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*REPORT TO THE SUBCOMMITTEE TO  
INVESTIGATE PROBLEMS CONNECTED  
WITH REFUGEES AND ESCAPEES  
COMMITTEE ON THE JUDICIARY  
UNITED STATES SENATE*

**Civilian Health And War-Related  
Casualty Program In Vietnam  
--1 Year Later** B-133001

Agency for International Development  
Department of State  
Department of Defense

***BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES***

FEB. 29, 1972



COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON, D.C. 20548

B-133001

Dear Mr. Chairman:

Enclosed is a copy of our report entitled "Civilian Health and War-Related Casualty Program in Vietnam--1 Year Later." Our review was made in response to your request of July 7, 1971.

We did not follow our usual practice of submitting the report to responsible agencies for comments; however, we did discuss the results of our review with responsible officials in Saigon and in Washington, D.C. We considered their comments in preparing this report. These factors should be given due consideration in any use made of this report.

You may wish to bring this report to the attention of the Agency for International Development for its possible use in improving its management of the program.

We believe that the contents of this report would be of interest to other committees and members of Congress. However, release of the report will be made only upon your agreement or upon public announcement by you concerning its contents.

Sincerely yours,

Comptroller General  
of the United States

The Honorable Edward M. Kennedy, Chairman  
Subcommittee To Investigate Problems  
Connected With Refugees and Escapees  
Committee on the Judiciary  
United States Senate

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ABBREVIATIONS

AID	Agency for International Development
DOD	Department of Defense
GAO	General Accounting Office
GVN	Government of Vietnam
USAID/VN	U.S. Agency for International Development, Vietnam

COMPTROLLER GENERAL'S REPORT TO  
THE SUBCOMMITTEE TO INVESTIGATE  
PROBLEMS CONNECTED WITH REFUGEES  
AND ESCAPEES, COMMITTEE ON THE  
JUDICIARY, UNITED STATES SENATE

CIVILIAN HEALTH AND WAR-RELATED CASUALTY  
PROGRAM IN VIETNAM--1 YEAR LATER  
Agency for International Development  
Department of State  
Department of Defense B-133001

## D I G E S T

### WHY THE REVIEW WAS MADE

The Chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Senate Committee on the Judiciary, requested that the General Accounting Office (GAO) update its previous report on war-related civilian problems in Vietnam and Laos and extend its work to include problems in Cambodia. This report deals with the civilian health and war-related casualty program in Vietnam. Separate reports are being issued covering similar programs in Laos, Cambodia, and the social and economic problems of refugees and other war victims in Vietnam.

GAO did not follow its usual practice of submitting a draft report to the responsible agencies for formal written comments. GAO discussed the results of the review with responsible U.S. officials, however, and their comments were considered in developing the report. Also GAO reviewed and considered the written comments of the Agency for International Development (AID) on GAO's November 1970 report on civilian health and war-related casualty programs in Vietnam.

### FINDINGS AND CONCLUSIONS

#### Program management

The Ministry of Health, Government of Vietnam (GVN), operates civilian health programs in Vietnam with financial, commodity, and technical support provided by AID, the Department of Defense (DOD), various free-world countries, and voluntary agencies. (See p. 8.)

Overall responsibility for administering U.S. assistance to health programs in Vietnam is assigned to AID's Public Health Division.

#### Priority accorded to health programs

No specific priority designation has been given by AID to the public health program in Vietnam. AID evidently considers the program high in priority since AID funds provided to the program generally have been larger than for any other civilian technical assistance program. Also more personnel have been assigned to the health program in the past year. AID said that greater emphasis would be placed within the health program on health education and preventive medicine projects in the future. (See p. 9.)

Treatment of civilian  
war-related casualties

There still is no reliable information on the total number of civilian war-related casualties in Vietnam. Available statistics show only admissions to U.S. military and Ministry of Health hospitals. Average monthly admissions have decreased from 5,600 in 1969 to 3,500 in 1971. The number of civilian casualties treated at other facilities and the number who received no treatment or died without treatment are not known. (See p. 11.)

Current field reports received by U.S. officials responsible for monitoring the program contain statistics only. Those reports provide no information on the adequacy of staffing, logistical support, and progress made in preventive medicine, malaria control, and environmental health. (See p. 14.)

Level of financial assistance

U.S. support for the health program for fiscal year 1972 is significantly less than in previous years. AID funds, which averaged over \$20 million a year from 1968 through 1971, are scheduled at \$14.1 million for fiscal year 1972. Funds provided from GVN from 1968 through 1971 amounted to \$125.6 million, including \$2 million of U.S.-controlled piaster counterpart funds. GVN funding for health programs increased each year; however the share of its total civil budget allocated to health programs decreased from 7.6 percent in 1968 to 4.5 percent in 1971. (See p. 15.)

The reduction of U.S. assistance will place greater burdens on the GVN civil budget to meet its needs in the health area. Unless other external sources of funds are obtained, scarce GVN foreign exchange will be necessary for the procurement of medical commodities and replacement parts for equipment previously provided by the United States. (See p. 16.)

Staffing and manpower

U.S. support personnel assigned to health programs decreased from 646 in 1970 to 375 in September 1971. In future years AID direct-hire and contract personnel are to be reduced further, and assistance of U.S. military medical teams is planned to be terminated by July 1972. (See p. 17.)

During 1970 and 1971 there was some alleviation of the shortages of the Ministry of Health's hospital staffing, partly attributable to an increase in training of personnel. GAO was informed that the needed number of medical personnel in the Ministry could be trained in 2 years; but such results are not likely, because medical graduates are subject to military service. (See p. 20.)

The overall need for physicians in Vietnam may not be met for many years. It appears that GVN will not be able to compensate for reductions in U.S. personnel for some time, and such reductions may have an adverse effect on the level of health care in Vietnam. (See p. 18.)

### Medical facilities

From January 1970 to July 1971, the hospital capacity in Vietnam increased by 7 percent. Improved conditions were noted at hospitals GAO inspected in 1970 and reinspected in 1971. The hospitals were not overcrowded, but there still was evidence of inadequate water supply, poor sanitation, and inadequate sewage facilities. Shortages in medical staffing have been reduced since last year but continue to be a problem. Maintenance personnel were either not available or not well qualified, and, as U.S. support is reduced, equipment maintenance at the hospitals is expected to become a serious problem. (See p. 23.)

Since May 1970, 12 DOD hospitals have ceased operations in Vietnam. Of these 12 hospitals, six were retained by the United States; those remaining were offered to GVN. Of the six hospitals, three were not considered suitable and three were taken over, and are now operated, by the Vietnamese Army. U.S. hospitals sometimes are not considered suitable due to their location or construction or to the inability of the Vietnamese to maintain them. (See p. 32.)

### Medical logistics

Ministry of Health hospitals often have reported difficulties in obtaining needed supplies from the GVN depots. Apparently these difficulties were the result of various factors, including shortages of on-hand stocks in the depot and delays in processing requisitions and in obtaining transportation for supplies. Even though shortages existed in some medical commodities, other medical commodities were in excess of immediate needs because too many were ordered. (See p. 38.)

U.S. support in providing medical commodities to Vietnam is scheduled to be discontinued after fiscal year 1976. The rate at which requisitions are filled from GVN's depot stocks is expected to decline as U.S. support is reduced. (See p. 34.)

Equipment maintenance and repair now done by the United States may be beyond the capability of the Ministry of Health after U.S. assistance is withdrawn. (See p. 35.)

### MATTERS FOR CONSIDERATION BY THE SUBCOMMITTEE

The Subcommittee may wish to bring this report to the attention of AID for possible use in improving its management of the program.

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## CHAPTER 1

### INTRODUCTION

On November 9, 1970, the General Accounting Office issued a report to the Subcommittee to Investigate Problems Connected With Refugees and Escapees, Senate Committee on the Judiciary, in response to the Subcommittee's request. This report is principally an updating of that November 1970 report, and it is in response to the Subcommittee's request of July 7, 1971. (See app. I.)

The Government of Vietnam, with assistance from the United States, provides treatment and health care to civilian war casualties and the indigent civilian population through its hospitals and rural health facilities. These facilities form the nucleus of the GVN's health-care system.

The GVN Health Program encompasses a wide range of objectives. These include:

- Improving medical treatment facilities and services.
- Increasing public health activities through such projects as preventive medicine and environmental sanitation, public health education, and malaria eradication.
- Increasing cooperation between military and civilian agencies and local governments in health matters.
- Improving and increasing training of medical specialists.
- Achieving self-sufficiency in medical logistics.
- Improving the capabilities of pharmacy, dentistry, and nursing branches.
- Increasing operational control over local health services and medical organizations.

The overall goals of the U.S. assistance to the GVN Health Program are:

- To provide, through special short-term programs, the medical treatment and rehabilitation needed by those who have suffered war-related injuries.
- To help establish effective civilian health institutions with operating programs which are relevant to the needs in Vietnam.



## CHAPTER 2

### PROGRAM MANAGEMENT

The GVN's Ministry of Health is responsible for all civilian health programs in Vietnam. The Ministry receives financial, technical, and commodity support from the United States through the Agency for International Development. The direction of AID field personnel continues to be the responsibility of the Civil Operations and Rural Development Support with the day-to-day guidance of all field personnel (civilian and military) being under the Military Assistance Command, Vietnam. Additional support is provided by the Department of Defense, other free-world countries, and voluntary agencies.

The Ministry of Health is responsible for providing essential health services to the indigent majority of Vietnam's population of over 18 million. Health-care facilities operated by the Ministry in 1971 included

- 24 hospitals located in Saigon and in other cities,
- 35 provincial hospitals,
- five district hospitals, and
- 3,037 dispensaries and infirmaries located in various towns and villages throughout the country.

In addition, the Ministry of Health supports training programs for nurses, assistant pharmacists, laboratory technicians, medical technicians, midwives, village-hamlet health workers, and medical equipment repairmen.

The Ministry also operates a logistics system which supports its facilities with medical and related commodities and which provides automotive and medical equipment repair service. The main facilities of the medical logistics system consist of a logistics center in Saigon, including the main depot, repair shops, and schools, and three branch depots and repair shops elsewhere in the country.

The Public Health Division of the U.S. Agency for International Development, Vietnam (USAID/VN), administers various projects designed to improve the overall quality of Vietnamese health care for civilians and civilian war casualties. It assists in planning and administering a national health program and in developing a medical and dental education system. It also supports the Ministry of Health's medical logistics system by providing medical supplies, equipment, and advisory assistance.

DOD has contributed to health programs in Vietnam since late 1965 by assigning medical teams to assist and train Vietnamese medical personnel at Ministry of Health hospitals and rural health facilities. In addition, the United States and other free-world forces operate medical civic action programs whereby military personnel provide treatment to civilians in areas where medical facilities are not available. This type of care includes immunizations, first aid, tooth extractions, and treatment of minor burns and infections. The U.S. Army also evacuates civilian patients by helicopter; however, such evacuations now are limited to emergency cases because of the cutback in U.S. capability and the increased ability of the Vietnamese to handle such cases.

The cost of medical commodities provided by the U.S. Government is shared by AID and the Department of the Army.

#### PRIORITY ACCORDED TO HEALTH PROGRAM

We reported in November 1970 that the health program was considered by AID officials to be a high-priority program. The allocation of available resources, both funds and manpower, was considered by AID officials in Washington, D.C., and Vietnam to be an indication of the relative priority of the various assistance programs. USAID/VN funding for the public health program generally has been higher than for any other technical assistance program from 1969 through 1972.

For fiscal year 1972, funds budgeted for the public health program were 25 percent of total USAID/VN project funds for technical assistance programs. At the same time that there was an overall reduction of USAID/VN funds,

there was a reduction in public health allocations from \$20 million in fiscal year 1969 to about \$14 million for 1972.

Within the health program, USAID/VN emphasis has shifted from projects with immediate short-term results to assistance projects with longer term results. This shift was being made at the time we completed our review for the Subcommittee in 1970. The new priorities, which were adopted early in 1971, were designated as follows:

Priority

1. Education and training of health personnel
2. Preventive medicine
3. Medical treatment
4. National level advisory services

AID considers the shortages of skilled manpower to be the key deficiency in Vietnamese health capabilities and therefore has assigned the highest priority to the education and training of health personnel.

## CHAPTER 3

### TREATMENT OF CIVILIAN WAR-RELATED CASUALTIES

One of the goals of U.S. assistance to Vietnam is to ease the suffering of civilians displaced or injured by the war; however, there is no special AID project in Vietnam solely for the care of civilian casualties. Medical-care projects sponsored by AID are designed to assist GVN in providing adequate medical care to all segments of the population but give priority to civilian war casualties.

There continues to be no reliable measure of the total number of civilian war-related casualties in Vietnam. USAID/VN reports reflect only the admissions to Ministry of Health and U.S. military hospitals. Starting in 1970, the number of civilian war-related casualties treated as outpatients at the Ministry's district clinics and hospitals has been compiled; however, this data has not been reported by USAID/VN.

The number of civilian casualties who received treatment at facilities other than those of the U.S. military and the Ministry of Health and the number who received no treatment or who died without treatment are not known. Estimates of the total number of civilian war-related casualties are not considered reliable due to the almost complete lack of information in this area. U.S. and Vietnamese health officials in Vietnam told us that they could not estimate the number of civilian casualties who had not received treatment.

Admissions of civilian war-related casualties to Ministry of Health and U.S. military hospitals have declined steadily since 1968. During calendar years 1968, 1969, and 1970, monthly admissions averaged 7,300, 5,600, and 4,200, respectively. For the first 8 months of 1971, the monthly average was 3,500. About 97 percent of the casualties admitted in 1971 were cared for in Ministry of Health hospitals compared with 91 percent in 1970. Admissions to U.S. military hospitals have declined from a high of 8,544 in 1969 to only 938 during the first 8 months of 1971. Civilian war-related admissions accounted for only 6.7 percent of total

admissions to Ministry hospitals during the first 8 months of 1971 compared with 17 percent in 1968.

The following schedule presents available data on 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 the 3-year period from 1968 through 1970 and for part of 1971.

<u>Year</u>	<u>Admissions to Ministry of Health hospitals</u>			<u>Civilian war-related admissions to U.S. military hospitals</u>	<u>Total Ministry of Health and U.S. military war-related admissions</u>	<u>Monthly average</u>
	<u>Total</u>	<u>war-related</u>	<u>Per-cent</u>			
1968	458,667	79,775	17.4	7,747	87,522	7,296
1969	525,766	59,222	11.3	8,544	67,766	5,647
1970	574,814	46,247	8.0	4,635	50,882	4,240
1971 <sup>a</sup>	<u>402,225</u>	<u>27,127</u>	<u>6.7</u>	<u>938</u>	<u>28,063</u>	<u>3,508</u>
	<u>1,961,472</u>	<u>212,371</u>	<u>10.8</u>	<u>21,864</u>	<u>234,235</u>	<u>5,324</u>

<sup>a</sup>First 8 months.

The decrease in hospital admissions of civilian war-related casualties apparently is a reflection of the decline in hostilities in populated areas. A greater proportion of the casualties are being treated in Ministry of Health hospitals because of a reduction in the number of available U.S. hospital facilities, improvements in Ministry hospitals, and a reduction in the number of casualties.

In 1970 the Ministry of Health began collecting statistics on civilian war-related casualties treated as outpatients at Ministry hospitals and district clinics. In 1970, 13,595 outpatient treatments at Ministry of Health hospitals and 8,374 at district clinics were reported. The number of reported outpatient treatments at district clinics is believed to be inaccurate because of double counting and because several district clinics did not record or report statistics. Data on outpatient treatments for 1971 had not been summarized.

The following schedule shows that the populous delta region (Military Region 4) reported the highest number of civilian war-related casualties for 1968 through 1970.

During the first 8 months of 1971, however, Military Region 1 surpassed the delta region in the number of reported casualties. Military Regions 1 and 4 accounted for about 75 percent of all reported civilian war-related casualties in Vietnam. Military Regions 1 and 4 contain most of the Vietnamese population, and Military Region 1 has been an area of heavy fighting. The regions and their administrative subdivisions are shown on the map on page 7.

Civilian War-Related Casualties  
Admitted to Ministry of Health Hospitals

<u>Location</u>	<u>1968</u>		<u>1969</u>		<u>1970</u>		<u>1971 (note a)</u>	
	<u>Number</u>	<u>Per- cent</u>	<u>Number</u>	<u>Per- cent</u>	<u>Number</u>	<u>Per- cent</u>	<u>Number</u>	<u>Per- cent</u>
Region 1	28,473	36	21,115	36	14,435	31	10,524	39
Region 2	6,280	8	4,877	8	4,254	9	3,021	11
Region 3	6,625	8	4,997	8	3,341	7	2,243	8
Region 4 (delta)	29,831	37	23,208	39	21,259	46	10,036	37
Saigon Prefecture	<u>8,566</u>	<u>11</u>	<u>5,025</u>	<u>9</u>	<u>2,958</u>	<u>7</u>	<u>1,303</u>	<u>5</u>
	<u>79,775</u>	<u>100</u>	<u>59,222</u>	<u>100</u>	<u>46,247</u>	<u>100</u>	<u>27,127</u>	<u>100</u>

<sup>a</sup>First 8 months.

Sufficient data is not available to determine the number of civilian war-related casualties resulting from enemy action or from operations conducted by the United States, GVN, or their allies. Some indications of the origin of civilian war-related casualties can be obtained from data provided by the Ministry of Health on the causes of injuries of casualties admitted to Ministry hospitals. The causes of injuries for the period 1967 through April 1971 are shown below.

Civilian War-Related Casualties (note a)

<u>Cause of injury</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971 (note b)</u>
Mine or mortar	17,689	34,500	27,464	31,535	6,363
Gun or grenade	10,893	16,337	13,298	9,530	2,330
Shelling or bombing	<u>19,184</u>	<u>28,454</u>	<u>16,696</u>	<u>9,138</u>	<u>2,988</u>
	<u>47,766</u>	<u>79,291</u>	<u>57,458</u>	<u>50,203</u>	<u>11,681</u>

<sup>a</sup>Source of this data was the Ministry of Health; totals differ from those of previous schedules which are derived from U.S. sources.

<sup>c</sup>To April 30, 1971.

A Department of State publication attributed injuries by mines and mortars to the enemy, by guns and grenades to either side, and by shelling and bombing to J.S. and GVN forces.

Most of the information on hospital admissions was compiled by USAID/VN from monthly reports received from U.S. advisors in the field. These reports contain statistical data only. There is no regular reporting to the USAID/VN Public Health Division from the field on actual conditions at Ministry of Health hospitals; the adequacy of Vietnamese staffing; the adequacy of logistical support; and the progress made in preventive medicine, malaria control, and environmental health. This type of information was reported to USAID/VN prior to March 1971, but at that time the reporting requirement was reduced sharply to include only statistical data.

## CHAPTER 4

### LEVEL OF FINANCIAL ASSISTANCE

From fiscal year 1968 through fiscal year 1971, AID obligated over \$87 million to assist GVN in providing medical care to the civilian population of Vietnam. For fiscal year 1972, AID plans to provide \$14.1 million--a reduction from the \$20 million average of previous years. AID funds have been used to provide medical and medical-related equipment and supplies, vehicles, salaries, and support costs for U.S. and some third-country-national physicians, nurses, and technicians assigned to Ministry of Health hospitals and for medical and dental schools.

DOD provided \$52.7 million in assistance to the civilian health program from fiscal year 1968 through fiscal year 1971. Over 40 percent of these funds have been spent by the Department of the Army for medical supplies and equipment under an agreement with AID.

This sharing of medical support costs with AID was established in 1967 but, from the Army's point of view, is no longer equitable because the Army believes that Army forces are not a significant contributing factor to casualties entering Ministry of Health medical facilities. The amount of DOD funds for commodity support beyond fiscal year 1972 had not been determined, and the basic cost-sharing agreement had not been altered.

In addition, the U.S. Medical Civic Action Program and Military Provincial Health Assistance Program teams, which have been in operation since 1963 and 1965, respectively, will be discontinued in fiscal year 1972.

Voluntary agencies and other free-world countries have made considerable contributions to the GVN civilian health programs. From July 1964 through 1970, about \$50 million was provided from these sources in the form of medical teams, medical supplies and equipment, and construction or renovation of health facilities.

From 1968 through 1971, 14.8 billion piasters (equivalent to \$125.6 million<sup>1</sup>) was provided from the GVN civil budget. Of that amount, about 241 billion piasters (\$2 million) was provided from the U.S.-controlled local currency generated from other U.S. assistance programs. The amount of funds used to support civilian medical programs from the GVN's budget, including the U.S.-controlled local currency, has increased steadily since 1968. The health program's share of the GVN's civil budget, however, has not kept pace with other civilian programs' shares; the health program's share of the GVN civil budget decreased from 7.6 percent in 1968 to 4.5 percent in 1971.

Nearly half of the funds in the GVN's health program budget was for salaries. Hospital renovation, construction, equipment, and maintenance costs averaged 8.5 percent of GVN's health program budget from 1966 through 1971.

Future reductions in U.S. financial assistance will place greater burdens on the GVN civil budget. Also financing of essential medical commodities and equipment, formerly provided by AID and DOD, will have to come from GVN's foreign-exchange earnings unless other external sources of funds are obtained. Vietnam's foreign-exchange earnings are already insufficient to finance other essential imports. The shortage of foreign exchange will become even more serious as further reductions are made in U.S. activities in Vietnam, a source of significant foreign-exchange earnings for GVN.

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<sup>1</sup>Throughout this report conversions of Vietnam piasters to U.S. dollar equivalent were made at the rate of 118 to 1--the official rate of exchange in effect as of October 31, 1971.

## CHAPTER 5

### STAFFING AND MANPOWER

The United States and other free-world countries continued to provide significant manpower to meet the continuous shortage of qualified medical personnel in Vietnam. Late in 1971 nearly 600 civilian and military personnel provided by USAID/VN, DOD, and other free-world countries were participating in various civilian health programs in Vietnam.

The United States, which provided most of the manpower assistance in the past, has decreased the number of U.S. personnel involved in health programs in Vietnam. USAID/VN has decreased authorized health personnel by 56 percent since 1970 and plans to decrease them still further in future years.

On the basis of our review, we believe that the shortage of qualified medical personnel in Vietnam remains a serious problem, although the Ministry of Health reported an increase in medical personnel during 1971. Also an increasing number of medical and paramedical personnel are completing training each year, but many of these personnel are subject to the draft upon graduation.

#### USAID/VN

The following schedule summarizes the USAID/VN Public Health Division's manpower ceilings and on-board strength from fiscal year 1966 to 1971. The table excludes third-country nationals; 14 were authorized and 13 were assigned in September 1971.

	<u>Fiscal year</u>						1972
	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>(note a)</u>
Authorized	215	390	390	239	169	134	75
On board	133	171	257	211	158	103	97

<sup>a</sup>September.

The steady decline in authorized and on-board personnel since 1968 has been attributed to a greater use of contractor personnel and to reductions in USAID/VN's overall budget, along with a Presidential directive to effect reductions wherever possible in overseas personnel. USAID/VN plans to reduce authorized positions to 56 in fiscal year 1973 and to 39 in fiscal year 1974. Cuts are planned in all areas except medical and dental education.

Although reductions in prior years' personnel were offset to some extent by increases in contractor personnel, this has not been true for the period since July 1970, at which time there were 294 contract personnel on board; by September 1971 the number had been reduced to 233. Other reductions were planned beginning in fiscal year 1973.

The 233 personnel working on civilian health projects under USAID/VN contracts were:

- 153 volunteer physicians, medical team members, and technical personnel provided by the American Medical Association, the Republic of Korea, the Republic of China, and voluntary agencies. These personnel provided medical care, instruction, and supervision at Ministry of Health medical facilities throughout the country.
- 32 medical and dental instructors and faculty advisors at the University of Saigon, provided by the American Medical Association and by the American Dental Association.
- 42 Republic of Korea technicians assisting in automotive and medical equipment maintenance and repair at Ministry of Health repair depots.
- Six personnel to implement automated data processing techniques within the Ministry of Health Medical Logistics System.

By fiscal year 1974, USAID/VN plans to have only 51 contract personnel--31 medical and dental instructors and 20 Republic of Korea preventive-medicine personnel. The Vietnamese will not be able to replace immediately the

eliminated U.S. positions. U.S. advisors generally agreed that the loss of medical personnel may have an adverse effect on the level of medical care in Vietnam, particularly in rural areas where Vietnamese medical personnel are scarce and where Ministry programs are not well established.

#### DEPARTMENT OF DEFENSE

From 1965 to 1970 U.S. military personnel provided substantial support to civilian health care, primarily through the Military Provincial Health Assistance Program teams which assist Ministry of Health hospital and public health staffs and through the Medical Civic Action Program whereby volunteer U.S. and other free-world medical personnel administer minor care and treatment to the civilian population in areas where Ministry of Health medical facilities are not readily available. Because of the phased withdrawal of U.S. forces, both programs have decreased significantly and are expected to be eliminated by July 1972.

The U.S. military health program decreased from 25 teams totaling 194 assigned personnel in June 1970 to 11 teams totaling 45 assigned personnel in September 1971. The number of treatments provided by medical civic action volunteers decreased from 4.5 million in 1969 to 470,000 during the first 6 months of 1971.

There is no overall assessment of the extent to which the elimination of military medical programs will affect the level of civilian health care in Vietnam. Eliminating these programs probably will result in reducing the level of care, because, according to USAID/VN officials, the Government of Vietnam will not be able to fill the gap completely.

#### OTHER FREE-WORLD ASSISTANCE

Several other free-world governments are participating in civilian health activities not formally associated with USAID/VN or DOD programs. Late in 1971 there were 211 medical personnel from Australia, Canada, France, Germany, Iran, Japan, New Zealand, the Philippines, and Spain assisting the Vietnamese.

GOVERNMENT OF VIETNAM

The staff at Ministry of Health hospitals has increased in both medical and nonmedical fields since 1970. The increase in medical personnel at Ministry hospitals is as follows:

	<u>January 1970</u>	<u>June 1971</u>
Physicians	343	514
Dentists	34	56
Pharmacists	80	255
Nurses, technicians, and midwives	<u>4,161</u>	<u>5,563</u>
	<u>4,618</u>	<u>6,388</u>

Joint utilization of Ministry of Health medical facilities by the Ministry and by the Vietnamese Army has accounted for part of the increase in medical personnel at Ministry hospitals. Under the joint utilization program, military patients are admitted to Ministry facilities in selected areas where military health facilities are not available. In return, military medical personnel assigned to Ministry facilities provide treatment to both civilian and military patients. Contrary to information provided to us in 1970, we now find that civilian patients are not treated at Ministry of Defense hospitals under the joint utilization program.

The jointly utilized facilities consist of 26 hospitals and 191 district medical facilities. As of June 1971 there were assigned to the 26 hospitals 777 military medical personnel consisting of 108 doctors, 26 dentists, 49 pharmacists, 89 medical service corps members, and 505 paramedical noncommissioned officers and enlisted technicians. In addition, 2,660 military personnel were assigned to jointly utilized district medical facilities.

Despite some difficulties in cooperation between military and civilian physicians, USAID/VN officials considered this program to be a very successful step toward easing the shortage of doctors available in Ministry of Health hospitals. We understand that the program is considered successful by AID due, in part, to the high level of interest shown

by GVN officials. The Joint Military and Civil Health Coordinating Program Management Committee was formed to assist in the operation of the joint utilization program. The committee is made up of GVN military and civilian health officials and USAID/VN advisory officials. The committee makes weekly inspection visits to various province hospitals involved in the joint utilization program.

USAID/VN programs have given top priority to the education and training of Vietnamese medical personnel. Following is a table showing GVN health staff trained, primarily at in-country institutions, from 1967 through 1971.

GVN Civilian Health Staff Trained

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>Total</u>
Physicians	162	258	191	216	226	1,053
Dentists	29	23	21	32	45	150
Pharmacists	246	231	315	420	270	1,482
Nurse technicians	140	118	146	138	88	630
Assistant nurses	272	453	550	480	629	2,384
Paramedical personnel (note a)	<u>603</u>	<u>549</u>	<u>693</u>	<u>597</u>	<u>688</u>	<u>3,130</u>
Total	<u>1,452</u>	<u>1,632</u>	<u>1,916</u>	<u>1,883</u>	<u>1,946</u>	<u>8,829</u>

<sup>a</sup>Includes sanitation, health education, laboratory, X-ray technology, hospital management, pharmacy, anaesthesiology, dental technology, and district health personnel and midwives.

A recent study by the Ministry of Health showed that the expected number of medical, dental, and pharmaceutical graduates could satisfy the Ministry's need in 2 years; however, because graduates are subject to military service, the Ministry's needs are not likely to be met for some time. Moreover, as shown below, the overall need for physicians in Vietnam may be much greater than that recognized by the Ministry.

In June 1971 there were 1,520 licensed physicians in Vietnam, or one for about every 12,000 persons; however, 1,130 physicians, or 74 percent, were in the Army. In

addition, all physically able men are subject to the military draft upon graduation from medical school. To alleviate the shortage of physicians in the civilian sector, military physicians are loaned to the Ministry of Health or serve in the joint utilization program discussed above. Also it is common in Vietnam for military and Ministry physicians to operate private practices on part-time bases.

The two medical schools in Vietnam are expected to graduate 226 physicians in 1971. With free-world assistance the schools are estimated to have the potential of graduating 250 physicians a year. At that rate it would take over 10 years to attain the World Health Organization's minimum standard for developing countries of one physician for 5,000 persons.

## CHAPTER 6

### MEDICAL FACILITIES

Since the time of our review in 1970, the capacity of civilian medical facilities in Vietnam has increased. We revisited several hospitals and found that conditions had generally improved. It appears, however, that requirements for medical equipment and automotive maintenance at these hospitals and for facilities, medical personnel, and medicines at villages and hamlets where refugees reside may become serious problems as U.S. financial assistance is reduced and U.S. advisors and third-country-national technicians are withdrawn. The number of U.S. military hospitals has significantly decreased, but the number of beds occupied on an average daily basis has always been less than the number available for civilian war casualties.

### GOVERNMENT OF VIETNAM FACILITIES

In July 1971 the Ministry of Health operated 64 hospitals having 20,096 beds, a 7-percent increase in beds since January 1970. There were 6,950 additional beds in 3,037 dispensaries and clinics in districts, villages, and hamlets throughout the country. The Ministry of Defense operated 56 hospitals and convalescent centers having 18,200 beds and 193 dispensaries having 3,860 beds. These facilities, however, are not available to the civilian population.

In areas where military facilities are not available, Ministry of Health facilities are used jointly by civilians and the military and military medical personnel are used to treat both types of patients. Under this program 26 Ministry of Health hospitals and 191 of 241 district medical facilities are jointly utilized. During 1971, through August, military admissions to Ministry of Health hospitals were reported to be 11 percent of total admissions.

Health facilities, particularly those in rural areas, built in past years by GVN and the United States, are now unused because of a lack of staff. We were not able to determine the number of such facilities, but we were told that they were prevalent throughout the country. We noted instances where hospitals were under construction or recently

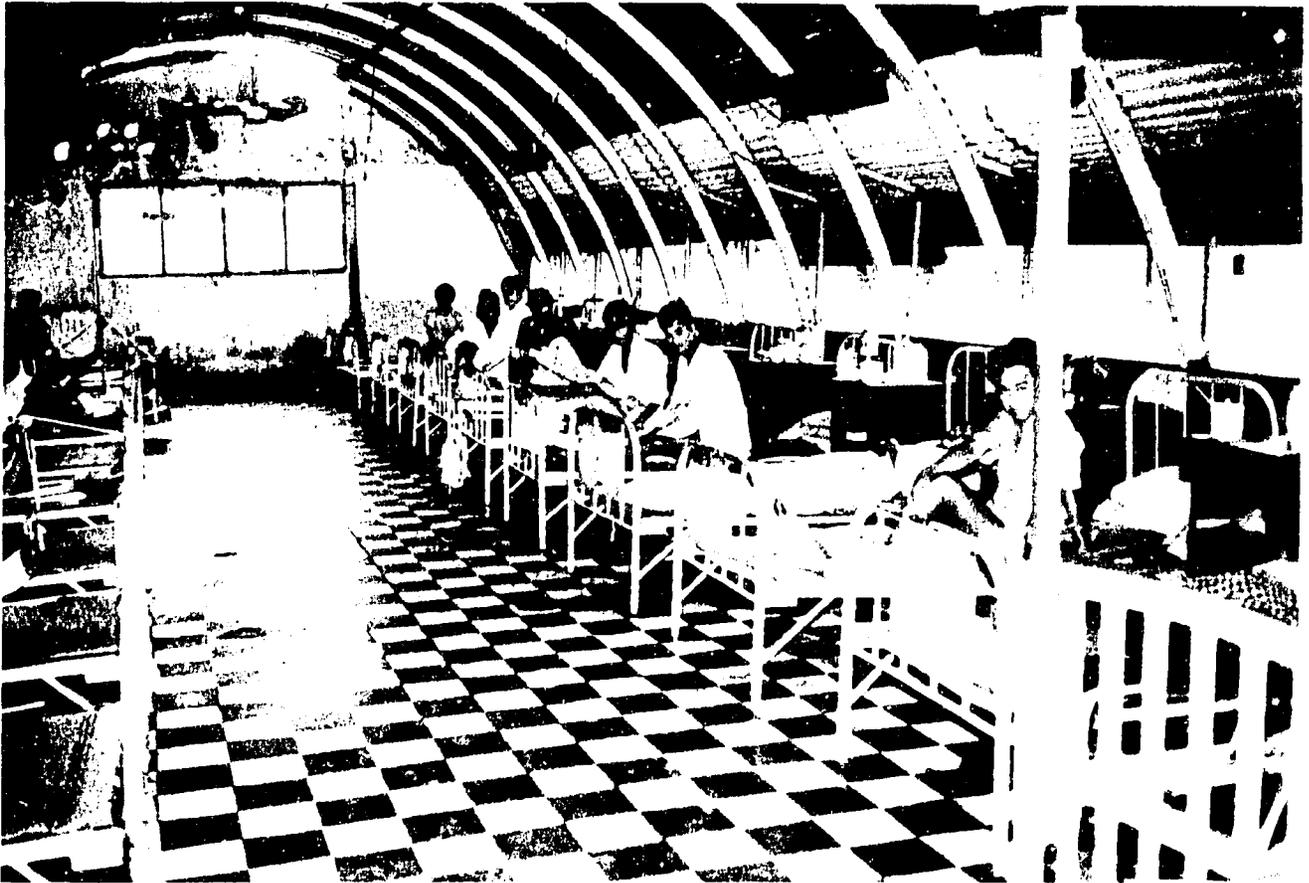
had been completed but no provision had been made for either staff or equipment. The United States has turned down requests to equip these hospitals.

In our review of assistance to war victims in Vietnam, we noted numerous refugee sites and former refugee sites that needed health-care assistance. At 38 refugee sites--which contained about 140,000 persons--that we visited in Military Regions 1, 2, 3, and 4, we found that many had health-care deficiencies: some had no health facilities and others had health facilities but had no health personnel and/or no medicine. A survey, conducted by U.S. advisors in Military Region 1 during 1970 and 1971, indicated that a number of the 252 temporary and resettlement sites surveyed lacked medical facilities and personnel.

It seems evident that the shortages of manpower, facilities, and medicines can be only accentuated as the United States withdraws personnel and reduces its financial support. As discussed in chapter 4, future reductions in U.S. financial assistance will place greater burdens on the GVN civil budget. Dollar financing of essential medical commodities and equipment, formerly provided by the United States, will have to come from GVN's scarce foreign-exchange earnings unless other external sources are obtained. So far there is little evidence of a movement in that direction.

In October 1971 we revisited seven of the nine Ministry of Health hospitals in Military Regions 1 and 4 that we had visited in 1970, and we met with Vietnamese and U.S. health officials and advisors. Hospitals in Regions 1 and 4 had reported about 75 percent of the civilian war-related casualty admissions. In general, we found that conditions at the seven hospitals had improved. Following are examples of our observations.

--At the Can Tho Regional Hospital there still was a shortage of medical personnel. The number of physicians and nurses had increased, however, after our visit in 1970.



GAO PHOTO

Orthopedic ward, Can Tho Regional Hospital

--The An Xuyen Province Hospital, which we found seriously overcrowded in 1970, had added four wards and had unused beds available. Staffing had improved although there still was a shortage of physicians, pharmacists, and nurses. The general condition and appearance of the hospital was poor. Drainage was bad. Toilets and showers in the new wards were inoperable because of improper use. Moreover the wards were not clean.

--The staffing of the Kien Giang Province Hospital had improved after 1970. There were enough doctors and assistant nurses assigned because of its joint utilization program, but there still was a shortage of nurse technicians, laboratory technicians, maintenance personnel, and midwives. The general condition

and appearance of the hospital was well above average. In contrast to other hospitals, latrines generally were operative.



GAO PHOTO

Operating room, Kien Giang Province Hospital



GAO PHOTO

Medical ward, Kien Giang Province Hospital

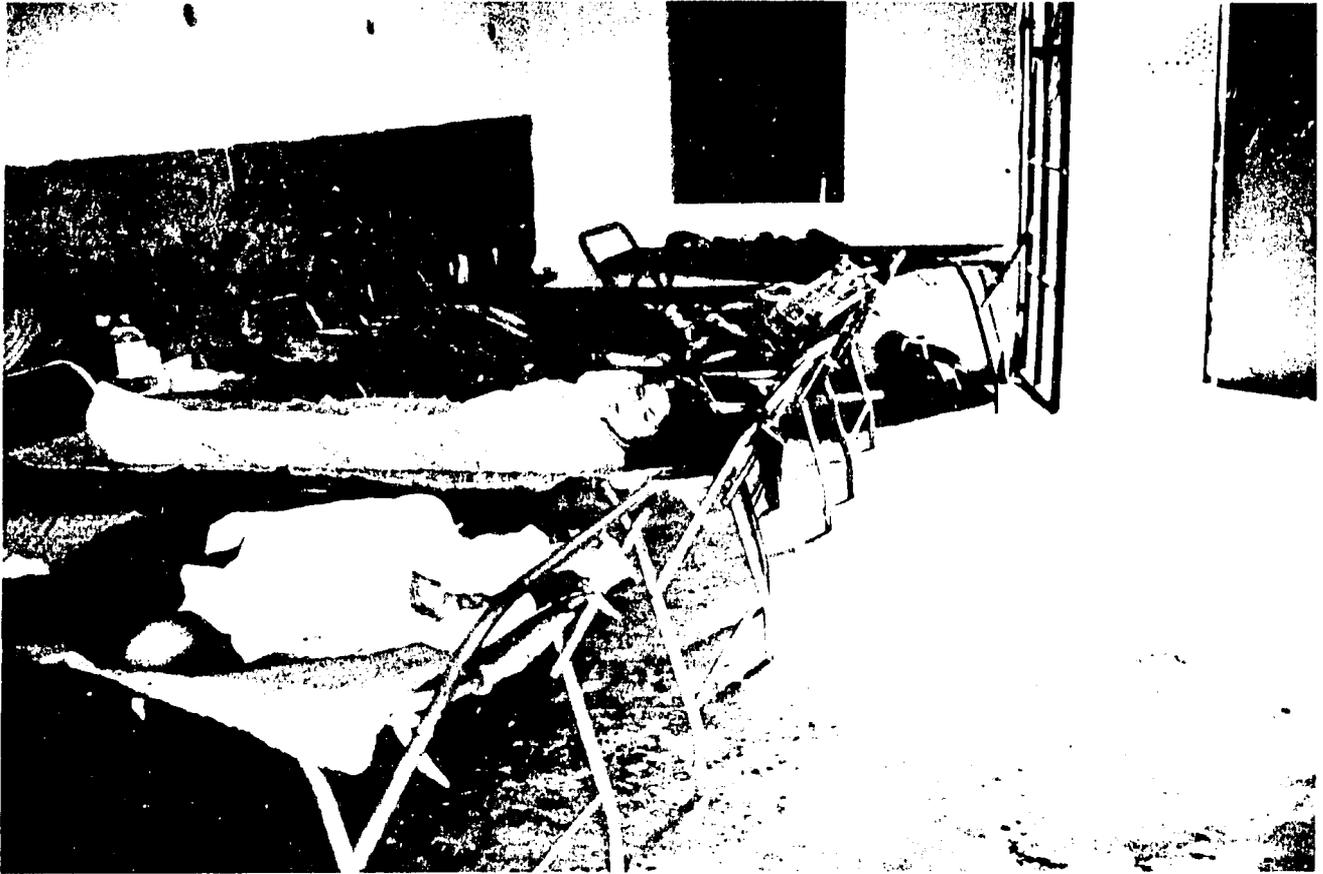
--At the Kien Phong Province Hospital, the water and electrical power deficiencies which we reported in 1970 had been corrected. Joint utilization had increased the number of physicians from one to six and reportedly had increased the level of medical care. The staffing had improved, but nurse technicians, pharmacists, and midwives still were needed. Hospital wards were clean, but the grounds were muddy because of poor drainage; garbage had not been disposed of properly, which created unsanitary conditions.



GAO PHOTO

Civilian medical ward, Kien Phong Province Hospital

--The most noticeable problem at the Quang Nam Province Hospital was the lack of running water. Water had to be drawn from a well. Plans had been made to install a pump to correct this problem. Most wards were dirty and gloomy. The hospital was jointly utilized and had no significant staffing shortages.



GAO PHOTO

Civilian medical ward, Quang Nam Province Hospital

--Overall conditions at the Da Nang Regional Hospital had improved significantly after our visit in 1970. Cleanliness was evident throughout, and there were no major maintenance problems. We saw no evidence of overcrowding. There still was a shortage of doctors, although the number assigned had increased from nine to 14.



GAO PHOTO

Medical ward, Da Nang Regional Hospital

--At the Hue National Hospital, staffing had improved after our 1970 visit and was not a significant problem. A dentist was assigned. This was a very old hospital, and some wards were dirty and deteriorating. A new hospital is under construction and is scheduled for completion in July 1972. The new hospital will increase the total bed capacity of the two hospitals from 1,050 to 1,400 persons, but no provision has been made for equipping the added facilities.



GAO PHOTO

Orthopedic ward, Hue National Hospital

Overcrowding was evident in most hospitals we visited in 1970. Our visits to hospitals in 1971 revealed very few instances of more than one patient to a bed, and most hospitals had empty beds. Inoperative sanitary facilities, inadequate drainage systems, and inadequate sewage disposal continued to be problems at most of the hospitals. Patients often misused the sanitary facilities or ignored them. Most hospitals had adequate electrical power supplied by public utilities and backup emergency generators. There were no critical maintenance problems at the time of our visits. U.S. officials, however, believe that, when U.S. support is withdrawn after fiscal year 1972, equipment maintenance will become a widespread and major problem. Graduates of the Ministry's maintenance training courses were assigned to most of the hospitals, but they were qualified to perform only minor maintenance, and one hospital had no trained maintenance workers.

DEPARTMENT OF DEFENSE HOSPITALS

The number of beds in U.S. military hospitals in Vietnam was 1,675 in September 1971 compared with 5,632 in July 1969. After April 1968 civilian war casualties had been treated in U.S. military hospitals when bed space was available. During that time the number of beds authorized for civilians was not a limiting factor on the number of Vietnamese civilians treated. The following schedule shows the decrease in the numbers of beds authorized for civilian war casualties and the daily average number of beds occupied by them from 1968.

	<u>Beds authorized</u>	<u>Average number of beds occupied</u>
1968	1100	542
1969	600	566
1970	600	452
1971 <sup>a</sup>	600	252
1971 <sup>b</sup>	400	129

<sup>a</sup> January to August.

<sup>b</sup> September 1 to 22.

Further reductions in the number of beds authorized are anticipated because of the phasedown of U.S. medical units and the increasing ability of the Vietnamese to care for these patients.

From May 1970, 12 DOD hospitals had ceased operations in Vietnam. Of these 12 hospitals, six were retained by the United States--two were mobile units and four were used for other purposes. The remaining six were offered to GVN; three were not considered suitable, and three were taken over and were being operated by the Vietnamese Army. The Ministry of Health has not received any hospital facilities from the U.S. military. We were informed that more U.S. hospitals probably will be turned over to GVN when the United States stops using them. The Ministry of Defense is interested in taking over four U.S. military hospitals having a total of 870 beds. The Ministry of Health also

expressed interest in these four hospitals and in one other having 310 beds. Under existing turnover procedures, GVN Armed Forces have first priority on excess U.S. facilities.

U.S. hospital facilities sometimes are not desired by GVN because of their location or because GVN feels that it cannot staff or maintain them. The U.S. military hospitals were constructed as temporary facilities and as such are not desirable for continued use, particularly from a maintenance standpoint. When turned over to GVN, however, they are left virtually intact except for certain high-technology equipment.

## CHAPTER 7

### MEDICAL LOGISTICS

The Ministry of Health operates its own logistics system which includes the warehousing and distribution of medical and related commodities and the maintenance and repair of medical equipment and vehicles. The Ministry receives substantial support in these activities from AID and DOD and, to a lesser extent, from other free-world countries.

#### COMMODITY SUPPORT

As shown by the following schedule, the United States has provided 86 percent of all medical and medical-related commodities used in the Ministry of Health's system since fiscal year 1969.

#### Source and Value of Commodities

<u>Fiscal year</u>	<u>Ministry of Health</u>	<u>AID</u>	<u>DOD</u>	<u>Total</u>
	----- (millions) -----			
1969	\$1.3	\$ 8.2	\$ 6.5	\$16.0
1970	1.3	9.5	5.5	16.3
1971	1.7	10.5	5.1	17.3
1972	<u>5.2</u>	<u>6.1</u>	<u>5.7</u>	<u>17.0</u>
(note a)				
Total	<u>\$9.5</u>	<u>\$34.3</u>	<u>\$22.8</u>	<u>\$66.6</u>
Percent	14	52	34	100

<sup>a</sup>Budgeted.

U.S. commodity assistance will be reduced substantially in fiscal year 1972. DOD has been paying a share of the cost of medical commodities procured from the U.S. Army Medical Depot in Okinawa, but DOD and AID have not agreed on the amount of DOD funds to be allocated for this purpose after fiscal year 1972. We were informed that AID planned

to reduce support for medical commodities to \$1 million in fiscal year 1976 but that it had not planned to provide any further support.

The reduction in U.S. financing of medical commodities will require GVN to assume responsibility for providing substantially more support to the Ministry of Health than it has provided in the past. Since most of the medical supplies needed are not yet manufactured in-country, GVN will have to utilize a part of its foreign exchange for this purpose unless additional external support is provided.

### MAINTENANCE

The Ministry of Health is responsible for the maintenance of vehicles and equipment in Ministry hospitals. The Ministry had 1,300 vehicles in November 1971, and the value of medical equipment in use was estimated at \$10 million to \$12 million. The Ministry operates maintenance and repair facilities at its main depot in Saigon and at three branch depots in other military regions. The Saigon facility conducts training courses in maintenance and repair of refrigeration and medical equipment and of electrical generators. USAID/VN has been providing instructors and mechanics, but the automotive maintenance positions are to be phased out and the medical equipment maintenance support is to be reduced from 24 technicians to six by July 1972.

#### Vehicle maintenance

USAID/VN currently has 30 Koreans under contract to maintain and repair vehicles used by the Ministry of Health and to train Vietnamese to take over this function. Due to the inability of the Ministry of Health to recruit apprentice mechanics, however, contract personnel made repairs but performed minimal training. In January 1971 USAID/VN reported:

"Progress in training MOH [Ministry of Health] personnel as automotive mechanics has been unsatisfactory. The MOH Directorate of Logistics has been unable to recruit trained mechanics because of low wages and military conscriptions. Personnel who have been made available for training are

for the most part daily hire employees who have a high turnover rate and only limited potential for becoming full fledged mechanics. Although both USAID and the MOH have benefited from services of the ROK [Republic of Korea] Mechanics Team, satisfactory progress has not been made towards achieving the training objective. Since the start of the contract in 1967, approximately 20 MOH employees have received some level of training while the MOH has a requirement for at least 150 skilled mechanics to maintain and repair the MOH vehicle and materials handling equipment fleet throughout the country. The ROK contract will be extended to July 1972, with a reduced number of mechanics and technicians. The Mission will consider termination of the vehicle maintenance activity at that time."

Automotive mechanics are available in Vietnam, but low Government wages have prevented the Ministry from recruiting them. At the hospitals and repair facilities that we visited, personnel were qualified to perform only minor maintenance on vehicles. Ministry of Health maintenance inspectors frequently reported a lack of maintenance personnel, as well as inoperative vehicles, at the hospitals.

According to USAID/VN officials, the vehicle maintenance problems will not be solved until GVN increases wages to attract qualified mechanics or shifts repairs to commercial contractors.

#### Medical equipment maintenance

Although the training of medical equipment repairmen by the Ministry has been relatively more successful than has the training of vehicle mechanics, USAID/VN reported that the need for qualified personnel was critical and that the amount of equipment on hand in health facilities throughout the country had increased to a point beyond the repair capabilities of Vietnamese repair technicians.

As of September 1971 USAID/VN was providing 24 technicians to assist in the repair and maintenance of medical equipment and to train Vietnamese to take over the function

eventually. By the end of fiscal year 1972, USAID/VN expects to eliminate all but six of these technicians and the Ministry of Health must assume responsibility for all repair and maintenance of equipment.

By 1975 the Ministry hopes to have 289 trained maintenance workers assigned to the hospitals and branch depots. Training began in July 1969; by October 1971, 165 persons had been graduated from various courses. Of the 165 persons trained, 25 quit, were drafted, or were assigned to nonmaintenance jobs in the Ministry. Low wages and the military draft were problems in recruiting and keeping workers.

Although the Ministry has been able to train and place many repairmen, the overall level of medical equipment maintenance probably will deteriorate when U.S. assistance is withdrawn. Graduates of short courses usually have no experience and are not qualified to make other than minor maintenance and repair. Major repair continues to be made by U.S.-supported employees and by Vietnamese advanced-course graduates.

## SUPPLY MANAGEMENT

Ministry hospitals often have reported difficulties in obtaining needed supplies from the depots. Apparently these difficulties were the result of various factors, including shortages of on-hand stocks in the depots and delays in processing requisitions and obtaining transportation for supplies. Stocks of some items, however, were in excess of immediate needs.

### Shortages

We found that the percent of active stock items for which a critical need existed--that is, either no stock was on hand or the stock on hand was less than enough to meet a 30-day demand--was 11.6 percent of stock items in fiscal year 1971 compared with 7.2 percent in fiscal year 1970.

The percent of the dollar amount of each month's processed requisitions that were not filled due to stock shortages rose from 26 percent in fiscal year 1970 to 32 percent in fiscal year 1971. The fill rate for processed requisitions fell from 85 percent in fiscal year 1969 to 80 percent in fiscal year 1971. The rate is expected to decrease further as U.S. personnel and commodity support is withdrawn.

### Delays in filling requisitions

The depot has not been able to achieve the acceptable 45-day time lag between receipt of the requisition and receipt of the material by the customer. In December 1970 AID auditors reported that this process required an average 57 days. The auditors attributed the delay to an excessive number of processing steps at the depot, to delays in approving requisitions, to not processing requisitions on a first-in-first-out basis, and to too many idle employees. At the time of our review in October 1971, more than the acceptable 45-day time lag in providing material to customers still was being experienced. We found that the processing effectiveness of requisitions received decreased from 89 percent in fiscal year 1970 to 74 percent in fiscal year 1971.

In a test of 83 customer orders, we found that for 57 items an average 76 days were taken between receipt of the

requisition at the Saigon depot and receipt of the material by the customer. In 26 additional cases where the date of customer receipt was not indicated, an average 88 days were taken between receipt of the requisition and shipment of the material by the depot.

One obvious cause of the delays was the lack of adequate transportation. We found several orders that had been waiting for shipment for over 30 days. One factor which had delayed the shipment of supplies was a change from shipment by air via Air America to shipment by trucks of firms under contract to the GVN Central Logistics Agency. Although the contractors are unable to satisfy the depot transportation requirements, the change was considered necessary by the United States to develop the GVN transportation capability and to reduce GVN dependence on U.S. resources which are expected to be withdrawn.

Excess stock

We reviewed stock records for 699 line items and found 60 line items which were in excess of the desired 6-month stock level. The value of these excess items was \$1.7 million.<sup>1</sup> We found also that about \$1.2 million of that amount was related to 15 of the 60 line items and was attributable to virtually all outstanding orders by the depot at the time of our review in October 1971. Examples of these items are listed below.

<u>Item</u>	<u>Months of supply on hand and on order</u>	<u>Value of excess</u>
Gauze bandage	15	\$ 65,146
Gauze bandage	17	121,350
Felt bandage	30	46,801
Surgical sponge	29	44,491
Streptomycin	11	175,336
Gauze pad	18	60,270
Cotton bandage	19	63,866
Diarrhea tablets	24	317,380

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<sup>1</sup>These excess items were based on stock records. Our review did not include a verification of inventory on hand or of the status of outstanding orders.

As a result of our review, USAID/VN initiated cancellation action for one half, or \$238,500 worth, of the diarrhea tablets on order. The other half of the outstanding orders were not canceled, because the Ministry of Health planned to produce these tablets in Vietnam and because USAID/VN wanted to ensure a sufficient supply of tablets until such time as that production capability was developed.

Procurement responsibility for the remaining 14 items was to be transferred to the Ministry of Health, and USAID/VN orders were left outstanding to ensure a supply of the items until Ministry procurement began. We believe that AID should bring the matter of excess stock to the attention of the Ministry of Health for appropriate action.

Although there were no orders outstanding for the other 45 items we found to be in excess, the value of the quantities on hand for these items was in excess of the value of desired stock levels by about \$500,000.

In 1968 we reported that the stock at the Ministry of Health depot was in excess of the requirements for some items. USAID/VN logistics advisors reported that the excess stock was a result of the depot's being oversupplied when the medical logistic project began in 1966. Little excess stock has been redistributed to other ministries or medical activities, mainly because of reluctance by the Ministry of Health to release commodities it eventually may use.

We noted, however, that the value of the stock on hand had decreased from \$9.7 million in January 1970 to \$4.9 million in September 1971.

### Inventory records

USAID/VN logistics advisors reported that one of the biggest problems in the Ministry of Health logistics system was inaccuracy of records. Due to its low wage scale, the Ministry of Health is not able to recruit high-caliber clerical employees, and, as a result, the accuracy of supply records is affected.

The inaccuracy of records is attested to by results of a physical inventory started at the Saigon depot in July 1971

by the Ministry of Health. This was the first inventory in 3 years. As of September 1971, 1,196 line items had been counted. There were differences between the actual quantities on hand and the stock record card balances in 37 percent of the cases. There were errors of at least \$200 each for 7 percent of the items.

An error in records processing resulted in the needless destruction in January 1971 of one lot of penicillin solution costing \$11,800. The penicillin, which was on hand in October 1970, was entered erroneously on a destruction authorization form. USAID/VN logistics advisors and the Ministry's Director of Logistics did not notice the error and approved the destruction of the penicillin.

## CHAPTER 8

### SCOPE OF REVIEW

This review was primarily an updating of our prior review of 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 and the U.S. Military Assistance Command Headquarters in Saigon, Vietnam; and at various medical facilities in Military Regions 1 and 4 in Vietnam. It included an examination of available records and discussions with responsible agency officials.

AID's written comments on our November 1970 report, which were provided to the Subcommittee in May 1971, were considered during this review and in developing this report.

EDWARD M. KENNEDY  
MASSACHUSETTS

United States Senate

WASHINGTON, D. C. 20510

July 7, 1971

The Honorable Elmer B. Staats  
Comptroller General of the United States  
General Accounting Office  
441 "G" Street, N. W.  
Washington, D. C. 20548

Dear Mr. Staats:

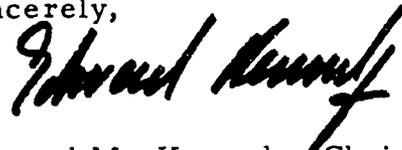
As you know, since 1965 war-related civilian problems in Indochina have been a major concern of the Judiciary Subcommittee on Refugees. On three occasions the Subcommittee requested the General Accounting Office to investigate the handling of these problems and related matters, and reports were subsequently filed with the Subcommittee.

In light of continuing Congressional and public interest, I would like to request a continuing inquiry into the situation in both Vietnam and Laos, and request as well that the inquiry now include Cambodia. Additionally, in view of growing interest in long-term programs of rehabilitation and reconstruction, I would also like to request that a separate inquiry be made into United States policy, projection, and planning in this area of concern.

To facilitate these requests it would be helpful if you would designate a representative of the General Accounting Office to get in touch with Mr. Dale de Haan, Counsel to the Subcommittee, for additional information.

Many thanks for your consideration and best wishes.

Sincerely,



Edward M. Kennedy, Chairman  
Subcommittee on Refugees