 1970, it was mutually agreed that we would expedite the submission of a report on the results of the review in Washington and Vietnam to the subcommittee. Our field work was limited in some respects because of our efforts to expedite our report; and not all aspects of the program covered in our prior reports were included.

CHAPTER 2

PROGRAM MANAGEMENT

The primary responsibility of the public health programs in Vietnam continues to be assigned to the Agency for International Development, with the Department of Defense (DOD) having a lesser responsibility in this area.

The direction of AID field personnel continues to be the responsibility of Civil Operations for Rural Development Support which is under the Military Assistance Command, Vietnam.

The overall coordination of the civilian health assistance programs in Vietnam remains with the Medical Policy Coordinating Committee of the U.S. Mission Council. AID activities in Vietnam are still conducted through the Government of Vietnam Ministry of Health.

Priority accorded to health program

Although AID officials considered the health program to be very high in priority, no specific priority designation had been established for the health program in Vietnam.

The allocation of available resources, both funds and manpower, was considered by AID/Washington and the U.S. Agency for International Development, Vietnam (USAID/VN), health officials as an indication of the relative priority of the various assistance programs. In this connection, we found that the health program was allocated significant amounts of money and a relatively large number of staff compared with other programs in Vietnam. For example, between fiscal years 1967 and 1970, the health program's share of project funds increased from 9.4 percent to 20 percent. Twenty percent is the largest amount allotted to any program in Vietnam.

Priority accorded to civilian war-related casualties

AID considers the treatment of civilian war-related casualties as a high-priority item within the total Vietnam program. A primary goal of the United States in Vietnam for fiscal year 1971 is to ease the suffering of civilians, displaced or injured by the war. However, no specific priority designation has been established by AID for the treatment of civilian war-related casualties. We further note that there is no special AID project in Vietnam for the care of civilian war-related casualties; the assistance given these people is provided under the medical care project within the AID health program.

Our review in Vietnam showed that, while the medical care project was considered high in priority within the health program, emphasis and funds had been shifted to other segments of the program. The medical care segment, has received a smaller percentage of dollars programmed when compared with the percentage received by other segments of the health program each year since our review during fiscal year 1968. Budgeted amounts for medical care have decreased from 40 percent of the Public Health Division budget in fiscal year 1968 to less than 20 percent in fiscal year 1971. We were informed that this reduction was possible because of increased Government of Vietnam (GVN) capability, which was a result of joint utilization of personnel and facilities by the GVN Ministries of Health and Defense.

USAID/VN health officials informed us that in the past primary emphasis had been placed on projects with immediate short-term results and not enough emphasis had been placed on longer term assistance projects and that longer term projects would provide a foundation from which an adequate system of public health could be built, including the education of medical, dental, nursing, and health logistics personnel. In line with this rationale, AID Director of the Office of Health Administration recommended in late 1969 that a revision be made in health program priorities, that the project associated with civilian war-related casualties be placed in the lowest category, and that top priority be accorded longer term assistance projects.

This recommendation had not been adopted at the conclusion of our field review in Vietnam. We were informed by a USAID/VN health official on July 28, 1970, that the mission was in the process of shifting priorities to reflect the change in direction of the health program toward longer term assistance projects.

CHAPTER 3

NUMBER OF CIVILIAN WAR-RELATED CASUALTIES

There continues to be no reliable measure of the total number of civilian war-related casualties in Vietnam. We found that the reports on the number of civilian war-related casualties reflected only the admissions to GVN Ministry of Health and U.S. military hospitals and did not include any statistics on the number of civilian war-related casualties that—

- Were treated at GVN military medical facilities;
- Were treated at private hospitals and health facilities;
- Were treated at GVN health facilities other than hospitals;
- Were treated by nonscientific practitioners;
- Were not treated at all because they had received minor wounds; and
- Were dead from wounds prior to reaching a hospital.

The data that were available from Vietnam showed that monthly admissions of civilian war-related casualties to Ministry of Health hospitals and U.S. military hospitals during calendar years 1967, 1968, and 1969 averaged about 4,100, 7,300, and 5,600, respectively. For the first 3 months of 1970, the average was about 4,400. Although the majority of civilian war-related casualties are cared for in Ministry of Health hospitals, the percentage of total civilian war-related casualty admissions handled by these hospitals decreased from 96 percent in 1967 to 89 percent for the first 3 months of 1970.

The following schedule presents the available data on the total admissions to Ministry of Health hospitals and the total civilian war-related casualties admitted to Ministry of Health and U.S. military hospitals over a 3-year period from 1967 through 1969 and for part of 1970.

Year	Ministry of Health admissions			U.S. military war-related admissions	Total Ministry of Health and U.S. military war-related admissions	Monthly average
	Total	War related	Percent			
1967.....	473,140	46,773	9.9	1,951	48,724	4,060
1968.....	458,667	79,775	17.4	7,747	87,522	7,296
1969.....	525,766	59,222	11.3	8,944	67,766	5,647
1970 (3 months).....	130,433	11,686	9.0	1,400	13,086	4,362
Total.....	1,588,006	197,456		19,642	217,098	

As shown in the above schedule, the number of civilian war-related casualties admitted to Ministry of Health hospitals has ranged from 9 to over 17 percent of their total admissions.

The following schedule shows that the populous delta region reported the highest number of civilian war-related casualties. Regions I and IV combined have accounted for about 75 percent of all civilian war-related casualties in Vietnam.

CIVILIAN WAR-RELATED CASUALTIES

Location	1967		1968		1969		1970 (3 months)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Region I.....	19,112	41	28,473	36	21,115	36	3,788	32
Region II.....	4,066	9	6,280	8	4,877	8	924	8
Region III.....	3,878	8	6,625	8	4,997	8	885	8
Saigon prefecture.....	4,231	9	8,566	11	5,025	9	831	7
Region IV (delta).....	15,486	33	29,831	37	23,208	39	5,258	45
Total.....	46,773	100	79,775	100	59,222	100	11,686	100

We have been informed by various U.S. civilian and military health officials in Vietnam that there is no feasible way of determining the actual number of civilian war-related casualties, other than those being admitted to Ministry of Health and U.S. military hospitals. We have been informed also that any estimates would be very unreliable because of the almost complete lack of data available and because of there being no practical method of accumulating most of the data.

However, we found that, because of congressional interest in civilian war-related casualties, a USAID/VN public health official in October 1969 requested that some previously unreported data be accumulated and forwarded to Saigon by the field personnel. This new data included the number of civilian war-related casualties treated at the district level where U.S. or free-world personnel were present and the number of civilian war-related casualties treated as outpatients at Ministry of Health hospitals. We were informed by a USAID/VN health officials in July 1970 that all the data requested were being reported by the field personnel but statistical reports as yet do not reflect these additional figures. The AID health office in Washington was unaware that additional statistics were available but informed us that appropriate measures would be taken to secure any information that would add to current civilian war-related casualty figures.

Reporting and reliability of hospital admission data

The Civil Operations for Rural Development Support field reporting system, initiated in December 1967, was still in effect in Vietnam as of August 1970. We found that the civilian war-related casualty data being reported was considered by advisory personnel as reasonably accurate and that it was the best information available, despite some known deficiencies.

Statistics concerning the number of civilian war-related casualties were received monthly by the AID health office in Washington. These reports listed the total number of admissions to Ministry of Health hospitals, the total number of civilian war-related casualties admitted to Ministry of Health and U.S. military hospitals, and the average number of U.S. military beds occupied by Vietnamese civilians.

With the exception of monthly civilian war-related casualty figures, very little of the health data contained in these field reports were transmitted to the AID health office in Washington on a regular basis. AID health officials in Washington are not informed of month-to-month developments at the Ministry of Health hospitals regarding such subjects as adequacy of Vietnamese medical personnel, adequacy of logistical support, and progress in preventive medicine, malaria control, and environmental health. A USAID/VN health official informed us on

July 28, 1970, that AID/Washington had never requested that this type of data be submitted on a regular basis. We believe that these data would assist Washington officials in evaluating the health program and responding to Congress and others interested in the program.

During our visits to Ministry of Health hospitals, we were informed that there might be some instances of dual reporting when a patient was transferred from a GVN hospital to a U.S. military hospital or vice versa. In addition, some patients were probably reported as civilian war-related casualties even though they should not have been classified as such. However, we were unable to determine the extent of such reporting errors.

The National Institute of Public Health in Saigon currently has a 2-month training course for hospital statistical clerks. This course is designed to upgrade the quality of hospital statistics. The graduates are to be deployed in the various Ministry of Health hospitals throughout Vietnam. As of July 1970, 40 students had graduated from this course—20 students in each of two courses. In addition, five more classes of 20 students each are planned through calendar year 1971.

CHAPTER 4

LEVEL OF FINANCIAL ASSISTANCE

We note that funds provided for health assistance from all sources have continued at a high level since our February 1968 report. From the best information available, we estimate that, from fiscal year 1968 through fiscal year 1970, the equivalent of between \$85 and \$98 million had been obligated or budgeted annually for Vietnam health activities, covering medical personnel, medical supplies, and construction or renovation of health facilities.

In fiscal years 1968 and 1969, USAID/VN reported obligations of \$27.6 million and \$20.4 million, respectively. In addition, a total of \$18.4 million had been budgeted for health assistance for fiscal year 1970. About 50 percent of the fiscal year 1970 budget was expected to be expended for medical supplies and equipment. Funds were also to be used to pay salaries and support costs for U.S. physicians, nurses, and technicians assigned to Ministry of Health hospitals and to pay costs of contracts with such organizations as the American Medical Association and the American Dental Association which provide medical and dental educators for Vietnam.

Assistance was also provided by DOD in the form of medical supplies and equipment in support of GVN civilian health programs. DOD obligated about \$5.3 million in fiscal year 1968 and \$6.7 million in 1969 and had budgeted \$9.8 million in fiscal year 1970. An additional \$26.5 million was obligated by DOD in fiscal years 1968 and 1969 for supply and construction support for the GVN military health programs. DOD has programed about \$18.2 million for supplies in fiscal year 1970 in support of the GVN military health program. Construction support figures are not readily available.

Voluntary agencies, international organizations, and other free-world countries also have made considerable contributions to the GVN health programs. It has been estimated that, from July 1964 through 1969, about \$42.8 million was provided from these sources in the form of medical teams, medical supplies and equipment, and construction or renovation of health facilities.

In addition to the dollar assistance noted above, both the GVN and the United States provided piaster support to programs in the health field. U.S. piaster support was channeled through the GVN in the form of grants of "counterpart funds" obtained from the sale of commodities pursuant to two other U.S. assistance programs; that is, AID's commercial import program and Title I of the Agricultural Trade and Development Act of 1954, as amended (commonly referred to as Public Law 480). In February 1968 we reported that, in calendar year 1967, public health programs received the dollar equivalent of about \$20.2 million, or about 7.2 percent of the GVN civil budget, including about \$3.3 million, or 4.9 percent of available counterpart funds.

The following table presents the calendar year 1969 GVN civil budget (as opposed to military), the amount budgeted (including funds from the Ministry of Health and other GVN Ministries) for health programs, and the portion of the budget which is composed of counterpart funds.

	Piasters		Dollar equivalent	
	Total budget	Counterpart	Total budget	Counterpart
Total civil budget.....	\$ 56,949.0	\$ 10,000.0	\$ 482.6	\$ 84.7
Public health.....	\$ 4,062.5	\$ 132.7	\$ 34.4	\$ 1.1
Percentage.....	7.1	1.3		

¹ In millions of VN dollars.

² In millions of U.S. dollars.

For calendar year 1970 the public health programs received the dollar equivalent of about \$43.5 million, or about 7.6 percent of the GVN civil budget, including about \$1.2 million, or about 1.1 percent, of available counterpart funds.

Most of the funds in the GVN health budget were for salaries and operating costs associated with 64 Ministry of Health hospitals. An average of only about 8.5 percent went for hospital renovation or construction and hospital maintenance in calendar years 1966 through 1969.

CHAPTER 5

STAFFING AND MANPOWER

Although reductions in authorized positions caused the percentage of filled public health positions to increase after 1967 (as shown in our February 1968 report), problems still existed in recruiting qualified personnel.

The following table summarizes the status of U.S. positions authorized and filled in the USAID/VN Public Health Division as of July 1, 1970.

	Total	Saigon	Field
Authorized.....	169	75	94
On board.....	139	59	80
Shortage.....	30	16	14
Percentage short.....	18	21	15

The staffing shown above represents an improvement over the situation we reported as of November 30, 1967, when there was a 37-percent shortage in onboard personnel. Part of this improvement resulted from the reduction of positions authorized. For example, in November 1967 there were 390 positions authorized, whereas on July 1, 1970, there were only 169 authorized. We were informed that the reduction in the personnel ceiling was due to internal program reviews and to a Presidential directive aimed at reducing the overall U.S. effort in Vietnam and increasing the Vietnamese effort.

AID officials informed us that difficulties were still being experienced in recruiting health personnel, for Vietnam, especially those in the public health field. These officials indicated that the reason for AID's inability to find necessary personnel was due to the fact that most positions had to be filled by medical doctors or medical technicians who were in great demand in the United States. In their opinion, AID was unable to offer ample incentives to draw those people away from more lucrative positions in the United States.

Not included in the staffing shown in the above table are 103 U.S. citizens and 191 third-country nationals on board under contract with AID in the health field. These contract personnel include medical and dental educators provided to the University of Saigon by the American Medical Association and the American Dental Association; volunteer doctors supplied by the American Medical Association for assignment to Ministry of Health medical facilities; medical teams from the Republic of Korea and the Republic of China to provide medical and surgical care at Ministry of Health facilities; and a Republic of Korea team of mechanics to augment staffing and training of Ministry of Health mechanics supporting the maintenance, repair, and rebuilding of the Ministry's vehicle fleet and material-handling equipment. Between June 1967 and July 1970, the number of contract personnel on board increased from 267 to 294.

DEPARTMENT OF DEFENSE PROGRAMS

During our review we found that U.S. military personnel were still involved in programs related to civilian health, including medical teams used to augment GVN Ministry of Health hospital staffs, medical advice to the GVN military, and direct medical assistance to civilians. The major military functions are discussed below.

Military provincial health assistance program

This program was started in November 1965 with the objective of placing a 16-man team, including three physicians, of United States or other free-world military medical personnel in each of 43 provincial hospitals. Their mission was to assist at the hospitals in all matters involving the application of medical expertise.

In our February 1968 report, we said that there were 25 U.S. medical teams provided under this program and 23 teams from other countries assigned to the GVN hospitals in 42 of the 44 provinces in Vietnam.

As of July 1970 there were 54 medical assistance teams augmenting GVN medical personnel in health service facilities in all 51 GVN provinces and prefectures. Of the 54 teams, 25 were provided by the U.S. military under the subject program, 13 by other free-world sources under contract with AID, and the remaining 16 teams were

from other free-world countries but not under USAID/VN operational control.

In the past, identical military medical teams were assigned to provincial hospitals regardless of actual hospital needs. However, effective March 1969, the military medical teams were reorganized and tailored to meet the specific needs of each hospital supported. This action resulted in an increase in the number of teams authorized but a reduction in the total number of authorized personnel from 359 to 271. Review of this program continues in an effort to make personnel reductions as the GVN Ministry of Health develops the capability to assume more of the responsibilities at the hospitals. For example, in June 1970, the authorized personnel ceiling was reduced to 215, and a recommendation was made at that time for a further reduction down to 176.

Medical civic action program I

This program involves the care and treatment of Vietnamese civilians by medical personnel of the Vietnamese military. The U.S. military provides technical guidance in planning, coordinating, and implementing the program but does not actively participate in medical treatment of civilians. Statistics available indicate that, in calendar years 1968 and 1969 and for the first 3 months of 1970, about 2.1 million, 2.9 million, and 262,000 Vietnamese civilians respectively, received treatment under this program.

Medical civic action program II

This program is concerned with the care and treatment of Vietnamese civilians by United States and free-world military forces. Care consists mainly of administering immunizations; rendering first aid; extracting teeth; and treating minor burns, rashes, and infections, in support of the population which cannot receive treatment from the existing GVN Ministry of Health medical facilities. In addition, assistance is provided during military operations, as the tactical situation permits, by medical personnel who give emergency treatment to wounded, injured, and sick Vietnamese civilians who otherwise would not receive treatment. During calendar years 1968 and 1969 and for the first 4 months of 1970, about 6.2 million, 4.5 million, and 1.2 million Vietnamese civilians, respectively, were treated under the program.

GVN STAFFING

We found that, although some improvements in Vietnamese medical personnel shortages had been made since our February 1968 report, there was a continuing need for most medical specialties. The main reasons for the shortages continued to be the military draft and low Government salaries.

We visited nine GVN Ministry of Health hospitals in Regions I and IV, the two regions reporting the most civilian war-related casualties. On the basis of our discussions with United States and Vietnamese personnel assigned to these hospitals, we identified medical personnel shortages, such as doctors, nurses, dentists and laboratory technicians. Our specific comments relative to shortages at some of these hospitals follow.

Da Nang hospital in region I

At the time of our review, there were 835 patients in the hospital. We were informed by a U.S. physician at this hospital that there were only nine Vietnamese doctors (two civilians and seven military on loan), three U.S. doctors, and one part-time dentist assigned to the hospital. The U.S. physician stated that the doctors available were adequate for only one ward.

Hue hospital in region I

We were informed by the Vietnamese doctor in charge of the hospital that one of the biggest problems at the hospital was the shortage of trained doctors. He stated that there was only one doctor for each 100 patients in the tuberculosis and internal medicine wards. We were advised that, although the dental clinic had three chairs, there were no dentists, and that about 100 dental patients daily were being treated by two dental technicians.

Kien Giang hospital in region IV

The Vietnamese doctor in charge of the hospital and the U.S. officer in charge of the medical team assigned to the hospital stated that the main problem at the hospital was the lack of personnel, including doctors, nurses (with 3 years of training), and laboratory technicians.

Can Tho hospital in region IV

We were informed by the Vietnamese doctor in charge of the hospital that there was a shortage of medical personnel at this hospital, especially nurses. He stated that, in the surgical ward, there was only one professional nurse on duty at any given time and that in the orthopedic ward, only one nonprofessional nurse is on duty at any given time. Both of these wards were overcrowded.

An AID/Washington health official in February 1970 reported that the Vietnam health program was not performing effectively, mainly because of deficiencies in skilled manpower, less than optimum budgetary support, and an organization with authority concentrated too heavily at the national level.

Our February 1968 report showed about 1,000 physicians in Vietnam. In February 1970 AID estimated that there were about 1,400 doctors in Vietnam, about 1,000 (71 percent) of whom were military doctors. We were unable to reach any conclusions on the effect of the increase in doctors; however, it appears that the increase was less than that needed. For example, AID/Washington reported that, because of a high population growth rate, the need for doctors was growing faster than the GVN ability to train them.

Many of the 400 remaining nonmilitary doctors worked for the Ministry of Health and were responsible for treating about 14 million of Vietnam's 17 million people. However, the total number of doctors available for treating civilians is somewhat greater because some military doctors maintain private practices and some had been loaned to the Ministry of Health. Available statistics showed that 191 new physicians were graduated in 1969, and that in 1970 an estimated 216 new physicians will graduate. Following graduation, these new doctors are drafted into military service.

As of July 1969, there were an estimated 150 dentists in Vietnam, of whom about 50 worked for the Ministry of Health. The majority

of the dentists were located in Saigon. Over the past 3 years, the number of dental graduates averaged 24 per year.

Until January 1969 almost all laboratory work in Vietnam was done by American technicians, with very little training being provided to their Vietnamese counterparts. However, as of July 1969, three schools were operating in Vietnam offering Vietnamese personnel laboratory technician training for periods ranging from 1 to 2 years. By October 1970 it was expected that four additional schools would be opened. AID estimated that, as of May 31, 1969, there were over 200 laboratory technicians in Vietnam. Of the more than 200 technicians, the Ministry of Health employed about 100 and 67 percent of these were located in the Saigon area. In 1968 and 1969, 134 laboratory technicians graduated from training schools.

Because of the limited time available for this review in Vietnam, we were unable to accumulate any reliable data as to the amount of funds programed for all the various educational and training programs. However, AID/Washington records indicated that about \$1.8 million was programed for training only doctors, dentists, and nurses in fiscal year 1970.

To help alleviate the shortage of Ministry of Health personnel, which had always been a problem in Vietnam, a new medical program was approved in February 1969 which provided for the joint utilization of civilian and military medical facilities and personnel, initially in 13 provinces, and which included the assignment of an additional 125 military doctors to the Ministry of Health. After some delay, the program was begun in October 1969. In December 1969 it was expanded to 12 additional provinces. Full implementation of the program will provide a combined hospital staffing at the province level of about 2,700 personnel, whereas the Ministry of Health without joint utilization would have only 1,200 personnel.

No information was available at AID/Washington as to the effectiveness of this program or as to what extent U.S. and free-world assistance personnel might be reduced. However, we noted that in February 1970, USAID/VN had stated that, as a result of the joint utilization concept, the requirement for U.S. military medical team personnel was reduced by 25 percent in 1969 and an additional 21 percent in 1970.

In the past, the manpower shortage experienced by the GVN Ministry of Health has required U.S. and free-world personnel to augment the Ministry's capability, including doctors, dentists, nurses, laboratory technicians, logistics warehousemen, and maintenance technicians. It is envisioned that, as the Vietnamese capability expands, the GVN will be able to assume more of the responsibility and that the U.S. and free-world personnel can be phased out. A good example of this occurred between January 1968 and January 1969 when the U.S. general duty nurses were replaced by GVN Ministry of Health nurses. In addition, the medical logistics are now largely the responsibility of the Ministry of Health.

CHAPTER 6

MEDICAL FACILITIES

While the funds furnished by the GVN Ministry of Health for hospital maintenance increased between 1968 and 1970, AID considered that the amounts were inadequate and that, as a result, facilities were

deteriorating and essential utilities were lacking. Also, equipment was being poorly maintained.

During our limited review of this aspect of the program in Vietnam, we found some indications to support this conclusion by AID.

In region I, we visited four GVN Ministry of Health hospitals to observe conditions. At the hospital in Quang Ngai Province, we observed that the wards and operating rooms were clean and apparently fairly well maintained, the latrines were operative, and the hospital buildings and grounds appeared to be adequately maintained. We were informed by a U.S. medical officer that there were no sewage disposal or electrical distribution problems at this facility.

We found that the hospital in Da Nang, however, was generally deteriorating and maintenance was inadequate. We observed that latrines were generally inoperative or very unsanitary. We were informed by a U.S. medical officer that sanitation was a major problem at this facility. He also stated that the Vietnamese did not understand that the hospital septic tanks must be cleaned out at least once every 30 days to keep them operative. We were told that plumbing fixtures installed at the hospital by a Vietnamese contractor were inadequate and were not expected to last long and that the contractor would not return to correct construction deficiencies.

A comprehensive survey by an AID contractor of hospital facilities in Vietnam rated most of the Ministry of Health hospitals as fair or poor, from both the functional and physical standpoints. It was reported in the study that the hospitals were uniformly deficient in essential utilities and were structurally inefficient, and that equipment was nonexistent or antiquated and received poor or no maintenance. In addition, most of the surgical suites built at 29 hospitals as part of the USAID/VN program to improve treatment of civilian war-related casualties were reported to have rapidly deteriorated because of a lack of maintenance from insufficient personnel and funds.

We were told by an AID/Washington official that GVN maintenance was a major problem in the health program and that improved maintenance capability would reduce renovation and construction costs for facilities and replacement costs for equipment. AID considered that the amount of funds budgeted for hospital maintenance was an improvement over the amount for previous years but still inadequate to properly maintain facilities and that GVN salaries for equipment maintenance technicians were too low to provide needed personnel.

Included in the Ministry of Health budget were costs for hospital and equipment maintenance, which in calendar years 1968, 1969, and 1970, amounted to \$119,000, \$145,000, and \$216,000, respectively, or only about one half of 1 percent of the total Ministry of Health budget. As evidence of its insignificance, the Ministry of Health felt that 10 percent of its 1970 budget should be used for maintenance; however, only six-tenths of 1 percent was finally budgeted.

As discussed later, lack of GVN maintenance capability was cited by GVN officials as one of the reasons for not requesting the transfer of a large number of excess U.S. military health facilities in Vietnam. In addition, AID auditors, in their June 1969 report, noted that hospital maintenance represented a problem which needed to be resolved to insure proper utilization of the impact hospitals.

IMPACT HOSPITALS

The impact hospital program was sponsored by USAID/VN and was intended to provide minimal, austere hospital facilities in nine provinces throughout Vietnam. The hospitals were planned for locations where there were no existing facilities or where facilities were generally inadequate for rehabilitation or expansion into full hospital operations. Initially, the U.S. dollar cost for constructing these nine facilities was estimated at \$3.5 million and all the hospitals were scheduled for completion during the first 7 months of 1968.

During our review we found that numerous problems were encountered which caused considerable delays in construction of these hospitals and that the plans for constructing one of the hospitals was canceled in November 1968 because of the lack of security. As of May 1, 1970, about \$2.7 million had been expended for construction costs. Seven of these hospitals had been opened during the period December 1968 through January 1970, and the other hospital was reported as 75 percent complete as of May 1, 1970.

While it appears that the delays in construction may have been due primarily to the Vietcong Tet offensive during February 1968 and a second Vietcong offensive in May 1968, we note that other factors—such as extensive electrical modification, provision for unspecified generators, and numerous construction deficiencies—also have contributed to the delays.

During our review, we visited one impact hospital which was occupied in January 1970. The Korean medical officer in charge of the medical team at this hospital stated that 120 construction deficiencies had been identified. He said that he had reported these deficiencies many times but that very few had been corrected. We identified a number of problems at this hospital, including, (1) a water shortage, (2) an inoperative sewage system, and (3) a lack of electrical power.

Although we did not inspect other impact hospitals that have been constructed, available records at USAID/VN indicated that the deficiencies identified at the above impact hospital were not the exception and that similar problems appeared to exist at some of the other impact hospitals.

CROWDED CONDITIONS

During the current review we visited nine hospitals, including the two reported on in February 1968. We found that four were not crowded, four contained some crowded. Although crowded conditions had improved at one hospital previously inspected by GAO, the other hospital continued to be somewhat crowded.

During our inspection of four Ministry of Health hospitals in region I, we noted that, at three of these hospitals, crowded conditions generally were not evident, although we observed a few examples of two patients occupying one bed. One of these hospitals in Quang Ngai Province was described in our February 1968 report as being overcrowded. At the fourth hospital in Da Nang, we noted that in certain wards nearly all beds were occupied by two patients and that some patients were on stretchers on the floor of the wards. However, this situation did not exist in all the wards.

We observed conditions at five Ministry of Health hospitals in region IV and found crowded conditions at four of these hospitals. How-

ever, the hospital located in An Xuyen Province appeared to be the worst. At this hospital we observed numerous instances of two patients to a bed in all wards except the maternity ward and postoperative ward. The Vietnamese hospital administrator stated that there were 240 patients in the hospital for the 136 beds. A U.S. medical officer stated that this was an improvement over the condition existing about 13 months previously, and that construction of four new wards was in process which would raise the hospital's bed capacity to about 400. However, this official stated that, because of the lack of funds and qualified personnel, problems may be encountered in adequately supporting these new wards.

At three of the other four Ministry of Health hospitals we visited in region IV, we did observe some instances of two patients to a bed in certain wards. However, this type of condition did not exist in all the wards at these hospitals.

We were advised at all GVN hospitals visited that patients were never turned away because of the lack of bedspace. We were informed that, if necessary, more than one patient was assigned to one bed. In some instances where specialized treatment was needed, patients were transferred to another hospital.

GVN MILITARY HOSPITALS

In addition to the Ministry of Health medical program for the civilian population, the GVN Ministry of Defense provides medical services to the Vietnamese military forces and their dependents, who number about 3 million of the country's 17 million citizens. As of October 1969 the Ministry of Defense operated 47 medical facilities with a total capacity of 12,100 beds. Civilians other than military dependents, until recently, had not been treated or admitted to these facilities except in emergencies.

Joint utilization of GVN civilian and military medical facilities and personnel, which we previously discussed, will now permit the treatment of civilians in the Ministry of Defense hospitals. Information available showed that the GVN long-range medical plans did not consider the possibility of transferring excess military facilities to the Ministry of Health following an end to hostilities and a corresponding reduction in military patient loads.

DEPARTMENT OF DEFENSE HOSPITALS

We found that the three hospitals planned for civilian war-related casualties, as discussed in our February 1968 report, had been constructed but had been used to treat both U.S. military and Vietnamese civilian war-related casualties. This is in accordance with the revised U.S. military policy of treating civilian war-related casualties in all U.S. military hospitals instead of having separate facilities.

In April 1967 DOD planned to establish in Vietnam three hospitals with a total of 1,100 beds, for the exclusive treatment of civilian war-related casualties. From experience gained in late 1967 by admitting a limited number of civilian war-related casualties to two existing U.S. military hospitals, however, the original plan for three separate civilian war-related casualty hospitals was revised. Since April 1968 the U. S. military policy has been to treat civilian war-related casual-

ties in U.S. military hospitals as available bedspace permits. We found that unofficially 25 percent of the operating beds were held in reserve for contingencies but that no beds were reserved exclusively for civilian war-related casualties. The following table presents the total Vietnamese admissions and the total civilian war-related casualty admissions and the average number of U.S. military hospital beds occupied by each category during calendar years 1968 and 1969.

VIETNAMESE ADMISSIONS TO U.S. MILITARY HOSPITALS

Year	Civilian war-related casualties	Monthly average of beds occupied	All causes	Monthly average of beds occupied
1968.....	7,747	264	255,782	546
1969.....	8,544	189	226,279	693

TRANSFER OF EXCESS U.S. MILITARY HOSPITALS TO GVN

As a result of U.S. troop withdrawals, associated with plans to turn over to the Vietnamese more operational responsibility for the conduct of the war, and redeployment of the U.S. troops within Vietnam, some of the U.S. medical facilities have been or will be relocated or closed, resulting in some excess usable hospital buildings. To assist the GVN health effort, consideration has and will be given to the eventual transfer of some of these excess facilities to GVN, depending on various factors.

We were informed by U.S. military and civilian officials that GVN had surveyed U.S. military hospitals and had expressed interest in nine for future use as GVN facilities. According to these officials, more facilities were not desired because of a shortage of GVN manpower, lack of maintenance capabilities, undesirable locations, and high operating costs. The following table presents the locations and authorized beds of these nine facilities:

Location:	Authorized beds
Salgon.....	400
Binh Thuy.....	400
Nha Trang.....	400
Cu Chi.....	400
Long Binh.....	400
Long Binh II.....	400
Yung Tau.....	400
Pleiku.....	400
Danang.....	400
Total.....	3,000

On July 1, 1969, there were over 5,632 operating beds in U.S. military hospitals exclusive of hospital vessels. As of May 31, 1970, the number of operating beds was down to 4,503, or about a 20-percent reduction.

Information available in Vietnam showed that nine U.S. military hospitals were closed and were transferred to the GVN or to other U.S. military units or were scheduled for removal during the period July 1969 through May 1970. The following table presents the location, authorized beds, and disposition of these nine U.S. military hospitals.

DISPOSITION OF U.S. MILITARY HOSPITALS CLOSED AS OF MAY 31, 1970

Location	Disposition	Beds authorized
Tuy Hoa.....	Facility dismantled and equipment and supplies distributed to Incountry U.S. military hospitals.	400
Chu Lai.....	Facility currently being used as a U.S. military hospital.	400
Quang Tri.....	Retrograded. ¹	60
Binh Thuy.....	Facility currently being used as a U.S. military hospital. GVN interested in this hospital.	400
Yung Tau.....	Will be turned over to GVN.	400
Lai Kha.....	Retrograded. ¹	60
Da Nang.....	Facilities now being used for other U.S. purposes. Equipment distributed to Incountry U.S. military hospitals and GVN hospitals.	600
Qui Nhon.....	Originally used as a prisoner-of-war hospital. Equipment retrograded. ¹ Disposition of facility not known at present time.	200
Long Binh.....	Originally used as a prisoner-of-war hospital. Equipment retrograded. ¹ Facility is being used by the U.S. military as an annex to a hospital.	200
Total.....		2,720

¹ Items designated for removal.

We were advised by a U.S. military official that GVN had been solicited regarding any interest they might have in most of these hospitals. The records showed that GVN expressed interest in only two of these hospitals. One of these two hospitals will be turned over to them, and the other is currently being used by the U.S. military as a hospital. One other hospital facility is located on a U.S. military closed post and cannot be given to GVN. The remaining six hospitals either were not offered to the GVN because of continued U.S. military medical needs or were not acceptable to GVN because (1) they felt the facilities were in undesirable locations or (2) they felt that they were not capable of operating and maintaining the facilities. For example, we were advised by a U.S. military official that GVN declined to accept the U.S. naval support activity hospital in Danang because the size of the facility and the sophistication of its equipment were beyond the GVN's maintenance and operational capabilities.

CHAPTER 7

MEDICAL LOGISTICS

We have found that, since our last report, the GVN medical supply system has improved so much that the requisition fill rate has increased from 20 percent in 1966 to 85 percent in 1969. In addition, we have found that the Ministry of Health has been assuming more of the program responsibilities. We note, however, that there continues to be a shortage of maintenance personnel.

The bulk of the medical supplies furnished to the Ministry of Health by the United States are still obtained from the U.S. Army medical depot in Okinawa. After arrival in Vietnam these supplies are first stored at the main medical depot in Saigon. Then in response to orders, supplies are sent from the Saigon warehouse to three branch depots and to medical warehouses of the various Ministry of Health facilities scattered throughout Vietnam.

Because of the military draft and low government salaries, the Ministry of Health was not able to provide an adequate number of competent Vietnamese personnel to staff the supply operations at the main and branch depots, including warehouse operations and equipment

and vehicle maintenance. Therefore, in April 1967 AID contracted for these services. Subsequently, through the use of GVN military personnel, the Ministry of Health increased its supply management capability and in October 1969, when the AID supply management contract expired, GVN took over the responsibility for management and operation of supply functions.

However, with respect to equipment and vehicle maintenance, the Ministry of Health was unable to assume this responsibility because of continued shortages of civilian employees, and no military personnel having been assigned to medical maintenance activities. Therefore, AID-financed contract personnel continue to perform equipment and vehicle maintenance functions.

CHAPTER 8

SCOPE OF REVIEW

This review was conducted at the request of the chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Committee on the Judiciary, U.S. Senate. It was directed primarily toward updating our prior inquiries into the problems associated with assisting civilian war-related casualties in Vietnam.

The review was conducted at AID and DOD in Washington, D.C.; at USAID/VN headquarters in Saigon, Vietnam; and at various medical facilities throughout regions I and IV in Vietnam. It included an examination of available records and discussions with responsible agency officials.

To try to meet the reporting date requested by the counsel of the subcommittee, fieldwork on this assignment did not include a complete review of all aspects of the program covered in our prior reports.

APPENDIX
OFFICIAL RECORD OF VIETNAMESE CIVILIAN WAR-RELATED CASUALTIES

Month	GVN hospital admissions ¹								U.S. military hospitals					
	All causes ²				War casualties				War casualties admissions				Beds occupied by Vietnamese civilians, monthly average	
	1967	1968	1969	1970	1967	1968	1969	1970	1967	1968	1969	1970	1968	1969
January.....	37,814	34,523	40,550	44,008	4,154	5,609	4,338	3,923	642	749	487	287	847	
February.....	34,053	34,767	36,757	39,910	3,920	12,139	5,450	3,631	694	899	482	524	986	
March.....	41,142	35,870	36,771	46,515	4,468	8,645	5,932	4,132	764	1,141	431	389	1,062	
April.....	36,366	35,971	43,768	46,534	3,836	5,867	5,447	5,312	131	616	795	423	421	
May.....	40,117	39,826	45,104	46,865	3,811	8,256	5,678	5,094	93	688	878	552	400	
June.....	41,827	37,886	45,750	48,723	3,238	6,647	5,682	4,545	136	553	735	459	461	
July.....	40,101	39,539	49,060	50,853	2,900	5,071	4,742	3,768	158	559	481	270	503	
August.....	43,962	39,465	47,676	51,036	3,696	5,589	5,009	3,652	258	830	850	371	575	
September.....	42,250	42,130	45,682	51,645	4,262	5,695	4,949	3,676	263	640	518	483	675	
October.....	39,765	38,739	44,560	.....	3,690	4,294	3,982	.....	317	588	481	.....	681
November.....	38,204	37,456	45,765	.....	4,332	4,333	3,892	.....	281	537	547	.....	571
December.....	37,539	40,800	44,379	.....	4,476	4,557	4,122	.....	314	679	470	.....	806
Total.....	473,140	456,972	425,772	.....	46,783	76,702	59,223	.....	1,951	7,790	8,544	.....	.....

¹ Compiled by USAID from medical assistance team reports and records, and records of Vietnamese Ministry of Health.

² Includes only MOH hospitals with war casualty admissions. Does not reflect total MOH hospital admissions.

