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Very important findings
Sen. Kennedy's speech of Jan. 25, 1968.
CIVILIAN CASUALTY AND REFUGEE
PROBLEMS IN SOUTH VIETNAM

FINDINGS AND RECOMMENDATIONS

OF THE

SUBCOMMITTEE TO INVESTIGATE PROBLEMS
CONNECTED WITH REFUGEES
AND ESCAPEES

OF THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE



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CIVILIAN CASUALTY AND REFUGEE PROBLEMS IN SOUTH VIETNAM

I. THE REFUGEE PROBLEM

A. A LOOK BACK TO 1954

The refugee in South Vietnam is not a new phenomenon. Immediately after the Geneva settlement of the Indochina war in 1954, South Vietnam was confronted with a mass exodus of people from the north. The Geneva accord gave residents of North and South Vietnam the right to choose in which half of the divided country they wanted to live and set May 18, 1955, as the final date for such movement. Beginning July 31, 1954, and continuing to the closing date of May 18, 1955, approximately 900,000 men, women, and children traveled to South Vietnam. Few people chose to move north.

The Diem government and the French were swamped and this country thus became a third partner in the gigantic resettlement effort.

The evacuees coming into the north were first assembled in temporary camps around Hanoi or sent on the Haiphong and Haiduong. At these centers they were checked, registered processed, and sent on to the south.

The technical divisions of the U.S. operations mission was called in and large-scale U.S. aid ensued.

The total amount of U.S. aid finally allocated was \$56.8 million. Of this sum, \$15.8 million was spent on transportation costs of a U.S. 7th Fleet Task Force to carry refugees from Haiphong to Saigon or Cap St. Jacques.

Harsh restrictive measures in North Vietnam and discouragement of refugee movement grew as the numbers seeking to travel south grew. For 9 months planes and ships continued to carry people to the south. Then the grace period ended and the borders were closed.

Resettlement of these refugees did not prove simple. There was not overall planning, nor was there ready availability of resettlement land.

Yet, it was possible for the South Vietnamese Government and U.S. officials to point with pride at the accomplishments in this area over the next 3 years. Some 660,000 people were close to self-sufficient. Some were cultivating rice, forests were being developed, loans for work, and for other equipment were made and were beginning to be repaid; numerous small cottage universities had sprung up.

It was possible for the Diem government to brag with much truth that "South Vietnam's No. 1 problem of 1954 had been turned into an asset by 1957."

The work with these people continued through the late fifties and into the sixties, with important assistance coming from a number of U.S. voluntary agencies, but by and large, the refugee problem was solved.

A new but smaller crisis arose in 1962 and 1963 when Vietcong harassment and terror drove approximately 150,000 Montagnards from their mountain homes. But with the experience of the fifties, the GVN and this country, through Agency for International Development programs and the voluntary agencies, moved in to help. By August of 1964, at the time of the Tonkin Gulf resolution, the refugee flow within South Vietnam was slight and the mass involuntary movement of people appeared no longer a problem.

Less than one year later, however, the problem of refugees had arisen again in South Vietnam, in new and previously undreamed of dimensions.

B. THE NEW REFUGEES OF 1965

The Senate Judiciary Subcommittee on Refugees began hearings on the new refugee flow in South Vietnam in July of 1965 after a preliminary investigation had revealed a serious lack of awareness on the part of United States and South Vietnamese officials.

By July of 1965 subcommittee estimates of the number of new refugees exceeded 600,000 people; yet, U.S. officials were still talking of the problem in 1954 terms.

During the course of hearings in the summer of 1965, the muddled and uncertain official U.S. policy became apparent. A few quotes from for International Development served to highlight the prevailing official views of the time:

"Well, Mr. Chairman," said a high State Department official, "the care of the refugees is something that is primarily in the hands of the Vietnamese Government and from the discussions of the subject and from the area, we are satisfied that the refugees are getting at least a minimum of care, and that, as I say, where possible, they are being retrained and any kind of work found for them."

"Most of the refugees," said the man heading the AID Vietnam efforts, "are farmers who bring with them no special skills needed in the crowded coastal and highlands towns. They present a major burden to an economy already suffering from dislocation and pose an additional strain on U.S. logistic facilities."

And again, it was stated:

Basic responsibility for caring for these refugees lies, of course, with the South Vietnamese Government * * * allowances are adequate, but are limited to providing necessities in order to avoid attracting refugees unnecessarily.

In point of fact, the refugees at the time of this testimony were not receiving a minimum of care and the belief that the refugee was a burden permeated the thinking of both the United States and Government of South Vietnam. The fear of providing such plush conditions as to create a refugee class was so far from reality as to be almost ludicrous.

The actual status of the refugee program in the summer of 1965 as found by the subcommittee is as follows:

1. Surveys of refugees and their needs were nonexistent and there was no conception of the importance of these programs in the winning of the so-called other war.

2. The U.S. AID mission in Vietnam did not have a single person assigned full time to refugee affairs and in fact was still operating on contingency plans for handling 100,000 refugees at a time when over 600,000 had already fled their homes.

3. No funds were being allocated especially for refugee programs or the emergency needs of the refugees by our Government, despite the availability of financial support for a variety of commercial programs.

4. The South Vietnamese Ministry, responsible for handling the refugee program, had almost totally broken down—food, blankets and the meager allowances designated for the refugees were, in most cases, not reaching these hapless people. Corruption and diversion of goods were more common than not in the refugee programs.

The subcommittee chairman's concern over this situation led him to take the Senate floor on July 22, 1965, and warn of the increasing "humanitarian needs and political ramifications" of the refugee problem, and "the real possibility of a doubling—even tripling—of the number of refugees."

He concluded his warning by saying:

I cannot stress enough our need to be alert and attuned to the refugees' problems in Vietnam, especially in light of an almost certain escalation of the numbers and the needs of these refugees in the near future. The course of events in Vietnam in part depends on our efforts to help these hapless and needy people.

A subsequent investigation, conducted by the GAO confirmed a great many of the subcommittee fears:

"It appears clear," said the GAO in a formal report to the refugee subcommittee, dated September 23, 1965, "that for a good part of the time in which the refugee problem was becoming increasingly severe, neither the Government of Vietnam, nor the AID mission was fully aware of its extent, or the magnitude to which it did grow."

C. A PARTIAL RESPONSE

But at least it can be said that by the fall of 1965, the beginnings of a refugee program had been set up. Separate refugee offices were staffed within the AID structure in Vietnam and in Washington. A crash program to hire and develop refugee personnel was set in operation and slowly the number of U.S. people working in this vital area was increased, far too slowly. By early 1966, the head of the AID refugee program in Vietnam reported to the refugee subcommittee that "but seven full-time refugee workers were in the field" although another 12 were working in Saigon.

U.S. officials still had not fully grasped the long-range political importance of the refugee problem and in turn had failed to instill a sense of mission in their South Vietnamese counterparts. Despite AID's stated new concept that it was essential to change the refugees from a "national drain to a national gain," the needed priority and drive was missing.

The main problem, always present but never directly exposed or confronted, was a lack of genuine concern for the refugees and the people of the countryside by the Saigon Government. Buried deep in the GAO September 1965 report was this revealing information:

Messages from the AID mission * * * state that a key aspect of the problem is the lack of genuine concern for the refugee on the part of the Government. * * *

Time and again, witnesses in executive session, or in private communication with the subcommittee would point to a lack of concern,

even a total disdain of the refugees on the part of officials of the Saigon Government.

Our Government either was unwilling or unable to impress on Saigon the importance of the refugee program and indeed other programs aimed at improving the health and well-being of the people of South Vietnam; and without the full support and efforts of the Government of South Vietnam from the highest levels, progress in these crucial areas could not be achieved; at best all that could be hoped for was an ad hoc, stop-gap effort limited to attempting to neutralize the political response of the refugees rather than gaining their support and allegiance. And so we saw, late in 1965, in 1966, and in 1967 the development of an ad hoc program aimed at preventing major human catastrophe. As the number of refugees continued to grow, so too did U.S. input. From almost no budget for refugees in fiscal 1965, the U.S. budget allocation grew to \$25 million in 1966, to over \$30 million in 1967 to a projected \$43 million in 1968. From no workers assigned exclusively to refugee work in the summer of 1965, refugee personnel grew to 19, to 32, to 56, to recent levels of 72 U.S. people working full time in refugee programs.

In addition to these U.S. efforts, Army civil affairs teams began work with refugees and the voluntary agencies, such as the International Voluntary Services, the American Friends, the Red Cross, Catholic Relief Service, and other groups again began major expansion of their efforts in the refugee relief program. And so input of U.S. efforts increased substantially from the low point of 1965. Yet, despite the increased financial outlay and the growing U.S. awareness of the problem, the refugee program prior to the Vietcong Tet offensive had a number of significant shortcomings.

D. THE SHORTCOMINGS OF THE REFUGEE PROGRAM PRIOR TO TET

Very important An analysis of these shortcomings (of the refugee program prior to Tet) we believe, may contribute to a better understanding of some of the surprising strength shown by the Vietcong in February and March and the lack of advance warning for the ordinary people of South Vietnam concerning the impending offensive. In analyzing the situation as it existed in January, 1968, we think it is important to understand the dimensions and scope of the refugee problem.

We are not talking about a few thousand, or even a few hundred thousand uprooted people—we are talking about millions, certainly more than 3 million and perhaps closer to 4 million.

First, it will be necessary to look closely at the official South Vietnamese Government refugee figures. The official charts show the following number of refugees over the past 3 years:

Year	Cumulative refugees	Temporary refugees
Dec. 31, 1965.....	735, 353	453, 667
Dec. 31, 1966.....	1, 678, 089	809, 456
Dec. 31, 1967.....	2, 114, 197	793, 944

But additional facts allow a more realistic interpretation of these figures.

There are two areas where these figures fall down. First, in setting forth the number of refugees and secondly in the listing of numbers resettled.

As to the number of refugees officially listed, it is clear that they represent only a part of the numbers actually uprooted and in need of aid.

James R. Dumpson, dean of the Fordham School of Social Service, recently reported on an important task force investigation of the refugee problem conducted in Vietnam for AID. In testimony before the Subcommittee on Refugees, Dean Dumpson, reported in part as follows:

You know, Mr. Chairman, from previous discussions with me and members of the team, I tend to reject the term "refugees" because it does not represent all of the displaced families—men, women, and children who must be the concern of the Government of Vietnam and our own Government.

Thousands of children who are without families living in conditions that threaten their immediate and future well being, and the men, women and children who live in worsening conditions in the urban centers of the country, these I include.

Now, as you know, the responsibility for the care and protection of refugees is assigned to the Commissariat for Refugees of the Government of Vietnam, and I must underscore after a 3-month period the meager assistance of this Commissariat terminates irrespective of the needs of the refugees. Technically, the refugees then become the responsibility of the Ministry of Social Welfare which has neither the funds nor personnel to carry out and assume this responsibility, and, therefore, aside, from the efforts of the voluntary agencies which cannot possibly meet the needs of 500,000 or 600,000 refugees, these people are left pretty much on their own.

Of equal concern, and pressing for attention, are not only those refugees who are in the refugee camps, but those people who do not go to refugee camps and, therefore, are not in the statistics of the number of refugees in the country. Instead on their own initiative, they sought haven with families or friends and have decided to make it on their own.

Their plight is worse, if that is possible, than those who are in the refugee camps, because they are technically not registered refugees in camps, and they are not the responsibility of the Commissariat and, as I have indicated, because the Ministry of Social Welfare has neither the personnel nor the funds that responsibility, the responsibility of that Ministry, is not carried out.

Dean Dumpson and others who have studied this problem have estimated that the number of uprooted who are not officially registered as refugees ranged between 2 million to 2½ million by the fall of 1967.

In addition to the uprooted who are not recorded in the official refugee figures, there is a need to revise the claims of the number of refugees resettled. As of December 31, 1967, this number was placed at approximately 1,300,000 leaving a total of just under 800,000 registered refugees in need of help.

But the resettlement claims are distorted. A large percentage of the refugees listed as permanently resettled were changed to that status by simply converting on paper the camps they lived in from a listing as a temporary camp to a listing showing the camp was now a permanent resettlement camp.

In almost all cases, the camps were not altered—crowded living conditions were not improved and resettlement payments were not made to many of the refugees.

In other cases paperwork was processed showing refugees as resettled and therefore entitled to their \$43 each resettlement payment, but although these payments were often carried in the books as made, more often than not, they never reached the refugees.

It is obvious that the number of refugees claimed resettled by the South Vietnamese is far in excess of the actual number and that the number of refugees is far greater than that officially listed.

Regardless of the official figures, however, prior to Tet, there was a vast number of uprooted South Vietnamese civilians requiring assistance—a number which approximated 4 million people, or 1 in 4 South Vietnamese citizens.

What was the living conditions of the refugees in December of 1967. This report has already quoted from some of Dean Dumpson's descriptions of the plight of the uprooted in the cities and urban areas of the coast. The living conditions of those refugees living in camps was the subject of a recent GAO investigation and some of the GAO findings shed light on the camp conditions.

The GAO spot check survey of 18 official refugee camps accommodating 28,460 persons reported the following conditions in December 1967:

(a) Only 826 of the minimum requirement of 1,847 housing units were actually in existence—under 45 percent.

(b) Only 14 schools were in existence despite a minimum scheduled requirement of 60—few of the refugee children were being given a chance for education.

(c) Of a needed 50 medical dispensaries, considered necessary for refugee health needs in these 18 camps, there were actually only three available.

(d) The GAO found that sanitation facilities were being completely ignored, less than 1 percent of the 940 sanitation facilities set forth as minimum requirements were in existence.

This, then, was the status of the refugee situation prior to a January 1968 personal inspection of conditions by the chairman of the subcommittee.

II. CIVILIAN HEALTH AND CASUALTY PROBLEMS IN SOUTH VIETNAM

A. EARLY HEALTH PROBLEMS OF 1965

During the course of the initial hearings of the subcommittee in the summer of 1965, considerable testimony was given on the problem of civilian health needs and civilian war injured in South Vietnam. Some of the early health items developed in the 1965 hearings were the following:

(1) There were approximately 800 South Vietnamese doctors, of whom 500 were in the army, 150 treated only private-paying patients, and 150 were available for the 15 to 16 million citizens of South Vietnam.

(2) Cholera cases increased in South Vietnam from a few hundred in 1963 to over 20,000 in 1965. Malaria incidents were also increasing.

(3) There were 28 provincial hospitals in South Vietnam in which surgical suites had been constructed. Only 11 of these hospital surgical units were being used, because additional medical personnel were unavailable.

(4) There was a lack of linen and sterilizers in many South Vietnamese hospitals.

(5) There was a general shortage of trained nurses, some surgical teams having none. One witness, however, cited an example of nurses

available at \$26 per month, but no funds were released to pay their salaries.

(6) There was only one school of social work in all of South Vietnam. This school had been inoperative for 3 years, but had recently been reopened with an 18-month program, which was expected to produce some 40 graduates per term. Many social workers were urgently needed in South Vietnam.

(7) International social service and foster parents' plan programs had been severely curtailed because the agencies lack social workers, especially Vietnamese.

(8) Over 10,000 children were living in some 63 overcrowded and inadequate orphanages. Thousands more were being housed in refugee camps or hospitals.

(9) Many children were separated from parents and relatives and treated as orphans merely because trained social workers were not available to question them, and after gathering information, to reunite them with family and relatives.

(10) No program of rehabilitation had been established for the growing number of amputees until late summer, 1965.

The question of civilian war casualties was discussed in descriptive and general terms, but it was clear that there was little factual information available. Reports reaching the subcommittee during 1966, however, began to create a serious concern that the civilian war casualty problem, like the refugee problem, had reached alarming dimensions, and, like the refugee problems, was, in the early stages, being neglected.

B. THE COMMITTEE INVESTIGATIONS OF 1966-67

In November 1966, the staff of the subcommittee began an intensive investigation in the civilian casualty problem. Requests were made through official United States and GVN channels for information on the number of these casualties and the treatment being afforded them. Staff members began interviewing doctors who had served in Vietnam for periods ranging from 2 months to 2 years and covering the varied medical problems in each of the Provinces.

The survey continued for over 4 months, and for the first time, reasonably accurate judgments on civilian casualties began to be formed.

By March 1967, the subcommittee had completed the first stage of its investigation. The survey produced information that civilian war casualties were running at a rate of at least 100,000 per year and that the medical treatment afforded these civilian casualties was substantially inadequate. Estimates of emergency needs were drawn up by the subcommittee, including cost analysis for the additional hospital facilities, medicine, personnel, and logistic support considered necessary.

The chairman of the subcommittee communicated the results of the subcommittee investigations and the recommended emergency steps necessary to face up to the problem to the White House, the Department of State, the Agency for International Development, and the Department of Defense and asked that this matter be considered at the March 19 Guam Conference, which was done.

Thereafter, some additional civilian health programs were authorized and on April 6, 1967, the Department of State announced that

three new Department of Defense hospitals would be constructed to handle civilian casualties—a total of 1,106 new beds. It was expected that the hospitals would be in operation by fall 1967.

At the same time, the subcommittee chairman began urging that a medical survey team be formed and sent to Vietnam to determine the health and civilian casualty needs and make recommendations for new programs. In July 1967, both a social welfare survey team and a medical survey team left for Vietnam.

Meanwhile, additional information was reported to the subcommittee indicating inadequate medical facilities and treatment available for civilian war wounded. And latest information was indicating that the number of wounded was running at a higher rate than had originally been estimated.

After a number of executive sessions of the subcommittee, including a full report from the medical survey team, it was determined that public hearings would be required in order to bring the facts about civilian war casualties and health problems to the attention of the public.

C. THE OCTOBER 1967 HEARINGS

The hearings were held in October 1967 and lasted for 2 weeks. Some of the facts brought out at the hearings were as follows:

(1) Not one of 43 Provincial hospitals in South Vietnam were considered up to minimum standards for a developing country by the medical survey team. Almost all the hospitals lacked electricity, drinking water, and sanitation facilities.

(2) The medical logistics system had broken down over the past 2 years and was only rated 22 percent efficient. Drugs and medical equipment were in short supply, soap was not even available in many hospitals.

(3) There was a serious inadequacy of surgeons available to operate on civilian casualties and in hospitals like Da Nang, hundreds of South Vietnamese wounded were living in sheds, corridors, floors, sometimes in open courtyards, awaiting surgery that might be delayed a year or more.

(4) Conditions of extreme overcrowding existed in some hospitals, with two, three, and four to a bed. Often hospitals were virtually closed at night and weekends because medical personnel were unavailable or unwilling to work.

(5) Some 36,000 amputees were awaiting prosthetic devices with only a few hundred a month being produced. Prospects were for delays of years for most, which, in many cases, would mean prosthetic devices would never be able to be effectively used.

(6) No means had been developed for getting the war injured patients to hospitals and the lapse of time from injury to time of admission to hospitals for those who did reach hospitals more often than not was running 24 to 36 hours.

(7) Estimates of those civilians killed outright or dying before reaching hospitals ran from 20,000 per year to 50,000 per year and some even suggested a higher number.

Meanwhile, delay after delay was occurring in the implication of the DOD hospital construction program, although new announcements

of the scheduled construction were made twice more in 1967 with no reference to the delayed time schedule.

During this period of time, however, this country's financial commitment to civilian medical programs was increased substantially. From a total civilian medical budget of \$5 million in 1965, the U.S. input went to \$34 million in 1966. It rose to \$37 million in 1967. The number of medical personnel in Vietnam grew substantially, in part from the AMA voluntary physicians program and in part from recruitment of free world teams.

By the fall 1967 there were over 180 doctors from the free world divided among 25 teams and 21 military Provincial hospital assistance programs teams (made up of doctors and medics from the U.S. Armed Forces were deployed in almost all the Provinces).

Yet the sad fact remained, as the AID-sponsored medical survey team reported, the civilian medical programs in Vietnam were totally inadequate to meet minimum needs of the country in time of peace, much less in time of war.

"The destruction of villages, the uncontrolled movement of groups of people and the squalid conditions in the camps," reported an Australian doctor in the October New England Journal of Medicine, "have broken the natural barriers to the spread of disease * * * arising incidence of undernutrition, especially among children * * * tuberculosis, * * * intestinal parasites, leprosy * * * malaria have been major causes of morbidity * * * plague * * * cholera also have grown greatly in number."

To these endemic problems, made far worse by the disrupting effect of the war, was added the direct burden of a growing number of civilian war injured—all on a totally inadequate and outmoded medical hospital system. This then was the medical situation in Vietnam at the end of 1967.

III. REPORT ON PERSONAL INVESTIGATION OF CHAIRMAN AND COMMITTEE STAFF IN JANUARY 1968—REFUGEE PROBLEM

A. THE NUMBERS GAME

The inaccuracy of the official Vietnam refugee figures is one of the first things which became apparent during the field investigation by the chairman and committee staff. Some specific examples:

(1) A map is published monthly in Saigon showing the number of refugees in each province. These are the figures regarded as "official." It is interesting that of the 48 provinces and cities listed on these maps, about half did not show a change in the numbers of refugees by even one during the 2-month period of September 30 to November 30, 1967. It was also interesting that Saigon is repeatedly listed on these monthly maps as having "0" inside-camp refugees and "0" outside-camp refugees, whereas the number of refugees in Saigon has been estimated to be in excess of 500,000. The head of the South Vietnamese refugee section himself estimated the number in excess of 300,000, yet the map continues to carry "0" in both categories.

Other specific examples of inaccuracy turned up almost at every camp visited. In Kien Tuong Province in IV Corps, the latest official figure listed 1,811 refugees. Local officials listed the refugees at 3,656, a little over twice the official number.

The map for September 30, 1967, records 1,810 refugees in Binh Thuan Province, none of them "in camp." The same map for the following month (as of October 31) showed that the number of refugees had dropped to 1,483. By November 30, the map showed a total of 1,527 refugees, with only 238 "in camp." When the subcommittee staff went to Binh Thuan itself, they were able to examine the camp by camp statistics. These showed a total of 12,994 refugees in the province, a discrepancy of 11,467.

In Pleiku, subcommittee investigators found that one group of 13,000 refugees were counted by the South Vietnamese as "resettled," but some 10,000 of these "resettled" refugees had never received a piastre of the resettlement allowance.

The total figures for Binh Thuan Provinces officially carried the number of refugees "resettled" as 115,000. U.S. officials told subcommittee members that 65,000 of these "resettled" refugees were not in fact resettled and had received none or only part of their resettlement allowances.

These examples are typical of the type of situation the chairman and staff found in refugee camp after refugee camp. On a wider nature they noted a pattern of shifting of refugees from "temporary in camp" to "temporary out of camp" back to "temporary in camp" again which bore no relation to the status of the refugee. And in the same places camps were found to be listed as "temporary" where the refugees had remained for 4 years. The Cathedral Camp in Qui Nhon was an example of this. Other camps, obviously temporarily in the sense that their occupants had not received their allowances and wanted nothing more than to move were found to have been transferred overnight on the GVN books to permanent status by a simple notation on some government record.

A Red Cross representative with a year's experience in helping to operate some 40 refugee camps estimated that the GVN figures for out-of-camp refugees were consistently low by at least 20 percent. Other refugee personnel estimated as high as 100 percent. Regardless of the percentage, it was clear that nothing resembling even remotely accurate information on the numbers of refugees have been made available.

B. CONDITIONS IN CAMPS

It is difficult to generalize about camp conditions because every camp was different. But in general, the camps and living conditions were found to be poor.

Every camp visited seemed to have substantial inadequacies. Invariably the camps were overcrowded, food and even drinking water was scarce, schools and medical dispensaries far below professed minimum GVN goals.

One camp had no tin for its roofs, and the chairman was told this was because tin was not available in Vietnam. Another camp had tin roofs on every house. One camp had received only bulgar wheat and had never received rice and our staff investigators were told that this was because no rice was available anywhere. In other camps there were large bags of rice in every house.

At the subcommittee's request, the GAO ran a spot check of the conditions of refugees' camps in Vietnam during September, October,

November, and December of 1967. They were asked to pick camps at random and determine the physical conditions of the camps.

The GAO conducted an in-depth survey of 18 "official" refugee camps accommodating 28,460 persons and showed the following:

(a) Only 826 of the minimum requirement of 1,847 housing units were actually in existence—under 45 percent;

(b) Only 14 schools were in existence despite a minimum scheduled requirement of 60; few of the refugee children were being given a chance for education;

(c) Of a needed 50 medical dispensaries, considered necessary for refugee health needs in these 18 camps, there were actually only three available;

(d) The GAO found that sanitation facilities were being completely ignored, less than 1 percent of the 940 sanitation facilities set forth as minimum requirements were in existence.

These findings are easy to brush aside—until one gets a chance to translate the statistics into people and specific places. Then, the statistics become less important and the human deprivations and suffering represented by the statistics begin to have an impact.

Some excerpts from the field investigation reports would, perhaps, be helpful in showing the human side of the statistics: "We saw women and children crowded into hovels with little or no room to move or sleep, or even breathe. We saw places without water or cooking areas or sanitation facilities which were called model camps. We saw vacant-eyed peasants staring out of dark recesses with nothing but time on their hands. The refugee problem cannot really be understood until one sees the flesh and blood of it.

"And as bad as the camp conditions we observed were, the living conditions of the unregistered refugees of the urban centers are often far worse. In the urban centers of Saigon, Da Nang, Quang Ngai and other coastal areas, it is possible to see a breakdown in the fabric of life in South Vietnam that is appalling.

"In large sections of Saigon, there are hundreds of thousands of people living in squalor, in subhuman conditions. They sleep in the alleys and in the streets, in courtyards and halls, even in graveyards and mausoleums where bodies have been removed to allow more room. Most have no work, the children run wild; there is little food, little to sustain them both physically and mentally. The areas they live in are breeding grounds for disease and illness and for Vietcong recruitment."

C. THE PROBLEM OF CORRUPTION:

Over the past 3 years, the United States has contributed approximately \$100 million for refugee relief. The amount has steadily increased since the low point of 1965. There is general knowledge among U.S. officials both in Vietnam and Washington that the program has been crippled by rampant corruption and thievery.

In staff interviews with the hard-pressed American refugee personnel, it was repeatedly estimated that less than half of the supplies ever reach the refugees. The officials of the Government of South Vietnam and the Province chiefs supported by them have the keys to the warehouses, and they diverted much of the goods to their own use.

Evidence?

Each refugee is supposed to receive the equivalent of \$43 at the time of his removal from the refugee rolls and resettlement. It was estimated by a top U.S. adviser to the refugee program that 75 percent of this amount was being siphoned off before it reached the people.

So that there can be no misunderstanding of the extent and importance of the problem of corruption, it might be helpful to document a few of many cases of misuse of funds that came to light during the subcommittee investigations of last January in Vietnam.

For example, in Pleiku, of 13,000 refugees whom the Government of Vietnam counted as resettled, 10,000 had never received a piastre of their resettlement allotment. All were listed as having been paid in full and no one was able to account for the missing money.

At a camp near Phan Thiet in Binh Thuan Province, all of the refugees' green record cards were stacked in the office of the local refugee chief. The chief said that when he had arrived in July of 1966, no resettlement payments had been made although the refugees were listed as having been permanently resettled. He went to Saigon to get payments approved but was told that allowances would be given only to future refugees. Despite that assurance, he told committee investigators that only 2,000 out of 5,000 piastres have actually been paid to each post-1966 refugee to date.

But a random inspection of green cards showed no piastre payments at all. When the individual refugees' names were checked on the refugee chief's official records, which were submitted to Saigon to prove payment, these records showed payments had been made. Saigon had issued and approved the piastres on the basis of the official records even though the piastres had never reached the refugees. Since the refugees received only the green cards, they were not aware that payments supposedly had been made to them.

Another example of corruption was in Quang Ngai Province last year, when for 10 straight months, 147,000 refugees were cut off from food and funds because of a scandal over corruption of Government of Vietnam officials.

Other less publicized examples are plentiful.

The social welfare refugee chief at Phan Rauy in Binh Dinh Province has recently been put in jail for stealing refugee funds.

In the area surrounding Qui Nhon, 80 school units were to have been built in 1967 for the refugees. Not one was built, nor were adequate piastre payments made. When inquiries were made about the delay, our investigators again found that responsible officials alleged corruption in the program.

Throughout Vietnam, both U.S. advisers and South Vietnamese complained of the corruption. The teachers at the refugee cadre training school in Qui Nhon who teach refugee workers under contract with AFD were asked what the biggest problem was in relation to refugees. Their reply was one word—"corruption."

At Phan Thiet in Binh Thuan Province, the local chief described what he euphemistically called the "Vietnamese problem." By this he meant that it was difficult to get things out of Saigon, "and even when you do, you lose them at every level thereafter."

Of course, the corruption in the refugee program is but one aspect of a general infestation. But the subcommittee chairman and staff came back from investigating refugee problems in South Vietnam

Who?

Evidently
ref. was
not
questioned
yet.

with the conclusion that the United States and the South Vietnamese Government are suffering serious defeats in our refugee efforts because of corruption and until and unless this problem is solved, there will never be a satisfactory refugee effort.

D. THE ATTITUDE OF THE REFUGEES

Our investigation found a great deal of resentment toward the United States among the refugees. The majority of refugees interviewed claimed they were either deposited in camps by the Americans or fled to camps in fear of American airplanes and artillery. A lesser number claimed they were driven from their homes by the Vietcong.

In January of 1968, immediately prior to Tet, the subcommittee staff found that the Vietcong had made sharp inroads in the refugee camps. At Dai Loc, in Quang Nam Province, for example, the camp was surrounded by Vietcong-controlled areas, and in Thuong Duc, the Vietcong were immediately across a river bordering the camp.

At Cua Viet, in Quang Tri Province, marines must regularly accompany visitors because the 3,000 refugees were thought to have been so successfully indoctrinated by the Vietcong.

The camps surrounding a U.S. military outpost in Quang Ngai were used by the Vietcong as a firing ground for mortar and artillery when attacks were made in December.

At a camp near Beriu Sac, in Binh Dinh Province, the Vietcong regularly fire on our refugee officials from the surrounding mountains during the daytime. Again, it was considered so Vietcong oriented as to be unsafe for visitors.

At Hoa Cu (186 families), Kinh Cha (136 families), and Tau Lap (132 families), in Kieh Tuong Province, 40 percent of the refugees were estimated to be Vietcong or Vietcong sympathizers. These camps, our investigators were told, had not received their food allotments over many months and no work was available in any form for the refugees.

Our investigators were constantly told there is no food problem among the refugees; but, in fact, they found that there was hunger and even cases of near starvation in many of the camps and that these conditions were causing great bitterness and disaffection.

For example, rice deliveries to the refugees at Edap Enang, near Pleiku, have been intermittent. One part of the camp went 3 weeks without any food whatever during a period when deliveries were supposed to have been made each week. Officials found that much rice had disappeared between Pleiku and the camp. In addition, the Montagnards, who were promised a rice allowance, were not receiving it.

At Cua Viet, in Quang Tri Province, the people are hungry even though the camp abounds the ocean, so that fishing is available. Because of Vietcong activity, it is considered dangerous to deliver food to the camp. The camps in the Trieu Phong district surrounding Quang Tri City also need food, but the difficulty or danger of delivery cannot be a reason for the scarcity.

Sometimes the refugees are forced from camp to camp because of lack of food. On the day a staff member arrived at a camp in the Tuyen Binh district of Kien Tuong, a refugee had just arrived from the Trai Khu 6 camp in Khu district, some 30 kilometers away. He had come

all this distance because the Trai Khu camp was receiving no food or piastres.

At a particularly terrible temporary camp in Binh Thuan Province called Binh An, one woman with tears in her eyes told a staff member that she had been at the camp for 8 months, she had been registered for 1 month, and she had received nothing at all. Another family, which was made up of six members, had only one tiny bag of rice, with no expectation of receiving more.

Cam Lo, in Quang Tri Province, is considered by American authorities to be a showplace, with regularly designed "streets" and well-constructed homes. A priest, Father Co, is responsible for one section of this, the largest refugee camp in Vietnam, and he boasts schoolrooms and a dispensary for his people. Yet in other parts of this same camp, 360 families were without adequate food.

The reaction of the refugees at Edap Enang, near Pleiku, to the entire refugee program can be summarized as follows:

We are not getting enough rice, salt, or water—and half of what we are supposed to get is taken by the officials.

These problems are not restricted to food and housing. One of the primary complaints of refugees is that they have nothing to do.

At a camp near Tuy Prong, in Binh Thuan Province, for example, the refugees literally pleaded for work. Their village was not in an H. & I. zone, and had not been destroyed. The villagers wanted to go back to get their remaining animals, but the district chief would not let them. They had nothing to do and just sat, hopelessly waiting for food or piastre payments.

The lack of work is particularly difficult in poor rice growing areas. For example, in IV Corps' Kien Tuong Province—the "Plain of Reeds"—the refugees do not receive nearly enough rice for their families and yet they cannot till the infertile fields to supply their own.

A survey published in September 1967 showed that 45 percent of the refugees interviewed classified themselves as farmers, another 13 percent as laborers, and almost 20 percent declared no occupation. When the refugees were asked what training they desired, 21,500 out of 35,000 said none at all. It is thus obvious that retraining efforts, while important in limited instances, is not as important in the overall picture as obtaining land for these refugees to work. This means either a return to their original homesites or proper planning to make certain that camps are placed near fields available for the production of rice.

Because these are essentially simple people, whose needs and aspirations are not expansive, we and their own government have deluded ourselves into thinking that so long as they receive any help at all, we must be winning their hearts and minds. This is an entirely erroneous view of them. It is true, of course, that their needs are limited when compared with our own. They want food for their family, a decent home, work to occupy their time and procure an income, adequate medical care, and an education for their children. But what have they been given? Less food than they were promised, and fewer piastres to buy it with, often to the point where whole families are going hungry. Homes without the tin for roofs or cement for walls

that they were promised. Many camps without work of any kind, so that weeks, months, and even years are spent in futile idleness and dejection. Medical care that is spotty—sometimes excellent and sometimes nonexistent. And far too few classrooms and teachers even to begin the job of educating the vast number of refugee children.

We delude ourselves if we think that these people do not know when promises have not been kept. On the contrary, they tell whoever will listen that the assurances they have received from the Government of Vietnam have not been fulfilled. And even those refugees who do not know precisely what they are entitled to receive, do know that they are not receiving the necessities of life—and they resent it. They have not moved from their homes voluntarily. They have been forced from their homes and the land of their ancestors by the exigencies of war—and too often by the direct action of American forces. What assurances have the Government of Vietnam given them that it even cares about their problems? The subcommittee chairman and investigators found almost none.

This is not to say that the refugees were not equally bitter and resentful toward the Vietcong. They have seen and felt Vietcong terror, harassment, and taxes. But the overriding impression from the field investigation was that the attitude of the refugees was one of disillusionment and despair.

IV. REPORT OF FIELD INVESTIGATION OF CIVILIAN CASUALTY PROBLEM AND CIVILIAN HOSPITALS

A. GENERAL OBSERVATION OF HOSPITALS

During the course of the hearings, held by the subcommittee we heard numerous graphic descriptions of frightful hospital conditions. Slides and movies had been shown to us. Even with this preparation, the field investigators were surprised at how bad the hospital conditions were when personally observed.

There is, we feel, at this late date no need to go into intensive descriptive details of the hospitals. The medical survey team has already branded all 43 provincial hospitals as "below minimum acceptable standards for a developing nation in time of peace."

A few short descriptions taken from the field investigation reports of staff members will give an idea of existing conditions:

"At Da Nang Hospital, one is greeted by the faces of the injured who have laid on cots or on the floor for months or even a year or more, hopefully waiting for surgery. Since the fresh war casualty receives the first care, there is no time to get around to the less urgent cases. Still there is no drinking water available, no toilets.

In Quang Ngai Hospital, there was a ward full of cases of bubonic plague. Well over 100 cases had developed in recent months. None of these cases were officially recorded because full clinical laboratory proof was required and there was no lab.

"At Quang Ngai, an internist described how he had discovered that patients were receiving only one out of three prescribed penicillin shots. The remaining two were not being given—instead, the penicillin was being sold on the black market. Again, conditions of filth and overcrowding defied description.

"At My Tho Hospital sheets were placed on the beds just before the chairman's arrival and families of the wounded and injured, who normally attend and nurse the patient, had been removed from this compound in order to give a clearer and more orderly appearance to the chaotic wards.

"At most of the hospitals visited, human excrement was found by the walls of the buildings. Few of the installations have workable toilets and patients squat outside the wards; overflowing garbage cans provide breeding grounds for rats and vermin. Smell of human waste and refuse fills the air.

"In Qui Nhon, the hospital was visited by the chairman at 11 p.m. Lights were blazing; two, three and four patients were lying or sitting in each bed, rats were moving in all directions.

"Outside of Bien Hoa, three small infirmaries serving small hamlets were visited. They were filthy, had almost no medical supplies and were manned by inexperienced health workers totally unable to help the war casualties frequently brought to the infirmaries.

"Our group talked with almost 100 physicians, and almost all expressed deep disturbance over the medical care and facilities available for the treatment of the war injured. While there has been some improvement in the number of doctors in South Vietnam to treat the civilians, it was clear that there has been almost no improvement in the facilities available in the country for some time."

B. THE NUMBER OF CIVILIAN CASUALTIES

In March of 1967, the subcommittee completed its preliminary investigation of the civilian casualty problem and the chairman made public the results showing that the civilian casualty rate was then running "at least 100,000 a year." AID officials refrained from commenting publicly on the figure other than to indicate the monthly civilian war casualties admissions to hospitals were running at about 4,000 each month. In September the AID medical survey team commented that "our impression is that an estimate of 75,000 civilian casualties per year is too high."

In December of 1967, Col. William Moncrief, head of the AID medical programs in South Vietnam, made the first official estimate of civilian casualties by that agency available to the press. Colonel Moncrief estimated that the number of civilian casualties were running at a rate of 100,000 a year, breaking that figure down into 76,000 injured and approximately 24,000 civilians killed outright or dying before they could reach medical facilities. Subsequent information developed by the subcommittee between April and December of 1967 led the chairman to take the Senate floor on December 12 and revise the estimates upward to a 150,000 casualty rate.

The investigations in South Vietnam in January tended to confirm the 150,000 figure as the pre-Tet casualty rate. An examination of the AID monthly figures for civilian war casualties treated in one of South Vietnam's provincial hospitals as in-patients shows an average of about 4,000 per month through 1967. What the monthly figures did not show was that the monthly totals being supplied by AID were not complete figures—in fact, an average of 10 percent of the hospitals

supposed to report monthly were not doing so, and as a result the AID statistics of admissions were understated.

Likewise, a number of hospitals run by private charitable groups such as the American Friends and Catholic groups were not included in the AID figures. Neither did the figures include the special forces hospitals which we learned were running at about 100 per month.

Additionally members of the subcommittee staff ran spot checks at the provincial hospitals to determine the accuracy of the numbers being reported to Saigon. The closest they found by actual count was an understatement of 10 percent. In some cases, there were 50 percent more civilian war casualties than actually reported.

Added to this total of inpatients in the Provincial hospitals is an additional number of casualties treated in the village and hamlet dispensaries and all those treated as outpatients in the Provincial hospitals. Based on spot checks by a medical member of the survey team, the subcommittee estimates the number of civilian war casualties treated in the village and hamlet to be running at a rate of at least 50,000 a year, and that outpatients treated at the hospitals (Provincial) were close to that figure. Admittedly, some of those treated in the local facilities or as outpatients were not serious injuries, but it was clear that many of them were of a serious nature.

There were some other serious omissions in the totals. We were told that some civilian casualties were being treated by so-called oriental or Chinese doctors and that others were treated in a network of Vietcong hospitals. Staff investigators even had a chance to see an abandoned underground Vietcong hospital in Tay Ninh Province which had once been used by the Japanese. The numbers falling into these categories are difficult to determine.

By far the greatest omission, however, is represented by those civilians who are killed outright, or die before reaching hospitals, or for one reason or another are never treated. Colonel Moncrief estimated the number of civilians killed outright or before reaching medical facilities as approximately 24,000. Some in Vietnam thought that figure was too low. Others maintained it was too high. No one had more than a guess as to the number not receiving treatment at all, other than general agreement that the number was "significant."

In summary, then, we found that the number of pre-Tet civilian casualties treated as inpatients in the Provincial hospitals was understated because a number of hospitals were not reporting and those that were reporting were often understating the number by from 10 to 50 percent. The subcommittee estimates the number of civilian war casualties being treated as inpatients in the Provincial hospitals to be running 65,000 per year.

Those hospitals not included in the reporting list would increase the number by an additional 3,000 per year.

The number of outpatients and those treated at village or hamlet facilities, the subcommittee believes to be running at approximately 100,000 additional per year, although many of these injured were not of a serious nature.

Taking Colonel Moncrief's estimate of 24,000 civilians killed before reaching medical facilities, and adding a number of those being treated by the Vietcong or by private doctors or receiving no medical treatment at all, we must conclude that the number of civilian casualties was running at between 150,000 to 200,000 a year prior to Tet.

C. THE STATUS OF PUBLIC HEALTH PROGRAMS

The war has brought the limited public health programs that existed completely to a halt. It is obvious that little or nothing was being done to combat the indigenous diseases of South Vietnam or deal with the worsening public health conditions in the cities. The subcommittee has already alluded to the major nationwide problem of cholera, plague, typhoid, typhus, polio, tuberculosis, leprosy, and malaria in an earlier section of this report. Infant mortality rate is shockingly high but not surprising after seeing the conditions of Tu Du Maternity Hospital in Saigon—no place for 400 women to even wash their hands; showers used as toilets, three to four women crowded with their babies in filthy beds; newspapers used for diapers; drugs for pain in short supply.

The crowded conditions of the cities and the refugee camps in the interior are perfect breeding grounds for disease and epidemics. A few weeks ago a doctor shocked many of his colleagues by giving a medical paper on the probability of a major plague epidemic in Vietnam based on current conditions there.

The subcommittee has found no evidence that the South Vietnamese Government has even scratched the surface in coping with the public health problems. There still has not been any major immunization program, despite the growing dangers from communicable diseases. Such programs as exist are disorganized. For example, our investigators visited one small village where six separate teams had been through to give smallpox shots in 10 months; yet most of the surrounding villages had not been immunized.

The very conditions which have driven masses of people to the urban areas and the existence of refugee camps makes inoculation possible and practicable. Yet nothing has been done.

The same problem exists in the sanitation situation in the cities. Saigon lacks sewage, water, and garbage disposal facilities. Yet there is little being done to improve the situation. The same was true for Danang and other coastal cities.

In short the subcommittee has found little change has been made in the health situation as it was described before the subcommittee in 1965, 1966, and 1967. Despite the infusion of more medical personnel and money, AID and the South Vietnamese have been unable to keep up with the increasing needs brought on by the war.

V. SOME PRE-TET CONCLUSIONS, FINDINGS, AND RECOMMENDATIONS ON REFUGEES

A. GENERAL COMMENTS

Frequently subcommittee members have heard a response to the conditions of corruption and suffering we have described along the following lines:

Vietnam is an Asian country and corruption is a way of life in that part of the world. It is so tied with the very existence of government that we must accept it as inevitable and try to live within the ground rules.

As an internal AID briefing paper states this view:

Re: side losses—graft, payroll padding, wasteful local purchasing from preferred contractors; favoritism—you must tolerate a certain amount of this. Do not

let your morals get in the way of project operations. Remember you can never prove it exists so you might as well tolerate it in reasonable amounts.

Some even say that thievery exists everywhere, including here in the United States, and that what goes on in Vietnam is therefore simply a manifestation of an international ill.

Besides (the people who support this view continued) the Asians are used to struggling for food, they are accustomed to living in squalor and unsanitary conditions; they have lived with illness and disease for centuries and are far more able to cope with pain and suffering and deprivation than Westerners. For the Government to become deeply involved with providing help for these people will result in a permanent dependence on a dole and destroy their way of life.

The subcommittee chairman and staff talked with many of these uprooted people throughout Vietnam. They talked with many of their leaders and people who had worked closely with them in the slums and shantytowns of the cities. It does not take long to have these "Asian myths" shattered.

The corruption in Vietnam is wholly unlike misconduct in most other countries. It pervades every level of government; but most important, it has a direct bearing and effect on the current efforts of the South Vietnamese Government to win its battle against the Vietcong. Profits from corruption cut down the effectiveness of programs aimed at helping the people of South Vietnam and directly hinder efforts to gain popular support. And, a small cadre of elite may exist who, because of the profits from corruption, lose their incentive for bringing this bloody war to a close.

It was clear to the subcommittee investigators that it was simply not true that the Vietnamese peasant accepts corruption as a way of life. No one except the corrupt want corruption to exist and the South Vietnamese peasant can only be adversely affected by the draining away of resources intended for him.

As for the concept that the South Vietnamese are used to struggling for food and accustomed to living in squalor and unsanitary conditions, the facts and history of South Vietnam do not support such a thesis. The refugees and uprooted in most cases are small farmers who at other times had enough land and enough food and way of life which was totally independent of help from outsiders. They lived in their ancestral villages and while westerners might choose to live differently themselves or change some of the living conditions, the South Vietnamese peasant was far better off than the refugee of today.

Today, these refugees find themselves without land, without work, in crowded and unsanitary living conditions far from their ancestral homes. These people are not immune to pain and suffering; they are as concerned about their health and the health of their children as are any American parents; they seek education and improvement in their lives as all humans do; they suffer and have fear and cry with pain, as all humans do under similar circumstances. The so-called Asian myths deserve little attention and no weight.

Yet some of these Asian myths, the subcommittee believes, have affected U.S. policy in the past and contributed to some of our mistakes in the past. Our failure to identify the refugee problem in its early stages, our slow and limited efforts after the problem was identified, our heavy reliance on the conventional military warfare techniques

which create far too many refugees and civilian casualties may in part be traceable to these misconceptions.

Yet we have made some progress in these areas. Our efforts have grown; our concern has become greater; our manpower and financial input more extensive.

Yet it is still essential that the priority level and concern of the South Vietnamese Government for the suffering and problems of its people must be raised still higher. For it is clear that the real burden for the refugee programs must fall on the South Vietnamese Government and officials.

We cannot win the allegiance of the people of South Vietnam for the elected government of that country. The Saigon Government must itself win the people over, or face the prospect of following in the footsteps of the other governments of that country which were irresponsive to the needs of the people.

So long as the refugees are ignored, so long as corrupt officials deprive the needy of one-half to three-quarters of the meager aid allotted to them, so long as the central government shows itself callous and indifferent to the suffering of large segments of its population, then we can look forward to continued lack of response among the people of South Vietnam.

B. SPECIFIC FINDINGS

From the detailed discussion on the history of the refugee problem and the recent field investigations, the subcommittee can summarize some of its findings as follows:

First, it is clear that an increased awareness of the importance of the refugee problem has grown since 1965 and that there has been an improvement in efforts to help many of the refugees.

Second, many dedicated U.S. personnel and some dedicated South Vietnamese have been working hard and valiantly to help these uprooted people.

Third, because of the intensive military activity, and, in large part, because of heavy United States and South Vietnamese firepower, responsible officials have been unable to keep pace with the refugee flow. The result has been camps with seven to 10 families in units suitable for only one family; shortages in supplies and food; inadequate school and sanitation facilities; an almost total lack of work.

Fourth, the refugees were and still are the victims of rampant inconceivable corruption, both in the siphoning off of commodities and in the stealing of meager assistance and resettlement aid.

Fifth, the refugees themselves are bitter and disillusioned and in many cases are hostile to the South Vietnamese Government and the U.S. officials.

Sixth, a large number of people uprooted from the interior and in need of assistance are not currently on the refugee rolls.

Seventh, because of the nature of the refugee flow, sporadic and unexpected in most cases, it is close to impossible to plan adequately for the refugee treatment, and a serious faulty reporting system results in lengthy delays in learning about new refugees.

Eighth, prior to Tet, the refugee program was failing to win the allegiance of this significant segment of the South Vietnamese population and was in fact resulting in a partial disaffection of these people away from the South Vietnamese Government.

C. PRE-TET RECOMMENDATIONS ON IMPROVING REFUGEE PROGRAM

The subcommittee chairman and staff returned from Vietnam in January with a number of recommendations for improvement of these programs. These recommendations are put forward today with some reservations because of the post-Tet developments which will be discussed later in the report.

Basically the subcommittee felt in January that improvements in the refugee program could be made along the following lines:

First, the subcommittee was prepared to recommend that the secretariat dealing in refugee matters should be placed directly under the control of President Thieu in the South Vietnamese Government structure and its jurisdiction clearly defined to include the plight of the uprooted who for one reason or another are not formally categorized as refugees.

Second, the subcommittee favored a special investigatory team under President Thieu's personal control to undertake the rooting out of the corruption in the refugee program. This effort, it was felt, should include provisions for a full-time team of investigators, power to control the distribution of supplies, and money from the ministerial level to the refugees and uprooted, thereby bypassing the corps commanders, provincial chiefs, and in most instances, lower level officials.

Third, the subcommittee favored a threefold increase in the number of GVN refugee personnel so as to provide greater assistance to the camps and emergency needs, both at the reporting level and in the actual distribution of supplies and moneys into refugee hands. The additional personnel would also be used to aid in meeting the problem of the neglected people of the urban slums.

Fourth, the subcommittee felt that it was time that we and the South Vietnamese Government began to face up to the growing problems of the uprooted millions who had swelled the coastal areas. The South Vietnamese, the subcommittee believed, must begin to develop programs for housing, slum clearance, sanitation, and public health. The United States must provide the expertise, the help and the pressure, if necessary, for the South Vietnamese Government to undertake these programs of simple social justice so that the people in the cities can live in decency and with self-respect.

Fifth, the subcommittee believed that greater efforts must be made to train South Vietnamese specialists in social welfare, public health, agricultural development, and similar public service areas and that this could only be done if manpower planning became a reality in South Vietnam.

Related to this, the sixth area of recommendations involved a total rehaul by the South Vietnamese Government of its manpower programs, with a new emphasis on public service, refugee, health, and social welfare workers. This could only be done if the rewards from this work are made comparable to the rewards for other work and jobs in South Vietnam. In effect this would require the bar girls and prostitutes, the gamblers and nightclub owners, the profiteers and corrupters to be treated as disruptive to the war effort. Those South Vietnamese who are willing to serve as nurses and laboratory workers, public health and social welfare personnel and other essential profes-

sions should be raised in pay and special tax concession programs instituted.

Seventh, the subcommittee felt the refugee program must be coordinated with the military activities and top-level orders should go out forbidding the deliberate creation of refugees and ending, so far as possible, military activities destructive of the pattern of life of the South Vietnamese peasants.

The subcommittee was not prepared to say that these and other reforms it was planning to recommend would turn the tide in Vietnam. Indeed, there were many in Vietnam and this country who argued that it was far too late for that.

But the subcommittee had hopes in early January that we and the South Vietnamese could make an honest effort at reform and improvement.

VI. SOME CONCLUSIONS, FINDINGS, AND RECOMMENDATIONS ON CIVILIAN HEALTH AND CASUALTY PROBLEMS

A. GENERAL COMMENTS

In many respects, the subcommittee has found this Government's handling of the civilian casualty and health problems one of the most puzzling aspects of our Vietnam involvement. The needs were obvious from the very early stages of our military buildup in Vietnam. Equally obvious was the fact that the South Vietnamese were themselves incapable of meeting the vast demands placed upon outdated and inadequate medical facilities.

Yet for some reason this Government has been unable or unwilling to come to grips with the civilian medical situation in South Vietnam. We have talked of winning the hearts and minds of the people of South Vietnam; yet we have, we must assume by choice, chosen to meet only partially the urgent needs of the wounded, injured, and sick of this country we have sworn to help and these people we seek to protect.

The subcommittee has heard the old argument put forward that the South Vietnamese must learn to help themselves; we must not do things for them because we will leave nothing of permanence behind when we leave; and on occasion, it has been said that we cannot move in with our medical methods and techniques because it would represent an American takeover.

Yet, for these and other reasons we have allowed the civilian medical situation to get out of control. We have allowed thousands upon thousands of South Vietnamese to remain for years without artificial limbs when U.S. know-how and technology could cut the average waiting time for fitting of these limbs from years to months. We have allowed hospitals to exist for the civilian injured which have neither water, nor electricity, nor supplies, nor in many cases competent medical personnel. The subcommittee cannot account for our relative inaction in the medical field and most certainly cannot condone it.

B. RECOMMENDATIONS IN THE CIVILIAN HEALTH AND CASUALTY AREA

(1) The subcommittee recommends that the United States assume a far greater role than it currently is in the medical programs in South Vietnam, including a large-scale buildup of medical personnel in that country.

(2) The subcommittee recommends that an immediate program be undertaken to rehabilitate the provincial hospitals of South Vietnam so as to provide water, electricity, and sanitary facilities.

(3) The subcommittee recommends that the United States take over all medical supply logistics in South Vietnam and that these supplies be controlled by U.S. military personnel from the time of arrival in South Vietnam to the time of use in the hospitals.

(4) The subcommittee recommends that the number of military provincial hospital assistance program teams made up of doctors and medics from the U.S. Armed Forces be increased and that these teams be assigned to areas of heavy civilian casualties.

(5) The subcommittee recommends that massive inoculation and immunization programs should be instituted against polio, cholera, smallpox, typhoid, and plague.

(6) The subcommittee recommends that the health and sanitation problems of the cities be faced up to and efforts made to meet the needs in this area.

(7) The subcommittee recommends that a manpower commission should be created to provide for an adjustment in pay scale of health and medical workers in South Vietnam so as to make jobs in these fields competitive with other fields.

Some of these recommendations go far toward taking over responsibility from the South Vietnamese. The subcommittee feels this is a valid step, however, in light of the obvious impossibility of the South Vietnamese being able to meet the medical requirements brought on by the war. We have entered into South Vietnamese life in varying forms and to varying extent over the past 5 years. If we can assume a major role in the military area, it seems clear to the subcommittee members that we can assume a greater rôle in the medical area and in the saving of lives. Regardless of the success or failure of peace negotiations, the medical needs of South Vietnam will be great in the coming months and years. The subcommittee believes that more must and can be done to meet these needs.

VII. THE AFTERMATH OF THE VIETCONG TET OFFENSIVE

In early January, as we have said earlier, the subcommittee had hopes that there was a chance for significant improvement in the refugee and civilian health programs, and, indeed in the whole pacification area.

Today, the members of the subcommittee find themselves uncertain whether or not we or the South Vietnamese Government can in fact turn the "refugee drain into a national gain," or successfully operate civilian health and casualty programs throughout South Vietnam under present conditions.

Fundamental to the refugee and civilian health programs, indeed to any pacification program, is the need for some form of security and stability. Security has always been considered the first requirement for any successful program and has been since the struggle began. It is easy to understand why it is so necessary.

Without security, it is impossible to operate efficient programs. Without security, it is impossible to develop leaders. Without security, those loyal to the Government cannot operate in the countryside and new

workers cannot be sustained. Most important, a lack of security causes a lack of belief and support for the Central Government.

In the 2 weeks prior to the Vietcong Tet offensive, the subcommittee chairman discussed the security situation with high-level U.S. military and civilian officials; some quotes from the chairman's notes and from some 40 hours of tapes made in South Vietnam include the following from a top level U.S. official:

We feel that significant military progress has been made; we at last have the number of combat troops that we need; we have a better ratio now than in the Korean war. The South Vietnamese troops in recent battles have been doing exceptionally well. The Koreans are excellent. Significant progress is being made so far as the pacification program. In fact, the South Vietnamese expect to pacify 1100 hamlets this year. It may only be closer to 800, but it will be up at that level.

Again, from another:

The Vietcong has been chewed up. The Vietcong have gotten themselves in deep trouble. In 1965 they used to move, this being the manpower area, about 1,000 replacements a month up to III Corps, in the Saigon area. They are now not only not doing that but they are forced because of their losses, not only their war losses, but desertions and so on, they have a greater desertion problem than the GVN—but they have been forced to get into using 13, 14, 15, and 16-year-old kids all through. So they have had a tremendous problem.

"So, yes; we've got our refugees," said an American General to the subcommittee chairman.

"If you want to go back, we've got them, sure. But basically what you will find is people not far from their villages, not far from their camp but into an area where they can be protected. That is where they want to be."

Unfortunately, the post-Tet events show that little security was given the people of South Vietnam not only in the previously contested areas, but also in the highly populated cities.

We saw the sudden destruction of large parts of Saigon, Natrang, a number of cities in the Delta, almost all Hue. Official estimates show the number of new refugees resulting from the Vietcong Tet offensive to be in excess of 500,000 but unofficially, the subcommittee has compiled information that the number of new refugees created by the Vietcong Tet offensive and the United States and South Vietnamese response in air and other firepower approximated 700,000. Many of these refugees were of a temporary nature, but it is clear that close to 400,000 require long-range assistance.

When one considers that the official estimate of the number of new refugees for all of 1968, which was given the subcommittee just 2 weeks before the Tet offensive, was placed at 350,000, it is possible to understand the magnitude of the unexpected February and March refugee flow.

In the civilian health and casualty area, the Vietcong Tet offensive had an equally disruptive effect. The number of killed and injured among the civilians was clearly high. Official estimates place the dead at over 8,000 and the wounded at four times that number. Unofficial estimates run as high as 15,000 civilians killed and 40,000 civilians wounded during the post-Tet fighting.

In addition a number of important hospitals were damaged and, worse still, the Vietcong chose to attack some of the hospital facilities and brutalize some medical workers and patients. Reports reaching

the subcommittee indicate that most of the Provincial hospitals are now back in operation. But it is clear that the medical facilities in areas of heavy military activity continue to be overcrowded; that there remains a shortage of trained medical and paramedical personnel; that transportation of civilian injured continues to be a serious problem; and that the civilian health and casualty problem has been intensified since the Tet offensive.

SOME ADDITIONAL CONCLUSIONS

The month of May saw a fresh outbreak of Vietcong attacks in Saigon and other urban areas. New floods of refugees and war injured were created. The response in recent days in the Saigon area has been slow and has lacked some of the earlier post-Tet vitality. Clearly, much more could and should be done by way of emergency, short-range relief to help the refugees and war injured in these unsettled times.

When the South Vietnamese Government fails to respond adequately, it both reduces its appeal to the people, and leaves the way open for the Vietcong to reap the profits of official apathy. For many Vietnamese people, to whom the talks in Paris are far away, these are now times for choice: they may feel apathy toward both sides in the war, but many find themselves in positions where they must choose one or the other. The response of the Government of South Vietnam to these emergency needs will have a crucial impact on the future Government of that country.

We must do everything in our power to impress upon the leaders of South Vietnam the importance of these programs, for in the long run, the South Vietnamese Government must either respond to the needs of its people or suffer the fate of prior governments.

Some of our desired goals of resettlement and rehabilitation are now clearly beyond our capabilities and those of the South Vietnamese Government, in part because of the lack of adequate security throughout South Vietnam, and in part because of a lack of current capability in the South Vietnamese Government. Yet, much can and should be done even under present conditions and capabilities and despite substantial Vietcong harassment. Clearly, we and the South Vietnamese are still failing to reach possible objectives in dealing with the refugee and civilian health and casualty problems. The short-range care and maintenance of the refugee and war injured can and should be raised to the highest priority.

The recommendations contained in this report will go a long way toward accomplishing this objective. They will not solve the long-range refugee and civilian health problems. Only peace and the stability it brings will provide an appropriate setting for dealing with total resettlement and rehabilitation.

When peace does come to Vietnam, we must be ready and able to shift our emphasis rapidly from programs designed to pick up the human debris of the war to those programs aimed at long-range rehabilitation and resettlement.

But peace, according to most Asian experts, is not likely to come quickly to Vietnam, and even while it is being pursued, the numbers of refugees and civilian casualties have been growing daily.

The subcommittee, while acknowledging some improvements since 1965, continues to feel that more understanding, imagination, and planning on the part of our Government and the South Vietnamese Government are required in dealing with the refugee and civilian casualty and health programs than has been shown to date. We continue to urge greater attention and priority be given to these areas on the part of the United States Government and the Government of South Vietnam.

APPENDIX

VIETNAM REFUGEE AND CIVILIAN CASUALTY CHRONOLOGY

1954

May 7: Fall of Dien Bien Phu.

May 21: Geneva accords provisionally partition Vietnam near the 17th parallel (Bien Hoa River) and provide for the free movement of persons from either side for a period of 300 days.

July 31: Refugee flow begins, principally from the north to the south.

1955

January 1: United States promises to render direct assistance to South Vietnamese—based on December 1950 aid agreement.

February 12: United States Military Assistance Advisory Group (MAAG) takes over training of South Vietnamese Army.

February 19: Southeast Asia Treaty Organization (SEATO) comes into force.

May 18: Official period for free movement of refugees ends. Nearly 1 million have moved from North to South Vietnam. Resettlement efforts are underway.

October 23: National referendum names Prime Minister Diem as head of state in South Vietnam and promises are made for greater refugee resettlement efforts.

October 26: Diem declares South Vietnam a republic and proclaims himself its first President.

1956

March 4: General elections in South Vietnam for a Constituent Assembly of 123 members results in victory for the National Revolutionary Movement and other political parties supporting Diem. Refugees participate in election.

July 20: Scheduled Geneva talks on reunification of South Vietnam fail to take place.

October 26: South Vietnam's first constitution is promulgated.

1954-60

Successful resettlement of refugees takes place in South Vietnam through the joint efforts of the Diem government, the U.S. foreign aid mission, and several American voluntary agencies—CARE, International Rescue Committee, Catholic Relief Services, the Mennonite Central Committee, Church World Service, and others. Strategic defense of resettlement villages and hamlets is provided by refugee cadre. Direct American assistance totals \$1 million. Additional funds from private sources are contributed by the voluntary agencies. Vietcong terror and attacks by guerrilla bands begins in 1957 and steadily increases, producing a trickle of refugees seeking safety and assistance in or near district and provincial capitals.

1960

May 5: United States announces that at the request of the Government of South Vietnam, the U.S. military assistance and advisory group will be increased by the end of the year from 327 to 685 members.

October 26: President Eisenhower assures President Diem in a letter that "For so long as our strength can be useful, the United States will continue to assist Vietnam in the difficult yet hopeful struggle ahead."

November 10: South Vietnam charges regular army forces from North Vietnam with attacks in central highlands of the south.

1961

April 9: Diem reelected.

May 18: United States announces additional U.S. military and economic aid will be given South Vietnam.

(27)

- September 18: Vietcong seize provincial capital 60 miles from Saigon.
 September 25: President Kennedy warns United Nations General Assembly of "smouldering coals of war in Southeast Asia."
 October 18: Diem declares state of emergency in South Vietnam.
 November 16: President Kennedy decides to bolster U.S. economic and military aid, but not to commit U.S. combat forces at this time.

1962

- February 7: U.S. advisory forces in South Vietnam brought to 4,000.
 October 15: U.S. advisory forces in South Vietnam now total 10,000.
 November 1: Increased Vietcong terror and guerrilla attacks cause 150,000 Montagnards to flee central highlands. U.S. AID personnel, voluntary agencies, and Diem government assist resettlement.
 December 29: Government of Saigon announces that 4,077 strategic hamlets have been completed (of a total of 11,182 to be built), and that 39 percent of South Vietnam's population is now living in these communities.

1963

- May 8: Buddhist riots erupt in Hue, spread elsewhere.
 August 21: Diem proclaims martial law to quiet unrest.
 November 1: A military coup overthrows the Diem regime. Diem is executed.

1964

- April 15: SEATO declares that defeat of Vietcong is essential to security of Southeast Asia.
 April 25: Gen. William C. Westmoreland assumes command of U.S. Forces in South Vietnam.
 August 4: Destroyers *C. Turner Joy* and *Maddox* report attack by North Vietnamese PT boats in Tonkin Gulf.
 United States attacks by air North Vietnamese gunboats and bases.
 August 7: Congress approves Tonkin Gulf resolution.
 December 31: Total number of refugees from conflict in South Vietnam is estimated at 40,000. Additional thousands made homeless by floods.

1965

- February 7: Vietcong attacks U.S. installations in Pleiku. President Johnson orders retaliatory raids against Vietcong bases, bridges, and supply areas in North Vietnam. U.S. dependents ordered home. Refugee flow begins to increase dramatically, although not fully anticipated or recognized by South Vietnamese or American officials.
 February 9: Refugee subcommittee report expresses deep concern over developments in South Vietnam and the growing movement of refugees.
 February 28: United States and South Vietnamese officials declare that President Johnson has decided to open continuous limited air strikes against North Vietnam in order to bring about a negotiated settlement.
 March 8: Three thousand five hundred Marines land in Da Nang. First commitment of U.S. combat units; U.S. forces now total 27,000.
 March 25: President Johnson offers aid to North Vietnam if peace is achieved. Refugees pour into coastal areas from interior. U.S. assistance is negligible.
 June 16: U.S. troops now total 75,000.
 June 18: First B-52 raid from Guam.
 June 19: Military junta headed by Brigadier General Ky assumes power in South Vietnam.
 June 25: Refugee subcommittee report reiterates deep concern over developments in South Vietnam, and declares that adequate assistance to refugees "is an integral part of the effort to safeguard the independence of South Vietnam--for humanitarian as well as political, military, and economic reasons."
 July 13: Refugee subcommittee begins hearings on refugee problem, with representatives of State and AID saying: "Care of refugees is something that is primarily in the hands of the Vietnamese Government and * * * we are satisfied that the refugees are getting at least a minimum of care."
 July 14: Representatives of voluntary agencies testify that refugees are not getting a minimum of care, and indicate their numbers are far in excess of official estimates.

July 20: Additional testimony from AID officials indicates serious failures in assistance programs to South Vietnam.

July 22: Chairman of refugee subcommittee warns on Senate floor of growing refugee movement. He discusses "the humanitarian needs and political ramifications" of the refugee problem and urges that no effort be spared to render adequate care and protection to the refugees.

July 27: Representatives of State and AID appear again before the refugee subcommittee to testify in response to new facts on the refugee flow in South Vietnam. They declare again that the problem is one for the South Vietnamese, and that there does not seem to be any serious failure in the program of assistance, which is supported by the U.S. Aid Mission in Saigon and American voluntary agencies.

July 28: Subcommittee requests the General Accounting Office to investigate fully the American involvement in the refugee problem and the programs of assistance.

August 4-5: Medical and social service witnesses before subcommittee testify as to medical facilities and problems in South Vietnam. They describe conditions of filth and inadequacy in services available to injured civilians.

August 19: AID announces it has organized an "operational task force of about six persons in Saigon and nine in the provinces with war refugee populations, to give full-time attention to this problem and that it is recruiting additional refugee personnel to work with South Vietnamese Ministry of School Welfare."

August 30: AID takes additional steps to strengthen refugee programs, including an increased budgetary commitment estimated at \$20 million. President Johnson announces the sending of Dr. Howard Rusk and others to Vietnam to look into refugee and civilian health problems.

August 31: Marines engaged in first big operation at Chu Lai. First Cavalry Division arrives in South Vietnam—U.S. forces now exceed 175,000.

September 28: First GAO report on AID refugee program presented to the refugee subcommittee. "It appears clear," said the report, "that for a good part of the time in which the refugee problem was becoming excessively severe, neither the Government of Vietnam, nor the AID mission was fully aware of its extent or the magnitude to which it would grow."

The report outlined serious deficiencies in the attitude and actions of both the South Vietnamese and American Governments.

October 22: Chairman and another subcommittee members travel to South Vietnam for personal inspection of refugee camps and hospitals.

December 31: U.S. casualties for 1965 are 1,365 killed, compared to 146 killed in 1964. The cumulative number of refugees for 1965 approximates 735,900, of whom some 453,700 remain in refugee status at the end of the year. These official figures of the South Vietnamese Government do not reflect additional thousands of refugees not formally registered. The official refugee figures in resettlement are believed inflated.

1966

January 31: U.S. peace offensive fails after 37-day bombing respite on North Vietnam; air attacks resumed.

February 4: Operation Masher—white wing winds up in Binh Dinh Province with 1,047 Vietcong reported killed, but many new refugees.

February 6-8: President and aids participate in 3-day Hawaii Conference. Ky dedicates his Government to "eradication of social injustice." And President Johnson and Ky list the refugee program as a matter of special importance in joint communique.

February 11: Head of refugee section in USAID Mission testifies before refugee subcommittee that "we are giving our attention first to getting the most urgent supplies up to the refugees, and to getting the Government of South Vietnam to really focus attention on the problem." He indicates that refugee surveys have still not been made, and that an accurate appraisal of numbers and needs did not really exist. Of the 19 AID refugee personnel in Vietnam, only seven were outside of Saigon.

March 4: Refugee Subcommittee issues report which notes "a failure on the part of the Government of South Vietnam, and the U.S. Government as well, to fully anticipate and prepare for an inevitable byproduct of developing insurgency, to identify readily what was clearly a growing and serious problem and to initiate adequate programs of assistance commensurate with related exigencies and with recognized policy objectives in the nonmilitary aspects of

*SCR created
USAID Ref.
Bridges*

the Vietnam conflict." The report makes specific recommendations for action in 11 areas, including a recommendation "that greater efforts be made by U.S. officials to stimulate a very active and creative concern for the people of South Vietnam on the part of the government in Saigon * * *. A responsive government will care for and protect the refugees, and institute reform * * *."

March 25: Battle at Rung Sat in delta causes refugee flow.

April 8: Operation Lincoln takes place in Pleiku, Phu Bon and Darlac Provinces with additional large number of refugees.

April 21: Major battle west of Quang Ngai.

May 10: First of four Paul Revere operations begins west of Pleiku.

May 16: Operation Davy Crockett in Binh Dinh Province begins.

May 17: Operation Birmingham in III Corps.

June 2: Operation El Paso II begins in Binh Long Province, ends July 13. 101st Airborne begins battles in mountains around Dak To, which continue to June 20.

June 29: First air raids on Hanoi-Haiphong area.

July 7: Operations begin against demilitarized zone, eventually build to major operations across breadth of South Vietnam.

July 14: Secretary Rusk testifying before the Refugee Subcommittee states that "the real answer to the refugee question comes with the peace that permits them to return to their own Provinces and villages and resume the work they were doing before." He acknowledges that the recognition of the refugee problem was not "soon enough" and that more "should be done." He also comments that the "refugee is a direct result of the course of military operations * * *."

July 19: William Gaud, head of the Agency for International Development, testified before the Refugee Subcommittee that, beginning in April, 1966, the refugee flow took a sharp jump upward, doubling totals of previous months. He commented that "in the refugee field as well as in other fields, we were caught short. We did not have the people to deal with it, and we did not have the resources to deal with it. We did not have the transportation capability to deal with it."

When asked about the civilian health and casualty problem, Gaud said, "The fact of the matter is that the health problem is so enormous that everything we have done to date is really not much more than a drop in the bucket * * *. (There are) pitifully few facilities for the population * * * we have scarcely scratched the surface."

July 30: Bombing of DMZ begins.

August 1: Refugees officially registered since January of 1965 now placed at approximately 1,500,000. Unofficial estimates of nonregistered refugees who have fled to urban centers is another 900,000.

August 4: Infantry division and 196th Brigade arrive in South Vietnam bringing U.S. forces to 300,000.

September: Battles take place in An Xuyen and Bac Lieu Provinces, at southern tip of South Vietnam; U.S. troops move into Mekong Delta, Koreans sweep into Ding Dinh Province.

October 15: U.S. forces begin operation Attleboro, in effort to clear out III Corps.

November 15: Refugee subcommittee begins survey of civilian casualty problem, contacting doctors and medical personnel who have served in South Vietnamese hospitals for periods of 2 months to 2 years. Survey continued throughout remainder of 1966 and into 1967.

December 31: U.S. casualties for 1966 were 5,908 killed. U.S. officials estimate Vietcong killed at 55,000. Subcommittee survey showing civilian casualties running at rate of at least 100,000 a year. Total official registered new refugees in 1966 placed at some 942,300, for a cumulative total of nearly 1,679,000 since January 1965. Unofficial estimates continue to be much higher.

1967: U.S. forces begin operation Attleboro, in effort to clear out III Corps.

January 1: Year opened with heavy fighting from the DMZ to the Delta.

January 7: Operation Cedar Falls begins to clear out Iron Triangle. Ends January 27.

February: U.S. 9th Division opens campaign from Dong Tam to clear Mekong Delta, 45,000 troops open "Junction City" operation, war's biggest, to clear III Corps.

March: Heavy fighting continues along DMZ, air and ground action steady all across South Vietnam. Refugee numbers mount.

Subcommittee completes survey of civilian casualty problem in South Vietnam. Chairman meets with representatives of Department of State, AID, and Department of Defense conveying results of committee investigation and recommending casualty problem be placed on agenda of forthcoming Guam conference on Vietnam. Chairman submits proposals for more hospitals, upgrading currently inadequate facilities, helicopter and air transportation support, and higher priority to problem generally.

March 19: Civilian casualty and health problems placed on the agenda of Guam Conference. The joint communique lists it as one of seven major areas discussed at Conference.

April 6: Department of State announces plan for building three new hospitals for civilian casualties to be manned by Department of Defense personnel.

May 6: Subcommittee's report on 6 month investigation into number of civilian casualties is released; estimates of over 100,000 civilian casualties a year are made; other failures in medical support program are listed.

May 10: AID officials say civilian casualties are running about 50,000 a year. Subcommittee begins executive session hearings on civilian casualty and health problems in South Vietnam; hears General Humphreys, head of AID medical program, testify that he has been unable to get needed staff, planes, beds and supplies; during May and June hears reports from doctors recently returned from Vietnam.

July: Department of State announces appointment of six-man medical survey team to travel to Vietnam and investigate civilian health and casualty situation. An unannounced social welfare team, headed by Fordham Dean James Dumpson is created and leaves for Vietnam on July 23. Medical survey team leaves July 30.

August 3: President announces plans to send 50,000 more men to Vietnam, to bring total to 525,000 by June 1968.

August 10: U.S. casualties for week announced as 146 killed, 1,064 wounded, making totals 12,415 and 75,882.

August: Subcommittee learns of serious buildup of refugees in I Corps area and breakdown of refugee support program; investigator is sent to gather information in Vietnam on status of refugee assistance programs. Reports indicate 450,000 new refugees not receiving assistance. Medical survey and social welfare teams return, meet informally with subcommittee members.

August 27: Vietcong launch wave of terrorist attacks on civilians, prior to elections. At least 335 people reported killed or wounded. Refugee flow continues.

September 3: General Thieu and Premier Ky elected President and Vice President of South Vietnam.

September 21: Medical survey team testifies in executive session before subcommittee. Members of team disavow AID press release summarizing team's findings. Chairman of subcommittee announces the calling of public hearings, stating that it is time to air the facts of civilian casualty and refugee problems in public.

October 9: Subcommittee hearings begin with medical survey teams and other doctors experienced in Vietnam as opening witnesses; survey team testifies that none of 43 provincial hospitals serving civilians in South Vietnam are up "to minimum standards" and that medical program is not receiving sufficient priority; other doctors testify as to subhuman conditions and plead for greater U.S. attention to medical program in South Vietnam.

October 10: Representatives of voluntary agencies and Dean Dumpson of social welfare team testify to disruption of fabric of life of the people in South Vietnam caused by the war, including U.S. military tactics on the civilian population.

October 11: GAO files reports with subcommittee of new investigation of civilian casualty and health and refugee problems, and chairman terms the information "shocking."

October 18: Former Assistant Secretary of State for the Far East, Roger Hillsman, testifies before subcommittee that lack of attention to refugees and civilian casualties and heavy reliance on conventional military tactics was resulting in a loss of support among civilian population of South Vietnam and increased Vietcong strength.

October 18: Mr. Gaud and Assistant Secretary Bundy defended the U.S. programs saying "Substantial progress has been achieved since 1965," although acknowledging that "much remains to be done." Mr. Bundy took issue with Mr.

Hillsman, saying Vietcong strength was sharply down in 1967. Tables of Vietcong strength being used by Mr. Bundy were in conflict with information supplied Senator Kennedy by the Defense Department on Vietcong strength.

October 25 to 31: Chairman reports on hearings in separate addresses, calling for shift in emphasis from heavy reliance on purely military strength to greater reliance on winning support of people through social reforms.

October 30: Thieu takes oath as President of South Vietnam.

November 16: General Westmoreland asserts situation in Vietnam "very, very encouraging."

December 12: Col. William Moncrief, head of AID's medical section, announces in Saigon that the number of civilian war casualties is running at about 100,000 per year, with approximately 24,000 civilians killed each year.

December 26: High U.S. official in Saigon announces refugee flow for year is down sharply from previous 2 years and number is expected to decline.

December 27: High U.S. official announces three civilian casualty hospitals will be built and manned by Department of Defense, but makes no mention that these are the same three civilian hospitals announced twice before, in April and July, and that the project was 9 months behind schedule.

December 31: Total official registered new refugees in 1967 placed at some 486,100, for a cumulative total of nearly 2,114,200 since January 1965. Unofficial estimates continue to be much higher—between 2 and 3 million above the official figures.

1968

January 1: Subcommittee chairman arrives in South Vietnam on 2-week field investigation of civilian casualty and refugee problems. Staff members and chairman begin traveling to areas outside Saigon and continue until January 18, 1968.

January 20: North Vietnamese lay siege to Khesanh, which lasts for over 2 months.

January 25: Subcommittee chairman reports on results of field investigation. Chairman outlines extent of corruption in South Vietnam and effect of only partial mobilization of effort by South Vietnamese Government. He calls for a "confrontation" with the Government of South Vietnam and a shifting of responsibility from the United States to the South Vietnamese.

Until the Government of South Vietnam takes steps for reform, the chairman stated, "it will not receive the support of the people for the war and the war will become more and more American instead of a Vietnamese effort."

January 30: Vietcong launch major offensive, hit populated cities all over South Vietnam, attacks U.S. Embassy and other points in Saigon.

January 31: Saigon and large parts of country placed under martial law. Vietcong invade Hue. Ensuing days see devastation of most of the Imperial Cities, large parts of other urban areas. Saigon scene of intense fighting. Tet offensive raises refugee figures by an estimated 700,000 and civilian casualties are estimated at between 8,000 to 12,000 killed and over 30,000 injured.

February 10: Saigon government announces the replacement of some minor officials accused of corruption. Officials state further shake-up will follow.

February 26: Saigon government replaced corps commanders and a number of provincial chiefs.

March 10: U.S. and allied forces launch counter offensive to clear ground area near Saigon. U.S. casualties during preceding 6-week period reach record levels.

March 31: President Johnson announces halt of bombing, below the 20th parallel in the north, says he will not seek a new term as President, calls for peace talks.

April 8: North Vietnam indicates interest in possible negotiations. Fighting continues with new United States and South Vietnamese sweep offensive.

April 5: The siege of Khesanh is lifted as North Vietnamese forces quietly move out.

April 11: Gen. Creighton W. Abrams chosen to replace General Westmoreland.

May 1: U.S. casualties since 1961 reaches 22,000 dead, 135,000 wounded.

May 2: Paris appears accepted to both United States and North Vietnam as site of initial talks.

May 4: New Vietcong attacks in Saigon and other urban areas result in new refugee flow and increased civilian casualties. While attacks are less severe than Tet offensive, disruption is substantial and more fighting in cities and urban areas appear in prospect for 1968.

*a very significant
speech.*

ADDRESS BY SENATOR EDWARD M. KENNEDY, BEFORE THE WORLD AFFAIRS COUNCIL OF BOSTON, ON HIS RECENT TRIP TO SOUTH VIETNAM, JANUARY 25, 1968

It is a pleasure for me to have this opportunity to appear before the World Affairs Council, to discuss my recent trip to Vietnam.

Vietnam is not the only nation in Southeast Asia that presents us with dangers in our foreign policy. We know of the continued insurgency in the northeast corner of Thailand, of the invasion of Laos by North Vietnamese forces, and the increasing belligerence of the North Koreans that resulted this week in an almost unprecedented seizure of an American naval vessel. These must be matters of concern to us all and they are situations to be watched with care and treated with sound judgment. But Vietnam is where we have tied down so much of our manpower, our resources, our energies, and our hopes.

As chairman of the Senate Judiciary Subcommittee on Refugees, I went to Vietnam to investigate our progress, or lack of progress, in both our refugee and our civilian casualty programs. Within the next 2 or 3 weeks, I expect to make a detailed report to the Senate of my findings within the area of these specific responsibilities. Today, I wish to be more general.

I certainly did not go to Vietnam expecting suddenly to find the solution to the war. I return with no blueprint for immediate success, no scheme for peace that others have missed.

But I believe I do return with a greater sensitivity, with greater feeling about our total efforts there. These I wish to share with you.

I last visited Vietnam in 1965, at the beginning of the massive buildup there of American presence. At that time, the Vietcong threat was at a peak. The danger was imminent that they would take over the country, destroying in the process whatever free institutions the people enjoyed. The decision was made by the United States during this period to revise significantly our role in Southeast Asia. We have held to that decision with little change since then.

At that period in the struggle we took every claim of progress as a strong sign of hope—perhaps because the situation was so dismal. One left Saigon in 1965 feeling things were going to get better, simply because they could not get worse. I left at that time not with any hope of victory in the near future but at least with the hope that some real progress was on the horizon, that some real improvement, some easing of pain was in store for the people of Vietnam who had suffered so long—and for our people too.

On my return this year from Vietnam, I am forced to report to you, and to the people of the Commonwealth, that continued optimism cannot be justified. I am forced to conclude that the objectives we set forth to justify our initial involvement in that conflict, while still defensible, are now less clear and less attainable than they seemed in the past.

And I believe that if current policies relating to the nature of the war are not changed, and the assumptions underlying civilian programs are not revised, then the prospects for individual freedom and political stability in Vietnam in the foreseeable future are dim.

In essence, I found that the kind of war we are fighting in Vietnam will not gain our long-range objectives; that the pattern of destruction we are creating can only make a workable political future more difficult; and that the government we are supporting has given us no indication, and promises little, that it can win the lasting confidence of its own people.

The war in Vietnam is unlike the traditional wars in our history in which we were prepared to act alone. Our country was not attacked, our cities were not threatened. We do not seek to overthrow an enemy government, capture ground, or achieve an unconditional surrender. We seek only to allow the people a free choice. For these reasons the war is more nebulous, more vague in its ends, than the conflicts of our past. And for precisely these reasons, there is always the chance that our actions, if not fully considered, can exceed our needs. That is why we must be careful in applying the traditional canons of patriotism, or the clichés of the past, in judging this war. As our military effort must be more sophisticated than any other in the past, so must our views as citizens on the policy questions before us.

But before I elaborate on these points, let me share with you some of my personal impressions after observing the war in Vietnam.

First, I was deeply impressed by the American servicemen who are serving there. I had hours of discussion with them, from the Delta in the south to Da Nang in the north. The man who serves there today is in the tradition of his

father who fought in the South Pacific and his brother who walked the length of the Korean peninsula. Because of the greater opportunities he has had at home, he is perhaps more professional, more intelligent and more aware of his own capabilities as a man and as a soldier. He is there to do a job, and he does it well.

Criticism of the war is not criticism of these individuals. They do not make policy; but no policymakers ever had better men to carry out their objectives. If bravery, skill and sheer force could win this war, these men would win it. But it is these very characteristics that should give us pause—these men whose lives are too precious to sacrifice endlessly or needlessly. We owe much to our fighting men. Our responsibilities to them are great and grave. To interpret criticism of our policies as a lack of support for our men is to suggest that we blindly abandon them to policies without an intelligent consideration of alternatives that may be open to us.

The valor of our troops is one impression I brought back with me from Vietnam. A second strong impression was radically different: the paradox of the city of Saigon.

Saigon has grown over the past 3 years by almost 2 million people. The contrasts there are painful. A small, privileged segment of Vietnamese society is thriving in this center of war economy. These privileged individuals are content with the status quo.

But those who have been driven in from the countryside and must now live in the streets and the hovels present a different picture. These people are not doing well in this war, and they know the price of the conflict very well. Vietnam is a nation in which reverence for the dead is the highest trait of character. Yet I saw people in Saigon who are forced to live in graveyards, and have even hollowed out tombs to find shelter. This is a city where thousands of young men 18 and 19 years old flash about the streets on their motorbikes, wearing cowboy hats and leather gloves, exempt from the war and oblivious to the sacrifices of others. Yet this is also a city where 40 percent of the death toll is accounted for by children under 2 years of age, children killed primarily by dysentery, or pneumonia.

The contrasts of the major city are reflected as well in the countryside. From the air, Vietnam is a beautiful land, but when you descend from the sky you see clearly the pockmarks of war, and when you walk through the villages you see the ravages of war in the faces of the sick and wounded children. Beyond the villages abandoned fields stretch to the horizon, and scorched outlines of houses burned to the ground sometimes cover more than half the land area of a province. Whole areas which have been bulldozed to the ground are commonplace, and so are wide corridors of defoliated forests, and fields that once produced food. Here and there are compounds of long sheds with shiny tin roofs—the refugee camps where thousands upon thousands of people have been herded together, uprooted from all they ever knew or wanted.

These are the people of Vietnam, the peasants of Vietnam. They are not a demanding people. Their simplicity is overwhelming, their wants meager. I had the opportunity to visit more than 25 refugee camps and talk to hundreds of their people. I was struck with the fact that they—and their fellow peasants who make up the vast majority of the population—have no ideological commitment to anything beyond their own families, and perhaps their hamlets or villages. The provincial government, and the central government in Saigon, are nothing but faraway titles to most of them. The debate over communism and freedom has little meaning.

I do not mean to suggest that the peasant of Vietnam would be unresponsive to any form of government. But I do suggest that their concerns and their hopes should not always be considered identical to ours. As a leading intellectual in Vietnam told me, "The peasant may have no political notion of democracy, but he does carry a strong desire for justice." The form of government they want, according to him, is a just government. And none of the governments they have seen in their lifetime have been just to them. To them, the promises of the United States and the promises of the Vietcong make little difference, even if ours are real and the others propaganda. What they are interested in is the way of life which causes the least further disruption in their already disrupted lives.

We tend to think of refugees as a small minority of people who have been caught in a passing conflict. But when I discuss the refugees in Vietnam, I am talking about literally 25 percent of that nation's population, all of whom are disaffected, all of whom hold a strong resentment for whatever side tore them

away from the simplicity of their lives to the squalor and the bureaucracy of the camps. Most of these people are totally disenchanting with the powers on both sides responsible for their fate. Vietnam today is a land of disenchanting people.

I found a great deal of resentment toward the United States among these people. I asked all of those to whom I spoke how and why they became refugees. The vast majority—I would judge over 80 percent—claimed they were either deposited in camps by the Americans or fled to camps in fear of American airplanes and artillery. Only a handful claimed they were driven from their homes by the Vietcong.

The French, one leader told me, committed many sins in Vietnam. But the French did not wipe out their villages, or burn down their homes, or herd them into enclosures in the name of security, when many felt more secure, with more food and less disease, where they were.

It is apparent to me that it is the refugees of Vietnam, and their brothers in the hamlets, whom we must win over for any policy to succeed. But all too often this task may be almost impossible, because of that one forgotten and seemingly insignificant act in a fast-moving war, the destruction of a home or a hamlet—and that most significant fact, that we displayed no compassion thereafter.

One further impression—and perhaps the strongest and most depressing—is the impression of the Vietcong themselves. I spoke to Vietnamese and Americans alike who have either known the enemy from years of experience or have encountered him in the dark of night. The determination of the Vietcong is awful to behold. They are capable of great cruelty. They often attack positions using the peasant and his home as a shield. They use the familiar tactics of the terrorist, relying upon fear when persuasion fails.

I met with one woman and her family of five in Ben Cat the morning after the Vietcong had taken her husband from his bed and cut his throat, leaving him dying in the yard. He had done no wrong, but control of this refuge area was slipping from the Vietcong, and they needed an example of discipline.

The Vietcong are driven by a belief in the rightness of their cause that comes from years of colonial rule and injustice inflicted by passing governments. This belief has grown strong on a sense of nationalism carefully nurtured and promoted by Communist political cadres. It is true that their forces have been depleted by our weapons; in the delta, we are capturing 14- and 15-year-old boys. But it is just as true that in the past 6 months there has been more enemy activity in that area than there was when the Vietcong were at the height of their strength. We must face this Vietcong determination realistically and for what it is.

While I was in their country I tried to assess the spirit with which the Vietnamese on our side conduct their part of the war. For we are in Vietnam because they are in peril; it is their country, their war, their future. Every other time in our history when we have gone into battle to help others stay free the other nations have been dedicated to the cause. When they were threatened, as Britain and Russia and South Korea were, they fought valiantly. Where they were conquered, as the French, the Poles, the Scandinavians, the Filipinos were, they turned guerrillas and did the best they could to resist.

But at this stage of the war in Vietnam, I believe the people we are fighting for do not fully have their hearts in the struggle. And I believe as well that the government that rules them does not have its heart in the cause of the people. So we are being forced to make the effort for them and take the risks they should be taking themselves.

We are losing 9,000 lives and spending \$30 billion a year, and have twice come close to mobilizing our Reserves because of the war in Vietnam. But Saigon—faced with an enemy which controls more than half of its land area—has yet to declare a state of national mobilization.

Half of the American boys fighting in Vietnam are draftees. But in Saigon, it is common knowledge that a young man can buy his way out of the draft, or if he is in service can buy his release.

There are thousands of American men fighting in Vietnam and risking their lives. But in the country our men are defending, in Vietnam, the police must march through the streets in a house-to-house search seeking eligibles for the army. And they do this only when pressure is applied by critics. While I was in the country the Government of South Vietnam refused to permit the drafting of 18-year-olds, because it does not consider the country to have reached a state of national emergency. As one member of the Vietnamese assembly stated during their debate on the subject, he could see no reason why he should vote to draft 18-year-olds to support what was an American effort.

Very important

South Vietnam's civilians who have been injured as a result of the war are victims of the same lack of concern. Each year 150,000 civilians are wounded in the war, and more than 25,000 are killed. Only 150 Vietnamese doctors are available to treat these civilian casualties, and they must also serve the entire population of over 13 million. And yet I learned, in discussions with members of the Government, that they plan to divert many of this meager number by drafting more doctors into the military.

Were it not for the private doctors from the United States and other free world nations who have gone to Vietnam on their own time; and were it not for the fact that the U.S. military has finally accepted some measure of responsibility for the civilians killed and injured in the fighting, there would be almost no doctors at all to help these people.

I tried to warn Vietnamese officials of the suffering that would result if they removed the skilled medical people from the civilian population. They did not appear to be impressed.

There are those who say that such a lack of compassion is normal in a continent which has seen so much suffering for so many centuries. In matters such as this, they maintain, we must make allowances for the Asian mind. But I visited more than 20 Provincial hospitals and dispensaries. I entered pediatric wards at 11 o'clock at night and saw rats in the rafters and filth on the floors, windows without screens, children wide eyed with pain, and no Vietnamese personnel to comfort them or care for them. And I cannot believe that this suffering is made any easier by the cultural background of the sufferers.

I say that the explanation for this terrible situation is not cultural but political. I say that most of the officials in Saigon do not care about these stricken people; that they are more interested in maintaining their own positions of power than in helping the victims of the war; and that from the way they look upon the people outside Saigon, and the way they treat the peasants elsewhere, they have become much like the colonialists who trained them. They are truly colonialists in their own nation.

Along with this lack of urgency and this indifference toward the enemy and toward its own people, the Government of South Vietnam is infested as well with corruption. It is almost impossible to go to Vietnam and speak with any candid American or South Vietnamese citizen without instantly becoming involved in a discussion of the corruption of the Central Government. Government jobs are bought and paid for by people seeking a return on their investments. Police accept bribes. Officials and their wives run operations in the black markets. AID funds and hospital supplies are diverted into private pockets. Army vehicles are used for private purposes, supplies disappear and show up in the bootleg stores on the street.

Corruption pervades all aspects of Vietnamese life and it is brazenly practiced. For example; our Government decided it would be helpful if veterans of the Vietnamese Army could come to the United States to study at American universities and learn about our country. We asked the Government of South Vietnam to select some qualified men for this opportunity. The list they gave us consisted mainly of relatives of Government officials. When we discovered this, we asked them to find other men, unrelated to them. But after the second list came in, it was discovered that all of the new applicants had been made to promise a percentage of their scholarship payments to the officials who chose them.

Let me detail some examples in the refugee field. We now have given South Vietnam \$30 million a year for refugee relief. In my many conversations with the hard-pressed American refugee personnel, it was estimated that only half of the supplies ever reach the refugee. The officials of the Government of South Vietnam, and the Province chiefs supported by them, have the keys to the warehouses, and they keep much of the goods for themselves. Each refugee is supposed to receive the equivalent of \$45 for resettlement. It was estimated to me by a U.S. official adviser to the refugee program that 75 percent of this amount is siphoned off before it reaches these people.

Provincial officials are given a certain amount of money each year to spend on refugee relief. But instead of using it to provide for refugees, many of them lend this money at high rates of interest, collecting it back just in time to make the expenditures before the end of the budget year.

In the field of refugee care and in many other fields, the Government of South Vietnam has been engaged in the systematic looting of its own people. Many of its officials have, as their overriding concern, taken as much as they can, while they can, from the treasure of American wealth. When we in America

are being asked to pay a surtax of 10 percent to support this war, we have a right to demand that these practices in South Vietnam stop.

Until the Government of South Vietnam undertakes to reform itself; until it decides to work a 7-day week as the Americans are doing; until it resolves to mobilize the nation, to draft the young men who should be fighting for their country instead of playing in the cities, until it rids itself of the cancer of corruption—until it does these things, it will not be worthy of the respect of its people, it will not receive their support for the war, and the war will become more and more an American instead of a Vietnamese effort.

As I mentioned at the outset, I did not go to Vietnam in pursuit of a plan for peace. A short trip to Vietnam, even by someone who follows the issues closely, does not arm one with credentials and the information necessary to talk authoritatively of specific peace moves and solutions. Nevertheless, I feel no report to the people of this state on my impressions on the war would be complete without some personal conclusions.

I do not wish to engage in speculation on whether or not we have been aggressive enough in grasping offers to negotiate an end to the war, but I would question the wisdom of some who feel that a great deal of the negotiations for peace must be carried out before the negotiating table is ever reached.

Admittedly, we are confronted with cunning men in Hanoi. But I have sufficient faith in our own ingenuity and bargaining ability to believe that we can discuss settlement before many major military issues are resolved. Negotiations will not be a quick or painless solution to the Vietnam war, but the sooner they begin, the sooner men of peace, rather than those concerned solely with military victory, will begin bringing their influence to bear on the ultimate result.

But if negotiations are not forthcoming, or if they face a great delay, we must ask ourselves whether the gains we can achieve are worth the staggering costs we now incur. American officials I talked to in Vietnam are emphatic that we must not expect too much from the central government, that the effort to win the people and discourage the VC will go slowly, and that we cannot hope for an end to our involvement for another 5 or 10 years. It is easy to accept 5 to 10 years in the abstract, but it becomes more difficult when years are translated into dollars—another \$150 to \$300 billion at the current level of spending. And I find it impossible to talk of our future in Vietnam in terms of another 50,000 to 100,000 young Americans dead. Last year, 9,000 boys died; this year we will lose 10,000. Unless we change the way we fight in this war, the death toll will grow even larger while the gains, computed by often meaningless statistics, will merely creep along; to mock the offering of this, the most precious gift we have.

And so it is that the rising cost of American lives and the damage, both political and physical, that we inflict on the people, cause me to view current military actions with great dismay. As a result, I believe that if we cannot achieve negotiations in the very near future, we should begin immediately to moderate significantly our military activities in South Vietnam to levels more tolerable to all and more commensurate with our limited aims. Our overriding goal should be to maximize the safety and security of the Vietnamese people and our own soldiers, rather than to search out the enemy in his territory and on his terms. To produce a flow of statistics of enemy killed, roads opened, hamlets secured, is not our goal in Vietnam, and it is not worthy of our effort. To seek to justify a war by such meaningless numbers is not only new to the American experience—it is unbecoming to a great nation.

The adoption of a more defensive military posture, one designed to protect and hold areas of heavy population rather than to seek out the enemy, has, I found, some support among our military leaders in Vietnam. And at the same time—as essential to this strategy—we would have to demand more from the South Vietnamese Government in the basic political effort of gaining the allegiance of the people who would be under the protection of the United States and other free world forces.

This task can only be successfully fulfilled by the Government of South Vietnam. But given our expenditure of lives and treasure, and the threat of Vietnam to our own domestic tranquility, it is largely our responsibility to see that they accomplish this task. For too long we have tolerated not only government corruption but also government indifference to the people. We have refused to confront Saigon with the same determined fury we have unleashed on Hanoi. But they, too, must face the hard demands of war—and those demands should be placed before them by us in clear and concrete terms!

I would urge a confrontation between our Government and the Government of South Vietnam on the entire question of corruption, inefficiency, waste of

American resources, and the future of "the other war." They should be told in terms that will leave no doubt that if they find it impossible to attract the people of Vietnam to their own constitutional government, the American people will rightfully demand serious alterations in the nature of U.S. involvement.

We can have an enormous influence over the Government of South Vietnam if only we choose to use it. They know that if we were not there they would collapse. We came to their aid because their people were in danger of a Communist takeover. But today many of their officials believe that, because of our fear of China and of our deep concern about Communist advances in Southeast Asia, we are tied to Vietnam irrevocably. As a result, I believe they feel they can act as they wish towards the war and towards their own people, confident we will fill the gaps they will leave.

They must be disabused of the belief that American men and American money are a fixture in Vietnam. There is no lack of will in this country to assist others anxious to help themselves, but Saigon should know that American resources are not infinite and that patience has its limits. Above all else, the American people will not be content with the giving of lives, with making the ultimate sacrifice for a government which refuses to share proportionately in that sacrifice.

So it should be made clear to the elected Government of South Vietnam that we cannot continue, year after year, picking up the pieces of their failures. We should as a nation do all that is necessary to prepare that government to take over their true responsibilities. But if they are unwilling to accept them, they should be aware that the American people, with great justification, may well consider their responsibilities fulfilled.

Almost 2 centuries ago, Thomas Paine, a man who wrote of our own struggle as a young nation, stated, "those who expect to reap the blessings of freedom must, like men, undergo the fatigue of supporting it." That lesson still holds today. No nation has done more in the last quarter century than the United States to promote and preserve freedom in this world. We have done so because peace under freedom was the watchword in the creation of our own republic and is the highest aspiration of all men. Our word is good to all who share that aspiration with us and to all who will work with us to attain it now and maintain it in the future.

SUPPLEMENTAL INQUIRY CONCERNING THE CIVILIAN HEALTH AND WAR-RELATED CASUALTY PROGRAM IN VIETNAM (B-133001), GENERAL ACCOUNTING OFFICE, FEBRUARY 1968.

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INTRODUCTION

Our review, performed in Vietnam as the second phase of an overall review of the U.S. civilian health and war-related casualty program, was requested by the Subcommittee on Refugees and Escapees, Committee on the Judiciary, U.S. Senate. The results of the first phase of the review, covering the management of that program in Washington, D.C., were reported to the subcommittee on October 9, 1967, and were the subject of testimony at subcommittee hearings on October 11, 1967.

This report discusses the results of our fieldwork and relates these results to the matters that we reported earlier. In accordance with arrangements with the subcommittee staff, and in order to expedite release of our report, we have not followed our usual practice of submitting a draft report to the agency concerned for written comment. However, we have discussed the report findings with agency officials, both in Saigon and in Washington, and have included in the report the positions of these officials, where appropriate.

SUMMARY

Our fieldwork, completed, for the most part, in December 1967, did not include consideration of the effect of the escalated military activity in Vietnam in January and February 1968. Hence, we have been unable to fully assess the results of such activity on the matters discussed in this report. It appears that current events have significantly increased the demand for medical supplies but that the basic problems of transporting these supplies to outlying areas will be worsened.

The information developed by our fieldwork in Vietnam on the civilian health and war-related casualty program parallels that for matters that were discussed in our report to the subcommittee in October 1967. We found that no specific priority had been assigned to the problem of civilian war-related casualties. The care of such casualties was included in the overall public health program of the Agency for International Development (AID), which was accorded a relatively high priority. Increased efforts by the U.S. public health staff in Vietnam are still hampered by inadequate Government of Vietnam (GVN) facilities, and staffing and by their essentially advisory role to the personnel of GVN's Ministry of Health, which administers the program.

The total number of civilian casualties is still unknown. AID officials estimated in December 1967 that civilian casualties are admitted to hospitals at a rate of about 4,000 a month, with about as many more not hospitalized. They further estimated that two of each five casualties not hospitalized die before reaching hospitals and the remaining three do not require, or they refuse, hospitalization.

Most casualties are treated in GVN hospitals, which are inadequate in capacity, facilities, and staffing. Conditions in two hospitals that we visited can only be characterized as "frightful." Staffing in the GVN hospitals is a most critical problem and there is little prospect of improvement.

Only negligible use has been made of the available beds in military hospitals, due at least in part to cumbersome administrative procedures and the reluctance of Vietnamese patients to leave their families. Construction was in the early stages at the three hospitals to be built by the Department of Defense.

FINDINGS

Program management

We reported to the subcommittee in October 1967 that the Agency for International Development had primary responsibility for public health programs in Vietnam, of which the care of civilian war-related casualties was a part. We also reported that there was some division of responsibility between AID and the Department of Defense, particularly regarding the care and treatment of such casualties.

The Public Health Division of AID's mission to Vietnam (hereinafter referred to as USAID) has primary responsibility for administration of all health programs at the Saigon level. However, USAID's personnel outside of Saigon, that is, in provinces, regions, and districts, are under the control of the Assistant Chief of Staff for Civil Operations and Revolutionary Development Support (CORDS), under the commander, Military Assistance Command, Vietnam (MACV). Also, a number of medical programs are being operated by U.S. military forces, such as the care of patients in Vietnamese hospitals (see p. 13) and the construction of three hospitals to care for civilian war-related casualties. (See p. 21.)

USAID's activities are conducted within the U.S. policy of rendering assistance through the Government of Vietnam. In the health field, assistance is channeled through GVN's Ministry of Health, which operates Vietnam's civilian hospital system and other health programs. As described elsewhere in this report, almost all the civilian war-related casualties are being treated in GVN civilian hospitals. AID helps support these hospitals through assistance in the form of U.S. professional medical personnel, medical supplies, and improvements to facilities. Our review shows that channeling assistance through the GVN has resulted in some problems, particularly in the medical logistics field. (See p. 24.)

Priority accorded to civilian war-related casualties.—We reported to the subcommittee in October 1967 that (1) the care of war-related casualties was submerged in USAID's overall public health program, and (2) the public health program at one time was not considered as urgent as other aspects of the pacification program.

There was contradictory evidence in the field as to the actual priority of this program. For example, at least on paper a portion of USAID's public health program was assigned priority 1, as shown by the following priority designations contained in formal priority documents we reviewed in Saigon.

<i>Program element</i>	<i>Priority</i>
Provincial health assistance.....	1
Renovation and construction of health facilities outside Saigon.....	1
Medical logistics.....	1
Rural health.....	2
Preventive medicine outside Saigon.....	2
Environmental health, Saigon and outside Saigon.....	3
Maternal child care, Saigon and outside Saigon.....	3

The first-tier programs are related to assistance to civilian casualties in that they are directed at supporting and expanding the GVN's hospital and medical treatment programs which are bearing the brunt of the increased patient workload brought about by civilian war-related casualties. These priority 1 programs are parts of one of USAID's basic priority 1 objectives in Vietnam—"alleviating the impact of war on the civilian population."

On the other hand, in the course of our fieldwork we attempted to determine what the various priority designations mean for a particular program in terms of program formulation and implementation. We were not able to do so, since top management officials of USAID's Public Health Division stated that they were not aware of the existence of priority designations for various programs and did not know what each priority meant. Moreover, the Assistant Director of the Public Health Division stated that, when his predecessor arrived in Vietnam in 1965, the health program had priority over other USAID programs simply because it was the only organized and formalized program in existence at the time. He said, however, that, as other programs were developed, the public health program lost its top priority relative to other programs.

Number of civilian war-related casualties

In our October 1967 report to the subcommittee, we stated that the total number of civilian casualties was unknown. Our fieldwork in Vietnam disclosed that this was still the case although U.S. officials having responsibilities in this area have made generalized estimates of total civilian war-related casualties on the basis of the limited data compiled. One responsible official estimated that in 1967 there were 76,800 civilian war-related casualties requiring medical treatment.

Available data in Vietnam showed that admissions of civilian war-related casualties to hospitals averaged about 4,000 monthly during the first 10 months of 1967. Of these, 3,800 were admitted monthly to GVN's 71 National and Provincial hospitals and the remainder to facilities operated by U.S. military forces.

In December 1967 the Assistant Director of USAID's Public Health Division estimated that hospital admissions probably represented about 50 percent of all wounded Vietnamese civilians. He further estimated that the remaining 50 percent consisted of 30 percent who suffered relatively minor wounds and were not treated in hospitals (and perhaps not treated at all) and 20 percent for whom injuries resulted in death before they reached a hospital. Using these estimates as a base and excluding fatalities that do not reach hospitals, total civilian casualties requiring medical treatment, but not necessarily hospitalization, numbered about 76,800 during 1967.

Data also showed that civilian war-related casualties constituted about 10 percent of total admissions to GVN hospitals and that about two-thirds of the casualties were in regions I and IV. Region I, in the northernmost part of Vietnam, has been the scene of the heaviest fighting in the past year, and region IV, the delta region in the southern part of the country, has the highest population density.

Officials of the Military Assistance Command, Vietnam, estimate that, of the estimated 48,000 civilian war-related casualties hospitalized during 1967, 20,000 to 23,000 were beyond the physical capabilities of GVN's hospital system. These officials did not explain how these patients were treated in 1967; that is, whether they displaced noncasualty patients or whether they were crowded into existing

facilities. We observed evidence of the latter category during our visits to GVN hospitals, where patients were crowded two and three to a bed, and some were lying on the floor.

Reporting and unreliability of hospital admission data.—Starting in December 1967, CORDS initiated a new reporting system to yield data on a number of programs in the field, including the public health program. The reporting form (see appendix) includes a component on civilian war-related casualty patients admitted to GVN hospitals. As noted above, present estimates of such cases are also based on admissions to GVN hospitals.

At the time of our review, there was a general agreement among knowledgeable U.S. officials in Vietnam that reports of war-related casualty admissions, by Vietnamese hospital registrars, were inaccurate. There was no direct evidence as to whether such data were too low or too high. AID/Washington officials expressed the view that, while these data probably were not completely accurate, they were as reasonable as could be expected under conditions prevailing in Vietnam.

In February 1967, USAID reported that the only way that reliable statistics could be obtained on war-related casualties would be to assign U.S. registrars at each GVN civilian hospital. Implementation of such a program was subsequently requested by AID/Washington, but this was recommended against by the U.S. Mission Council in Vietnam, which requested AID/Washington to withdraw the requirement. The Council justified its recommendation on the following grounds:

1. United States and Vietnamese manpower requirements would be high and would require withdrawal of personnel from the primary mission of medical care of Vietnamese who are sick or injured, thus downgrading this primary mission.

2. Information collected would include only patients admitted to GVN and United States hospitals; it would exclude casualties who died before reaching hospitals, casualties whose injuries did not require hospitalization, and casualties treated by the enemy. Because of these limitations, the information would not stand public scrutiny, nor would it be anything more than a point of argument for press and/or critics.

3. Exact figures could not be obtained, as even the term "civilian casualty" may defy definition.

As far as we could determine, the U.S. registrar plan has never been revived. Thus, it seems likely that the new CORDS report will have to rely mainly upon the data provided by Vietnamese registrars and admission statistics from Department of Defense (DOD) hospitals.

Level of financial assistance

USAID reported that \$22.8 million had been obligated for the public health program for fiscal year 1967. For fiscal year 1968, \$27.7 million was proposed for expenditure.

These moneys are intended to provide dollar financing of activities, such as the construction and renovation of GVN hospital facilities; salaries and support costs for U.S. physicians, nurses, and technicians assigned to GVN hospitals; and pharmaceuticals and other medical supplies used in GVN hospitals.

Additional assistance is also provided by the Department of Defense. For example, DOD programed, directly and indirectly, about \$10.7 million of fiscal year 1967 funds for the construction of three hospitals to care for civilian war-related casualties. This construction program is more fully discussed starting on page 21. Complete fiscal data on other U.S. military programs in the civilian health field, for example, treatment of civilian casualties in existing U.S. military hospitals and actual participation by U.S. military forces in ministering to the health needs of Vietnamese, could not be broken out separately. There are indications, however, that DOD's contribution in these fields is significant. For example, we reported to the subcommittee in October that DOD planned to expend \$15.8 million in fiscal year 1967 for general health purposes related to the Vietnamese people.

In addition to providing this assistance, both the GVN and the United States provide plaster support to programs in the health field. United States plaster support is channeled through the GVN as a grant 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 Agriculture Trade and Development Act of 1954, as amended (commonly referred to as Public Law 480). The following table presents the best information we were able to develop on funds budgeted for public health purposes for calendar year 1967 from GVN's civil (as opposed to military) budget and that portion of the budget composed of counterpart funds.

	Vietnamese piestres (millions)		U.S. dollar equivalent (millions)	
	Total budget	Counterpart	Total budget	Counterpart
Total civil budget.....	33,000	8,000	279.7	67.8
Public health.....	2,389	389	20.2	3.3
Percent.....	7.2	4.9		

Comparable figures for calendar year 1968 had not been developed at the conclusion of our field work in December 1967.

Most of the funds in GVN's 1967 budget were for operating costs associated with 71 national and provincial hospitals. As stated above, these hospitals are caring for almost all Vietnamese civilian war-related casualties as part of their basic function of providing hospital services for the population in their particular areas.

We noted that 139.8 million piasters, or about 36 percent of the budgeted counterpart funds, had been expended through September 30, 1967. This 36-percent expenditure rate (48 percent on a projected annual basis) is not necessarily symptomatic of slow fund releases, since the purpose for which these funds were to be spent included a number of construction projects. Expenditures for such projects can generally be expected to be made over relatively protracted periods of time.

USAID's Public Health Division (PHD) officials advised us that they participated in the planning of projects involving the use of counterpart funds. They further told us that they do not involve themselves with approval, management, or analysis of the public health portion of GVN's national budget, since—

1. Vietnam is a sovereign nation and the propriety of such involvement is questionable.
2. The Vietnamese would not welcome a close scrutiny of their internal affairs, because of historical distrust of foreigners.
3. PHD is not equipped to get into daily, routine management of the GVN's Ministry of Health budget.

Staffing and manpower

The following table summarizes the status of U.S. positions authorized and filled in USAID's Public Health Division as of November 30, 1967:

	Total	Salgon	Field
Authorized.....	390	123	267
On board.....	247	86	161
Shortage.....	143	37	106
Percent short.....	37	30	40

The staffing shown above represents a slight improvement since August 1967, when only 228 of the 390 authorized positions were filled. In addition, we were advised by USAID officials that there were normally about 30 volunteer American Medical Association (AMA) physicians in Vietnam at any given time. On January 31, 1968, the contract between AID and the AMA was modified to increase the number of physicians from 32 to 50.

Our review indicated that the basic problem is the recruiting of qualified personnel, and not funding limitations. For example, estimated obligations for the fiscal year 1967 public health program were reduced by about \$1 million (about 4.5 percent) in the last quarter of that fiscal year because of " * * * the difficulties AID/W was encountering in recruiting personnel for the health program."

Top PHD officials told us that AID/Washington had not been able to recruit a badly needed orthopedic surgeon and replacements for several key health officers who were leaving Vietnam. The acute need for orthopedic surgeons to treat Vietnamese patients with war-related injuries was also called to our attention in discussions with U.S. medical personnel in the field. These field personnel stated that U.S. military forces in Vietnam assisting the Vietnamese (see below) were also experiencing shortages of trained and experienced medical personnel from time to time.

DOD programs

In addition to USAID's 247 advisers and about 30 AMA physicians, United States personnel are involved in three programs related to civilian health, which are sponsored by U.S. military forces.

Military provincial health assistance program (MILPHAP).—Milphap 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 province hospitals. Their mission is to assist at the hospitals in all matters involving the application of medical expertise.

In November 1967 there were 23 U.S. Milphap teams and 16 teams from eight other countries assigned to GVN civilian hospitals throughout Vietnam. We were subsequently advised by AID/Washington in February 1968 that the number of teams had been increased to 25 from the United States and 23 from 12 other countries. Only two provinces were not covered by these teams.

Medical civic action program I (Medcap I).—Medcap I is an effort on the part of U.S. military forces to advise medical personnel of the Armed Forces of Vietnam (ARVN) on the care and treatment of Vietnamese civilians. Medcap I is described as an effort to establish rapport between ARVN and the civilian population.

Starting in July 1967, U.S. personnel ceased participating in the actual administration of treatments and confined their work to advising and supporting ARVN medical personnel. Available data on this program show a 53-percent decrease in the average number of monthly treatments upon discontinuance of active participation of U.S. military personnel in this program.

Medical civic action program II (Medcap II).—Medcap II is a direct action program by U.S. and other free world military teams. Treatments administered under the program consisted mainly of immunizations, rendering first aid, extraction of teeth, and treatments of minor burns, rashes, and infections.

Directives governing the operation of Medcap II provide that, during military operations, medical personnel will conduct emergency treatment for wounded, injured, and sick Vietnamese nationals as the tactical situation permits. Data were not available, however, on the number of war-related injuries treated. We noted that the reporting format on activities of Medcap I and II teams was revised in October 1967 to show information on the number of medical treatments administered for injuries resulting from hostile action.

GVN staffing

One of the most acute problems in the public health field in Vietnam is the need for trained Vietnamese personnel of all kinds. This is particularly important in developing an in-country capability as a basis for long-range self-help.

About \$2.5 million was programmed by USAID for various educational and training projects during fiscal year 1967. Of this amount, about \$1.4 million, or 56 percent, was expended by October 31, 1967.

Records available at USAID showed that 159 new physicians were graduated in 1967. All the male graduates were scheduled to enter military service. Approximately 80 percent of Vietnam's 1,000 physicians are now in the armed forces.

The number of graduates in other medical and health fields were far fewer than needed; and, for some fields, there were no graduates at all. For example, no sanitary agents were trained in 1967, although USAID officials thought that 465 additional agents should have been trained.

We were advised by USAID's Assistant Director for Public Health that retention of trained Vietnamese medical personnel is the major problem because of low salaries. He illustrated the significance of this situation by stating that the salary of a first-year secretary is roughly twice the salary of a nurse with 10 years' experience. He also stated that, because of shortages of personnel in other areas, only 48 percent of all GVN nurses are involved in patient care; the remainder are being utilized in administrative positions. He mentioned that there is a critical need for sanitary agents in Vietnam and that 100 students were scheduled to begin training in January 1968. He expected a low enrollment in this program, again because of the noncompetitive salaries offered.

Medical facilities

In our October 1967 report we discussed the status of a number of hospital projects completed or under way in Vietnam. Following are some pertinent observations regarding these facilities, based upon our fieldwork and firsthand observations.

Provincial hospitals.—Our work in Vietnam showed that, although renovation of 15 of these hospitals was envisioned to cost \$3.2 million, ultimately \$7.7 million

was needed to complete work on only 10 hospitals. This project was undertaken in 1964 and called for completion dates between September and December 1964. Actual completion dates for the 10 facilities completed at the time of our review ranged from December 1965 to February 1967. Renovation work on an 11th hospital, estimated to cost about \$500,000, was about 34 percent complete in early December 1967 and beneficial occupancy was expected about mid-January 1968.

Because of the high cost and other difficulties encountered in the completed renovating work, USAID has dropped plans regarding the remaining four hospitals in favor of concentrating on the "impact hospital" program. (See p. 19.)

Following are some of the reasons for the additional costs.

1. There was a poor preliminary cost estimate by a U.S. firm. The contractor's personnel spent only 2 or 3 days at each site and were unable to fully detect, among the other things, the need for structural alterations. For example, the renovated hospitals were from 8 to 58 years old and had received little or no maintenance, and the original construction was from untreated lumber which was rotted and termite ridden. Thus, for example, whole walls had to be torn out and uncontemplated bricklaying and plastering work had to be performed.

2. There were numerous delays in delivery of materials which increased both material and labor costs. Delivery delays were caused by factors such as blown roads and bridges, Vietcong roadblocks, and combat activity. At one location a delay of about 2 months was encountered because plumbing and electrical supplies could not be transported to the site, but the employees were still paid. Delays also necessitated procurement of some materials locally and, because competition was not obtainable, local suppliers raised their prices accordingly.

3. Additional work was added to the contract. For example, at one location, the local power company refused to grant permission to connect to the local power supply because its system was already overloaded. The contractor was therefore required to install a 75-kilowatt generator.

4. The U.S. contracting officer stated that there were numerous instances of theft of materials and equipment. At one location, wall tile installed in the kitchen was completely removed from the walls during the night of the day it was installed. The contractor and the contract administrator stated that this was common and uncontrollable at the construction projects in rural areas of Vietnam.

5. Lack of final drawings and specifications resulted in materials sometimes being bought which turned out to be other than items needed. These were generally long leadtime items which also may have contributed to delays. The record is unclear as to what happened to the unneeded items, but the U.S. contracting officer told us that he supposed that they would be used on other construction projects at no cost to the Government. The contractor that renovated these hospitals is also the major U.S. construction contractor in Vietnam.

We visited two provincial hospitals in the most critical areas during our review to observe general conditions. On the basis of our visual inspections and consultations with United States and other free world medical personnel, we identified a number of common problems. These included:

1. Crowded conditions in wards.
2. Poor sanitation, such as a shortage of bathrooms and poor sewage disposal.
3. Inadequate power, a lack of generators, and poor maintenance of generators.

Our specific comments on conditions observed at these two provincial hospitals follow.

Da Nang Provincial Hospital.—At the Da Nang Provincial Hospital, we observed extremely overcrowded conditions in two annexes used as wards, with some patients and their relatives lying on the floor. The general condition of these wards was described by our representatives as "filthy." The U.S. physician who accompanied our representatives on a tour of the facilities referred to the two wards as "chicken houses."

The orthopedic ward was generally in much better condition. We noted, however, that medical personnel had to resort to the use of various size bricks in the ward because orthopedic weights were not available. We were told by U.S. physicians that precise weights are needed to insure that broken bones set correctly.

We were advised by the U.S. physicians at this hospital that the relatives of patients we observed in the wards were definitely needed to assist in patient's care and that without them the hospital could not handle the patient workload.

Quang Ngai Provincial Hospital.—In this hospital, practically every inch of available space was taken by beds filled with two to three patients and/or relatives, or by patients and relatives lying on the ground. Our investigator observed that the operating room was in filthy condition with flies in great abundance. He further noted that food was being delivered to patients in dirty buckets, and piles of blood-soaked dressings collecting swarms of flies were dumped outside the wards.

AID/Washington comments.—AID/Washington officials stated that conditions at the Da Nang and Quang Ngai Provincial hospitals should not be regarded as typical of conditions at the other Provincial hospitals. They pointed out that, until the Tet offensive of the Vietcong, by far the greatest number of civilian casualties were being incurred in the region where these hospitals are located. They also said that, because the number of war-related injuries had completely overwhelmed the GVN system in this region, USAID had again recommended in October 1967 that the Department of Defense hospital-augmentation plan be implemented. (See p. 21.)

Impact hospitals.—The impact hospital program is sponsored by USAID and is intended to provide minimal, austere hospital facilities in nine provinces throughout Vietnam until the development of a national health facilities program by the GVN's Ministry of Health. The locations were selected on the basis of a survey of health facilities conducted during May 1966, which disclosed that these locations had no existing facilities or had facilities which were generally inadequate for rehabilitation or expansion into full hospital operations. U.S. and other free world medical personnel were to supplement the GVN staff at these hospitals.

To provide complete and uniform facilities at each of the sites, a standard "core unit" was developed, including operating theaters, a 10-bed recovery room, emergency treatment and outpatient rooms, a pharmacy, a laboratory, an X-ray room, and administrative offices. A maternity unit and kitchen and laundry facilities are provided at each site. These are provided either in new buildings or in remodeled existing buildings. Eight of the nine hospitals will be provided with wards—a total of 800 beds. The ninth will have a "core unit" only. The total cost of these nine facilities was estimated at \$3,517,000, which include both dollar and plaster costs.

All the hospitals were scheduled for completion during the first 7 months of 1968. All but two seemed to be close to schedule. Construction on one hospital (100 beds) had not yet started at the conclusion of our fieldwork because of hostilities in the area; there was a 28-day delay in the other hospital (140 beds) because Government-furnished materials had not been delivered on schedule and there was a 30-day delay due to contract modifications.

Department of Defense hospitals.—In April 1967, plans were approved by the President for the Department of Defense to construct, equip, supply, and staff three civilian war-related casualty hospitals in Vietnam and to admit a limited number of Vietnamese with war-related injuries to existing hospitals operated by U.S. forces.

The original plans called for three intensive-care surgical suites costing \$3.6 million. This was subsequently expanded to three complete hospitals to cost \$14.6 million. Two of the hospitals were to be constructed by using troop labor, and the other by contract. Plans called for two of the hospitals to commence operation by December 15, 1967, and the third by April 15, 1968.

Subsequent to our fieldwork, we were informed by AID/Washington officials that work had started on these hospitals. Funding limitations resulted in a proposed outback of the scope of the hospitals and in their redesign. U.S. officials expressed the belief that two of these hospitals would be in operation by May 1968 and the third by June 1968. Moreover, more pressing combat-support missions require that troop labor not be used; thus, all three were to be built by a private contractor. Their cost was estimated in December 1967 at about \$10.7 million, which consisted of \$7.3 million directly programed for these facilities by DOD and \$3.4 million in materials and labor to be provided from other DOD funding sources. A outback in work scope will still take place and will include:

1. Elimination of the Red Cross and PX buildings and the headquarters building at one hospital.
2. Reduction in size of motor vehicle repair shop by 50 percent.
3. Reduction in floor space by 10 percent.
4. Reduction in most covered walkways and reduction in open walkways by 20 percent.
5. Elimination of air conditioning from—
Admission/disposition and emergency ward.

- Preoperation ward.
- One postoperation ward.
- Cast and ortho/laboratory area.
- Dispensary and morgue.
- Dental pharmacy areas.
- 6. Reduction in ward lighting, 40 percent.
- 7. Reduction in electrical equipment support.

The three hospitals were still to have a total of 1,100 beds, as originally planned. Pending completion of these facilities, MACV directed in December 1967 that two U.S. military hospitals be made completely available for the treatment of civilian war-related casualties.

Previously, in October 1967, MACV had made 300 beds available in two existing U.S. Army hospitals. Test procedures were conducted at these two Army hospitals to govern the admission of Vietnamese to all U.S.-operated hospitals.

Among the provisions set forth for admission of Vietnamese to the partially available hospitals were:

1. The patient must be referred, through a CORDS representative, by a local GVN official.
 2. For most patients the expected stay is 2 weeks, at which time they are to be returned to a civilian hospital for further recovery.
 3. Escorts (e.g., wife and family) will be kept to a minimum and then only when required to insure physical and/or emotional stability of the patient.
- For almost the first 2 months of this test program, the average bed occupancy for both hospitals was reported to us by a CORDS official to be 31 Vietnamese patients per day (22 in one hospital and nine in the other). Military personnel expressed disappointment over this low occupancy rate. Moreover, not one Vietnamese patient had entered these hospitals via the referral procedure.

In a series of discussions with medical personnel, we concluded that the low-occupancy rate was caused by a combination of factors.

1. The cumbersome administrative procedure inherent in referring patients.
2. The "2-week provision" has been misinterpreted by some personnel in the Provinces as meaning a rigid maximum. This could lead to a reluctance to refer patients. CORDS and MACV officials in Saigon stressed that 2 weeks was a very flexible standard.
3. The Vietnamese people resist and even refuse to be transported from their home areas since they cannot have their families with them while they are hospitalized. We were advised that, at the moment, only one family member can accompany a patient because of limited accommodations, but that accommodations are being expanded.

The problem of joint occupancy of U.S. military hospitals by U.S. troops and Vietnamese civilians was discussed in our October 1967 report. This problem centers around the risks of unidentified Vietcong patients being admitted to these hospitals, the possibility that Vietnamese diseases might be transmitted to U.S. patients, and possible adverse public relations. We were advised by MACV officials that the MACV action which resulted in joint occupancy, inherent in making the above-mentioned 300 beds available, had been taken to expedite the program of treating civilian war casualties.

From the evidence at hand—namely, the contemplated construction of three new civilian casualty hospitals and the interim measure of making two hospitals temporarily available solely for Vietnamese—it appears to us that MACV has decided to keep joint occupancy to a minimum.

Medical logistics

In our October 1967 report to the subcommittee, we noted that the medical logistics program was rated unsatisfactory by 78 percent of the U.S. Provincial representatives in June 1967. We reported further that "Saigon GVN inaction" was the dominant reason assigned for the condition by the reporting representatives. Although our current review disclosed that these judgments were formed on subjective evaluations made without the benefit of standards or criteria, the evidence disclosed in the course of our review suggests that shortages of U.S. provided medical supplies still exist in Provincial hospitals.

Our review further suggested, however, that these shortages may be the result of supplies not reaching hospitals after being shipped from the main GVN depot in Saigon or of supplies being stolen from hospital warehouses. From an overall standpoint, we would characterize the medical logistics situation in Vietnam as mixed, with shortages in the provinces and excesses in Saigon.

Security control over medical supplies also appeared to present a problem. For example:

1. At the Saigon Medical Depot our staff noted several obvious instances of cases having been broken into and medical supplies removed.

2. During our visit to Quang Tri Province, we discussed the evident lack of security of the medical warehouse with U.S. personnel assigned to this Province. Antibiotics worth about \$1,400 were stolen from the warehouse the night following this discussion.

The bulk of the medical supplies furnished to the GVN by USAID are obtained from U.S. military stores in Okinawa. These supplies are first stored in the GVN's Central Medical Depot at Phu Tho in Saigon. U.S. advisers are assigned to this depot and actively participate in the supply operation. In response to orders, supplies are sent from the Saigon warehouse to medical warehouses of the various GVN civilian hospitals scattered throughout Vietnam, mainly via the GVN transportation system. These medical warehouses are operated by GVN personnel.

Following are some of our specific observations regarding shortages and excesses of medical supplies.

Shortages.—We were told by the top U.S. official stationed at the Da Nang civilian hospital that this facility was chronically short of medical supplies. Some indication of this situation is described in an October 1967 report, apparently sent by this official to CORDS/Saigon. Pertinent parts of this report follow.

"The Da Nang civil hospitals are ill equipped and insecurely supplied. This system is long term and will so continue should the present system of distribution prevail. Some improvement has been noted in selected areas during the past quarter but the overall scene is alarming.

"Many expendable, rapid turnover items are presently out of stock or unavailable and this situation sadly blunts the effort of American medical advisers. Examples are: chloramphenicol for the rampant typhoid disease; envelopes for 70-70 daily X-rays; crutches for 200 "walking" wounded; surgical sponges for 20-30 daily operations; ointment hydrophilic as a base for the very successful Brookeburn treatment.

* * * * *

"Orthopedic equipment is all in short supply with overhead frames, beds, splints, pulleys, pins, nails, drills, rope, stockinette, and so forth, all 6 months' overdue since ordered.

* * * * *

"The supply system with prime placement of military stores in Okinawa and secondary warehousing at Phu Tho in Saigon is dependent for its function on a military chain of command, down to the consumer. Unfortunately U.S. military discipline ends at Phu Tho and V.N. management takes over. * * * The lack of a central supply system in these hospitals and no perpetual inventory in the local warehouse precipitates frequent critical shortages. * * * The signing and counter-signing of orders received is neglected. There is no actual check on supplies received. Housekeeping of the warehouses is frightful."

Our inspection of the medical warehouse of the Da Nang hospital confirmed that housekeeping of supplies was disorganized. For example, we noted inadequate identification of medical supplies and disorganized storage of such supplies.

We examined into the status of unfilled orders that hospitals had placed on the Saigon depot. We could only determine these unfilled orders by matching written orders by the requisitioner against receiving reports—unmatched orders presumably being those unfilled by the depot in Saigon. When we compared these "unmatched" orders with shipping records in Saigon, however, we found signed receipts from the Provincial hospitals. This leads us to conclude either that—

1. Our staff did not find all receiving reports to match against orders at the Provincial depot. (This is entirely likely, since basic records and documents were strewn about, rendering it relatively easy to lose or misplace a document. This fact coupled with no records (or unworkable ones) made it impossible for us to find out exactly what was happening); or

2. The signatures were sometimes falsified—a not uncommon practice—and the goods never reached the hospitals.

At one hospital, an American doctor told us that, in his professional opinion, a critical shortage of crutches would result in some patients never being able to walk. At the GVN's medical depot in Saigon, we discovered that, due to a misunderstanding, the depot was neither issuing crutches to requisitioners nor ordering them from U.S. sources, as they should have been. There were unfilled orders for 1,008 pairs from GVN hospitals, and 108 pairs were on hand. We informed the USAID advisers of this, and they took corrective action.

Excess stocks.—On the basis of inventories on hand and their rate of issue based on orders received, we estimated that \$3,700,000 worth of excess stocks of medical supplies and equipment were on hand at the Central Medical Depot as of the end of September 1967. This represented 43 percent of the \$8,570,000 inventory reported to be on hand. We estimated further that as much as \$7,463,000, or 70 percent, of the commodities on order on September 30, 1967, were excess to computed needs.

We attribute the foregoing excess stocks to not canceling orders known to be excessive, not recomputing requirements in a timely manner, and a reluctance on the part of USAID advisers to exercise supply discipline because of a fear that shortages might result.

We provided USAID advisers with a list of specific excesses we found and they canceled orders totaling about \$700,000. They declined, however, to take any further action regarding the specific identification of depotwide excesses, or excesses on order.

For the 10-month period between December 1966 and September 1967, the depot issued about \$8,112,000 worth of commodities, or \$811,200 worth monthly. The depot's operating procedures also established a 6-month stockage level for supplies. On the basis of this information, we calculated, as shown in the following table, that 43 percent (\$3,703,000) of the \$8,570,000 worth of commodities on hand were excessive at September 30, 1967.

On hand, Sept. 30, 1967	\$8,570,000
Stockage objective (\$811,200 times 6 months)	4,867,000
Excessive onhand quantities	3,703,000

To further test the reasonableness of this overall estimate, we selected at random items with a recorded onhand value on September 30, 1967, of \$1,768,000. We found that excess stocks amounted to \$934,000, or 53 percent, of the total tested. We also tested at random undelivered orders of \$1,866,000 placed by the depot and found that \$1,298,000 worth, or 70 percent of the total tested, were excessive. On the basis of our test, we estimate that, of the \$10,662,000 worth of commodities on order on September 30, 1967, \$7,463,000 worth of excess stocks were being requisitioned.

The following items are illustrative of conditions we encountered:

1. About a 16-year supply of all-purpose capsules was on hand or on order September 30, 1967. These excesses resulted from not canceling orders known to be excessive and not adjusting requirements in a timely manner. We brought this to the attention of USAID personnel who canceled everything they possibly could, since some of it had arrived. The cost of the capsules canceled was \$18,492 and the cost of the excesses on hand was \$179,822.

2. A 250-year supply of a sodium-type injection was either on hand or on order, mainly the latter. The reason for the excess quantity on order was also lack of review and lack of action. USAID officials canceled everything they could—\$4,400 worth—when we brought this case to their attention.

On the basis of our review of applicable documents and procedures and interviews with USAID officials, we established that the excessive stocks of medical supplies on hand and on order were due to the following factors:

1. In the spring of 1966, USAID started to order medical supplies through DOD's Defense Supply Agency. Prior thereto, USAID was ordering through the U.S. General Services Administration (GSA). Orders placed on GSA at the time of the changeover were not canceled and such commodities were still arriving at the time of our review.

2. Requirements had not been recomputed since October 1966 in some cases, even though significant changes in consumption patterns had occurred. Operating procedures at the depot required that stock record cards be reviewed monthly and that estimated monthly demands be recomputed periodically.

APPENDIX

PUBLIC HEALTH FIELD PROGRAM REPORTING SYSTEM

MONTHLY PUBLIC HEALTH FIELD PROGRAM REPORT

Province.....	Month.....	Completion date.....
Provincial hospital:		
1. Number of outpatient hospital visits (total).....		1.
2. Number of admissions.....		2.
3. Number of dispositions.....		3.
4. Number of patient-days.....		4.
Number of war casualty patients:		
5. Military.....		5.
6. Civilian (total).....		6.
7. Female over 12.....		7.
8. Children 12 and under.....		8.
9. Average hospital daily patient census.....		9.
Number of major surgical operations:		
10. Total hospital.....		10.
11. Team only.....		11.
Number of minor surgical operations:		
12. Total hospital.....		12.
13. Team only.....		13.
14. Was VN hospital staffing adequate (yes/no).....		14.
15. Was logistical support adequate (yes/no).....		15.
Public health (MO RD-348.10):		
Maternity/dispensaries:		
16. Programed.....		16.
17. Under construction.....		17.
18. Completed.....		18.
Midwives/rural health workers:		
19. Programed.....		19.
20. Completed training.....		20.
21. In training.....		21.
Preventive medicine		
22. Number of plague immunizations.....		22.
23. Number of plague cases reported.....		23.
24. Number of cholera immunizations.....		24.
25. Number of cholera cases reported.....		25.
26. Number of smallpox immunizations.....		26.
27. Number of typhoid immunizations.....		27.
28. Number of typhoid cases reported.....		28.
29. Number of diphtheria immunizations.....		29.
30. Number of tetanus cases reported.....		30.
31. Number of diphtheria cases reported.....		31.
Malaria control		
32. Number of malaria cases treated.....		32.
33. Number of houses sprayed.....		33.
34. Number of malaria spraysmen working.....		34.
35. Number of blood slides collected.....		35.
Maternal child care		
36. Total number of deliveries.....		36.
37. Number of live births.....		37.
38. Number of babies immunized with BCG vaccine.....		38.
39. Maternal deaths within 48 hours post partum.....		39.
Environmental health		
40. Number of sanitary agents working in Province.....		40.
41. Comment briefly on progress, problem areas, action taken or initiated at Province, and recommendations on the following:		
(a) Endemic or epidemic disease and health threats:		
(b) Logistical support:		
(c) Major inoperative equipment (include number and type of equipment that has been inoperative 30 days or more):		
(d) Medical evacuations:		
Age.....	Sex.....	Diagnosis..... Disposition.....
(e) Personnel (United States and GVN):		
(f) Sanitation programs, garbage and plague control (environmental health):		
(g) Operating techniques (lessons learned); new techniques—acceptance by Vietnamese (if not, why not):		
(h) Educational program (nursing and other medical):		
(i) Nursing service activity projects; problems encountered and techniques introduced:		
(j) Renovation and construction of health facilities, provincewide (including maternity/dispensaries):		
(k) Other (if applicable):		

PUBLIC HEALTH FIELD PROGRAM REPORTING SYSTEM—Continued

QUARTERLY PUBLIC HEALTH FIELD PROGRAM REPORT

Province.....	Completion date.....
<i>Provincial hospital</i>	
1. Number of VN doctors	1.
2. Number of VN dentists	2.
3. Number of VN nurses	3.
4. Number of VN nurse technicians	4.
5. Number of VN health technicians	5.
Number of other VN personnel:	
6. Technicians	6.
7. Interpreters	7.
8. Drivers	8.
9. Other	9.
<i>Rural health (MOH)</i>	
10. Number of health technicians	10.
11. Number of nurse technicians	11.
12. Number of health educators	12.
13. Number of national midwives	13.
14. Number of rural midwives	14.
15. Number of rural midwives in training	15.
16. Number of rural health workers in training	16.
17. Number of district MID's in operation	17.
18. Number of intervillage MD's in operation	18.
19. Number of MID's and MD's operable but not functioning	19.

SUPPLEMENTAL INQUIRY CONCERNING THE REFUGEE RELIEF PROGRAM FOR VIETNAM

INTRODUCTION

Our review was performed in Viet Nam as the second phase of an overall review of the United States refugee relief program requested by the Subcommittee on Refugees and Escapees, Committee on the Judiciary, United States Senate. The results of the first phase of the review, covering the management of that program in Washington, D.C., were reported to the Subcommittee on October 9, 1967, and were the subject of testimony at Subcommittee hearings on October 11, 1967.

This report discusses the results of our fieldwork and relates those results to the matters that we reported earlier. In accordance with arrangements with the Subcommittee staff, and in order to expedite the release of our report, we have not followed our usual practice of submitting a draft report to the agency concerned for written comment. However, we have discussed the report findings with agency officials, both in Saigon and in Washington, and have included in the report the positions of agency officials, where appropriate.

SUMMARY

Our fieldwork, completed for the most part in December 1967, did not include consideration of the effect of the escalated military activity in Viet Nam in January and February 1968. Hence, we have been unable to fully assess the results of such activity on the matters discussed in this report. It seems that current events have significantly increased refugee pressures in large urban areas; whereas, previously the refugee problem was mainly confined to rural areas.

The information developed by our fieldwork in Viet Nam on the refugee relief program paralleled the matters included in our report to the Subcommittee on October 1967.

United States officials in Viet Nam were giving increased emphasis to the refugee relief program, but effective program management is limited by their lack of reliable program data and by their essentially advisory role. The Government of Viet Nam (GVN) administers the program, and program improvements are dependent in large part on GVN's commitment to program objectives and the importance it attaches to the program.

The United States has increased the magnitude of resources in personnel, in funds, and in commodities that it is contributing to the refugee relief program. Actual fund releases for the program by GVN, although increasing, continue to lag well behind program budgets. Efforts were being made to improve the accuracy and timeliness to program reporting. We did not, however, find evidence that these efforts included development of means of reasonably ensuring that United States-provided resources were being effectively applied by the GVN to the relief of refugees in the field.

FINDINGS

Program management

Until about December 1966, the Agency for International Development's Mission to Viet Nam (hereinafter referred to as USAID) was responsible for United States aspects of program operations and management in the field. However, at that time, the Office of Civil Operations (OCO) was created under the United States Embassy and responsibility for the program in Viet Nam was transferred to OCO. In May 1967, OCO was merged into the Office of the Assistant Chief of Staff for Civil Operations and Revolutionary Development Support (CORDS) under the Commander, United States Military Assistance Command, Viet Nam (MACV).

There are two critical program management factors that must be taken into account in any consideration of the manner in which CORDS' responsibilities in regard to refugees are being performed. The first of these is the role of CORDS vis-a-vis the GVN, which is governed by the basic United States policy of rendering assistance and support only through the GVN except under certain military exigencies. The second is the practical manner in which CORDS is organized to discharge all of its responsibilities, including refugee matters. It is essential that all the information reported herein be viewed in the light of these factors and of their management implications.

Organization of CORDS

CORDS organization at the staff level includes a refugee staff which was transferred from USAID. Its responsibilities for management of the refugee program in the field are performed, as are all other CORDS functions, through the individual Corps (regional), province, and district CORDS organization. Corps headquarters have individual refugee staff members, as do most of the CORDS province headquarters and a few districts. In most cases, however, CORDS district personnel are responsible, in general, for all CORDS functions, including refugee matters. In effect, the Corps headquarters has both command and technical jurisdiction over refugee matters in the field, subject, of course, to direction by CORDS top management in Saigon.

GVN organization for refugee relief

Prior to February 1966 refugee relief was submerged in the Ministry of Social Welfare. As we reported in October 1967, the Special Commissariat for Refugees (SCR) was established in February 1966. It consisted of a Saigon headquarters staff and field representatives at the province level and in constituent districts who were supposed to actually perform the relief functions. In November 1967 the Special Commissariat for Refugees was merged into the reconstituted Ministry of Social Welfare—Refugees (MSWR). Because this organizational change was effected toward the end of our field work, we are not in a position to assess the effect of this change.

Role of CORDS

We found the actual performance of CORDS' refugee responsibilities to be essentially controlled at the individual Corps and province levels since that was where the support and assistance of SCR efforts actually were rendered. The record both in Washington and in Viet Nam does not indicate that United States civilian personnel in Viet Nam have participated in actual refugee program operations in the field other than on an advisory basis.

CORDS field personnel viewed their role as one of advisers to their GVN counterparts; they appeared to be less certain, however, regarding the specific manner in which they should exercise this function in terms of assisting and guiding the GVN refugee relief activities toward United States objectives. In some cases they did not have information regarding on-the-spot conditions as a basis for rendering advice and assistance. For example:

1. After visiting several refugee camps in one province, we asked the CORDS adviser who had accompanied us, what action he would take to correct some of the deficiencies we had noted, among which were overcrowding of camps and lack of wells and sanitation facilities. He told us that he was an adviser to the GVN and could not direct it to take action.

2. In another province, the CORDS adviser was unable to tell us, on either a camp-to-camp basis or provincewide, the construction or completion status of camp facilities such as housing and wells.

At the time of our review, extensive discussions with CORDS officials indicated that the role of the Refugee Division in Saigon in providing management direc-

tion to the field advisers had not crystallized. This was readily acknowledged by the officials who attributed the situation to obstacles to effective communication in terms of carrying out the program and reporting on conditions in the field. As noted in the following pages, CORDS top management has initiated some actions designed to improve this situation.

Priority accorded to refugee relief

In October we noted that it appeared that a greater relative urgency of attention to other programs starting late in 1966 had been translated into reduced attention to the refugee program by management in both Washington and the field. We felt that this situation had contributed to both the undermanning of the refugee staff and the use of refugee personnel for other than refugee matters. We further expressed the view that, under the conditions prevailing in Viet Nam, clear program priorities were essential so that management in the field would have guidance in allocating limited personnel resources to those programs requiring the most counseling of GVN agencies.

Formal program priority documents that we noted in Viet Nam, apparently reflecting USAID priorities prior to the establishment of CORDS, list refugee assistance as a priority 2 program under a war-related USAID goal. Among the priority 1 programs under this goal were various aspects of the Chieu Hoi (Open Arms) Program, national and regional vocational training, public health programs, and a number of other war-related programs. Top CORDS management, however, has taken several official actions to reinstitute the refugee program at a higher priority level. For example, the CORDS Refugee Division's action program for June to December 1967 contained a number of specific steps designed to accord a higher priority to the refugee program through improvements in areas, such as personnel, data, funding, logistics, coordination, and training.

Despite this emphasis by top CORDS management in Saigon starting about mid-1967, the weight of evidence indicates that the steps taken have not been translated into fully effective action at the opening level, as shown by the conditions discussed in later sections of this report and by the following statements made in November 1967 by a high-ranking CORDS official reporting on the status of the refugee program.

"* * * a lack of appreciation by CORDS and MACV personnel in the provinces of the amount, nature and implications of the situation at national level * * *"
 "Except for 'priority', there is no tangible evidence in the field to indicate action of any of our * * * aims."

Reporting

In October we expressed the view that further development of analytical management data and their interpretation in Saigon was needed as a regularly established procedure, to provide information needed for current management planning regarding refugee needs and program priorities. In that report we also noted that the CORDS monthly evaluation report of the refugee program for May 1967 showed that, on a country-wide basis, 81 percent of CORDS provincial representatives rate the overall conduct of the program as satisfactory.

In our current review we inquired into the basis for the judgmental ratings in the above report and found that they were based on subjective evaluations by CORDS' provincial representatives, no standards or criteria having been provided them by either CORDS or its predecessor, OCO.

New reporting requirements and formats were prescribed by CORDS, starting in November 1967. The reporting concept provides for specific monthly reporting on a quantified basis in regard to the primary elements involved, such as refugee population and eligibility statistics, education and vocational training of refugees, and material resources supplied for the use of refugees. These elements are to be detailed in terms, such as new refugees, total refugees in and outside of camps, classrooms in use, classrooms completed, and funds distributed for temporary relief and for resettlement. (See app. I, p. 33.) This new reporting format is much more detailed than the previous reporting requirement, which was limited to (1) such essential matters as the number of temporary refugees, those whose eligibility for per diem allowance had expired, total eligible and total not receiving allowance and (2) the subjective overall rating and the appraisal of the performance of SCR officials and of temporary refugee center operations.

In our opinion, the revised reporting concept will represent a good start if it is properly implemented and policed to ensure real compliance. However, most of the data to be reported will have to be secured from the MSWR; consequently, in addition to the need for cooperation by that agency, there is need for improvement

in the reliability of its data—a problem which conditions any discussion of program operations or assessment of the adequacy of program management. Our observations regarding this most important subject are discussed immediately below.

Inadequate data

Neither CORDS nor AID/Washington appeared to have adequate data, as shown in our October report. Much essential information seemed to be lacking, and the information that was available was sometimes conflicting and inconsistent. We further expressed our view that much data regarding refugees must be discounted for purposes of management planning and decision; also that, until more reliable management information was developed, the United States would be faced with an added handicap in establishing the direction of its participation in the program.

The data-gathering task confronting United States agencies in Viet Nam, including CORDS, is such that reliance must be placed upon GVN agencies for basic information, United States efforts being confined in general to ferreting out needed details, attempting to reconcile inconsistencies, and compiling data on a case-by-case basis. We are aware of no new specific proposals to enhance the GVN's capability although training programs have been and are being undertaken. Such programs seem to be the most feasible solution to the data reliability problem, but we feel that prospects for early improvement are not encouraging.

The reliability problem is aggravated by the confusion inherent in the incompatible timing of United States and Vietnamese reporting bases. For example, the United States Government is on a July to June fiscal year basis; the GVN uses a calendar year basis. United States officials lean toward end-of-month reporting; at least some GVN information is reported on a midmonthly basis.

Our field review has reinforced our earlier judgment regarding the inadequacy of GVN information used by CORDS and our view that much of it must be discounted for planning purposes. In our opinion, the example described below regarding fund releases and the refugee population figures discussed on page 11 typify conditions existing in Viet Nam.

A CORDS monthly report on the status of SCR's (Saigon) releases of plasters budgeted to refugee relief, including United States-generated counterpart funds to the provinces, stated that, during the period January 1 through October 31, 1967, total expenditures amounted to 459.8 million plasters, or 82 percent of the amount budgeted for calendar year 1967. We secured from SCR a detailed month-by-month breakdown and found that SCR's total expenditures amounted to 826.8 million plasters, or 23 percent of the amount budgeted. The 123 million plaster difference was due to CORDS' inclusion of funds obligated by SCR but unreleased (85 million plasters) and an unexplained difference of 48 million plasters.

Number of refugees

In October we reported that records in Washington showed that, for the first 7 months of 1967, SCR reported about 38,200 new refugees monthly. We further stated that there was evidence that SCR's refugee population figures were significantly understated.

The monthly average of 38,200 new refugees noted above, was maintained through the end of November 1967, when SCR reported 418,001 new refugees for the year, or an average of 38,000 monthly. The following schedule shows additions and deletions from the refugee rolls through the first 11 months of calendar year 1967.

Total temporary refugees at Jan. 1, 1967	800,956
Plus new refugees	418,001
Total	1,227,957
Less refugees resettled or returned to their own villages	442,877
Total temporary refugees at Nov. 30, 1967	785,080

Of the 785,080 temporary refugees at November 30, 1967, 309,823 lived in temporary camps and 475,257 lived outside of camps.

Most statistical information regarding the Vietnamese refugee population is provided by a monthly report issued by SCR headquarters in Saigon. This report covers both temporary refugees (not resettled) and resettled refugees.

Although we did not ascertain the exact methods employed in preparing the report, we believe that it is compilation of data, based upon refugee registration figures, that is reported to the SCR at Saigon by its field representatives.

Evidence developed by our staff and discussed below strongly suggests that SCR's refugee population figures are significantly understated, due mainly to failure to consider all persons who should be considered as refugees and to unreliability of data.

All refugees not considered

In the course of our field trips in one province, we observed a group of 51 persons living in a 25-foot by 15-foot United States Army tent. This is one of many such camps that we understand are scattered throughout Viet Nam. Inhabitants of such camps are not, we were told by a CORDS adviser, included in SCR refugee population figures, since they are not registered as refugees. We also made a brief visit to a "de facto" refugee settlement near Da Nang which appeared to cover an area of considerably less than a square mile. We observed that most of the living quarters were no better than hovels, and the general impression was one of squalor. The CORDS Senior Refugee Adviser who accompanied us told us that the settlement had existed for about 4 years, that it had a population of about 4,000, and that it had originally been a temporary refugee camp. He stated further that it had been dropped by the SCR as a recognized refugee facility, and from any kind of support, and that this action was based on the SCR policy of recognizing and supporting refugees only on a temporary basis. He also told us that there had been considerable turnover of refugee inhabitants and that many of the inhabitants had secured some type of employment in the Na Nang area.

The leader of the group of 51 refugees mentioned above told us that they had never received food or other assistance from SCR and that, although they were willing to construct homes, no one would give them the materials to do so.

Many refugees do not move into official camps because of the already overcrowded conditions or because they are reluctant to move too far from their traditional homes. This seems to explain why some refugees had been in a temporary status for up to 5 years. For example, in one report we read, 47,000 of 90,000 refugees had been in temporary shelters for 1 year or more. These people remained in this status, so we were told by CORDS advisers, because no land was available on which to resettle them within their province and their original home areas remained insecure. We were further informed that, although land might be available elsewhere in Viet Nam, these people are reluctant to be moved outside of their home areas.

Unreliability of data reported by SCR

As of October 31, 1967, SCR's officially published figures showed 31,107 refugees housed in temporary camps in Quang Ngai Province. On the other hand, CORDS Provincial Refugee Adviser showed us listings obtained from local SCR sources which indicated that there were 60,176 refugees in the province on that date. Moreover, evidence indicated that the refugee Adviser's figures, while almost double SCR's official figures, might also be significantly understated. Included in his data were three districts with a total refugee camp population of 37,985 refugees. However, United States and Vietnamese Red Cross data indicated the camp population to be 56,186 rather than 37,985. Assuming this difference to be representative of provincewide conditions, the total number of temporary refugees in Quang Ngai Province as of October 31, 1967, could have been as high as 89,010, rather than 31,107 as reported by SCR.

RESOURCES APPLIED IN SUPPORT OF THE PROGRAM

U.S. staffing

We reported in October that the CORDS refugee staff was badly undermanned. For example, as of August 23, 1967, of 86 persons considered necessary, 45 were authorized by CORDS and, of the 45 authorized, only 32 were on board. The record in Washington also suggested that CORDS personnel assigned to refugee relief work outside of Saigon were sometimes being reassigned to other work.

Our analysis of the CORDS refugee staffing at November 30, 1967, revealed significant improvements in that the number of persons on board had increased by 125 percent. As shown by the following table, however, substantial personnel shortages persisted outside of Saigon while the headquarters staff in Saigon was slightly above authorized strength.

	Total	Saigon	Field
Authorized	96	27	69
On board	72	28	44
Shortage	24	+1	25
Percent short	25	+4	-36

CORDS officials told us that they were continuing their efforts, in conjunction with AID/Washington, to recruit additional personnel. However, they were pessimistic about the possibility of significant further improvement as the tours of many Refugee Division personnel will be ending during 1968 and new persons will be replacing those departing rather than being added to overall staff levels. In the course of our field visits, we were informed that United States refugee relief program personnel were, as a general rule, now being assigned full time work on this program. Because of the recency of the increase in the number of such personnel, we could not fully evaluate these comments.

We also compared the number of personnel authorized and available for refugee work with the total number of USAID/CORDS personnel authorized and on board as of November 30, 1967, as follows:

	Authorized		On board		Difference	
	Number	Percent	Number	Percent	Number	Percent
CORDS:						
Refugee program	96	8	72	2.6	-24	-25.0
Other program	543	18	577	21.0	+34	+6.0
Total CORDS	639	21	649	23.6	+10	+1.6
USAID	2,419	79	2,103	76.4	-316	-13.0
Total CORDS and USAID	3,058	100	2,752	100.0	-306	-10.0

Interestingly, the above table indicates that CORDS had 10 personnel more than authorized on November 30, 1967; whereas, its Refugee Division was short 24 people. The indicated overage in programs other than that for refugees may be due to overlapping tours of incoming and outgoing personnel.

We think it is noteworthy that the statistical relationship between the personnel assigned to refugee relief work and the total USAID/CORDS complex does not reflect the personnel input to this program, since other USAID and CORDS personnel are directly or indirectly contributing to program operations. For example:

1. According to CORDS' Assistant Chief of Staff, three United States Army civil affairs companies and one civil affairs detachment with a total authorized strength of 439 personnel are deployed throughout Viet Nam. This compares with the Refugee Division's 44 advisers in the field as of November 30, 1967. Primary concern of the units is the immediate assistance to refugees in an area of tactical operations where other agencies are either not present or are unable to meet requirements without support from military forces.

On November 24, 1967, General Westmoreland approved a reorganization plan affecting these organizations whereby the number of technical personnel would be decreased and the number of generalists increased. This move, it is hoped, will increase the capabilities of these units to assist refugees.

2. Other USAID programs, such as those for public health, agriculture, and education, contribute, both at Saigon and in the field, to refugee relief in their specialized fields.

3. USAID's Food for Freedom Office is concerned with programming agricultural assistance under Title II, Public Law 480, some of which is allocated to the refugee relief program.

4. USAID's many service and administrative entities, such as the Logistics Division, field logistics representatives, Motor Pool, Personnel Office, etc., are concerned with servicing line organizations such as CORDS' Refugee Division.

Level of U.S. financial assistance

We reported in October that amounts of direct United States dollar assistance proposed or programmed for fiscal years 1966, 1967, and 1968 were \$22.4 million,

\$29.8 million, and \$35.6 million, respectively. In addition, the equivalent of \$6.8 million and \$12 million counterpart funds¹ were programmed for fiscal years 1967 and 1968, respectively.

The \$22.4 million and \$20.8 million in direct dollar assistance proposed for expenditure during fiscal years 1966 and 1967 included portions of other USAID programs which were allocable to the refugee program on the basis of use of such resources for refugee purposes.

The counterpart funds programmed by the GVN and agreed to by USAID for fiscal years 1967 and 1968 are actually budgeted by GVN on a calendar year basis, i.e., calendar years 1967 and 1968, respectively. For 1967, GVN budgeted 1.46 billion piasters for refugee relief, of which 1.25 billion piasters (80 percent) was counterpart funds. The 1.25 billion piasters represented 0.8 billion piasters in 1967 funds and about 0.45 billion piasters in unexpended 1966 funds carried forward. The following table shows the relationship between budgeted GVN expenditures for the refugee relief program and for all civil (as distinguished from defense) programs for calendar year 1967.

	Piasters (In VN\$ millions)		Dollar equivalent (In US\$ millions)	
	Total budget	Counterpart	Total budget	Counterpart
Total civil budget.....	39,000.0	8,000.0	279.7	67.8
Refugee relief.....	1,452.9	1,253.6	12.3	10.6
Percentage.....	4.4	15.6		

Comparable figures for calendar year 1968 had not yet been developed at the conclusion of our fieldwork in December 1967.

Slow piaster fund releases by SCR

In October we noted a continuation of the problem first noted by us in 1965—slow fund releases by GVN for refugee relief purposes. For example, the record indicated that, of 1 billion piasters budgeted, about 450 million piasters had not been expended during calendar year 1966. We reported further in October that the problem still persisted into 1967, although overall data for that year were not available in Washington.

SCR's 1967 budget for refugee relief totaled 1,452.9 million piasters, 80 percent of which was provided by the United States. Our analysis indicated that about 327 million piasters, or about 23 percent, had been released for expenditure through the first 10 months of 1967.

The problem of slow GVN fund releases for refugee relief has received the personal attention of Ambassador Komer, Deputy for CORDS, Military Assistance Command, Viet Nam. For example, upon being advised by CORDS officials of slow SCR fund releases for the refugee relief program, the Ambassador advised them, on September 21, 1967, that—

"The rate of piaster expenditures for CORDS programs reflected in this report is totally unsatisfactory. Moreover, the report simply describes the problem that was known to exist and fails to indicate action being taken to remedy the situation. * * * A statement of action taken will be included in future reports, and I expect such action to reflect the degree of urgency and importance that I attach to this problem." (Italics provided.)

The Ambassador went on to direct that—

"The Senior Advisors of each Corps Tactical Zone will be instructed to stress with their counterparts the urgent requirement to step up the tempo of the program by eliminating bottlenecks to project approval and release of funds, and the need for command attention to overcome the inertia and inefficiency of refugee service officials in the provinces. Senior Province Advisors will be instructed in a similar vein. Instructions should make clear that this is a matter for command emphasis and that pressure should be brought to bear to produce results."

GVN's monthly rate of expenditures during 1967 has risen significantly from a low of 4.9 million piasters (\$42,185) during the period December 16, 1966,

¹ Counterpart funds are local currencies (in this case, Vietnamese piasters) derived from the sale of commodities pursuant to two other United States assistance programs, i.e., AID's Commercial Import Program and Title I of the Agricultural Trade and Development Act of 1954, as amended (commonly referred to as P.L. 480). A relatively minor portion of these funds is available for United States uses in Viet Nam, but the dominant portion is granted to GVN for mutually agreed purposes.

through January 15, 1967, to a high of 70 million plasters (\$593,993) during the period September 16 through October 15, 1967. This latter amount, while representing a significant improvement, is still well below the 121.7 million plaster average monthly expenditure rate contemplated by SCR's 1967 budget.

Although some of these monies are intended for the purchase of supplies and services, their major contemplated use is for the payment to refugees of a per diem allowance (the equivalent of about 10 cents daily for 2 months) and a resettlement grant of 5,000 plasters (\$42).

In our October report, we presented statistical evidence that refugees were not always receiving their allowances. For example, more than 75 percent of the eligible refugees in I Corps had not received their resettlement grants as of August 1967 and less than 50 percent had received their per diem allowances.

During the course of our inspection of refugee camps in I and II Corps during November and December 1967, we performed a series of random tests as to the status of the payment of resettlement grants to 10,138 eligible refugees. We found that 66 percent of the refugees in these camps, some of which had been in existence for as much as 2 years, had not received resettlement allowances.

Status of camp facilities for refugees

Our October survey indicated considerable shortfalls in the construction of needed facilities for refugees, such as classrooms, sanitation facilities, housing units, and wells. The Chairman was particularly interested in wells, and he solicited our assistance in determining why so many wells in refugee camps were contaminated.

In November and December 1967, our staff inspected 18 official refugee camps accommodating about 28,460 persons. We were unable to observe all conditions at all the camps visited because of adverse weather and limited time, but the following table shows the approximate status of various facilities in relation to the need of the in-camp population at those locales where conditions were noted by our staff.

	Needed	Noted	Percent in place
Wells.....	119	72	60
Housing units.....	1,847	826	45
Schools.....	60	14	25
Medical dispensary.....	50	3	6
Sanitation facilities.....	940	15	1

1 Includes only public facilities.

Shortages of facilities were also reported to us by CORDS officials at places which we did not visit. For example, the CORDS senior refugee advisor for Phu Yen Province (Region II) furnished us the following information relative to the nine temporary refugee camps in that province as of October 1967. These camps held about 12,500 persons.

	Number in place	Number of people		Percent in place
		Per unit	Programed per unit	
Wells.....	15	833	200	24
Housing.....	323	38	4	10
Sanitation facilities.....	18	690	20	3

Although the reasons for the shortages in Phu Yen were not disclosed, CORDS officials, in commenting on refugee problems in that province and elsewhere, stated in a report to top CORDS management in 1967:

"The attitudes and effectiveness of SCR officials at province level varies widely from province to province. Their efficiency is dependent directly on the attitude of the Province Chief and the significance of the refugee population. The province SCR personnel have shown a high degree of interest and desire in ' * * * provinces."

Following are examples of conditions we noted in some of the refugee camps that we visited.

Region I

1. *Tan Loc I*, in Quang Ngai Province, was one of the better camps we observed. The 165 families live in 123 houses, and there were two schools—an adequate number for the population. There were three times as many wells as called for and 100 private sanitation facilities, but no public ones. The medical dispensary was also used to store grain, and this building's sanitation was very poor.

2. *Phu Nhon A*, in Quang Ngai Province, housed about 500 families (2,600 people) in 208 housing units or about 13 people per unit. Our visit to the camp was made during the monsoon season and the grounds of the camp were solid mud and mire; we were informed by the local United States Red Cross representative that this condition was due to the poor drainage. There was no dispensary at the camp; however, a Red Cross medical team visited there regularly.

The people of this camp had not received any USAID-furnished food for the last 2 months nor had they received any resettlement payments, although the camp had been there for about 2 years. Although the camp had six wells—half the number needed—these were considered by the inhabitants as unfit for human use. The Red Cross representative told us that this was one of the worst camps in this jurisdiction.

3. *An My*, in Quang Nam Province, held about 160 people. It had two wells (more than enough) but little else in the way of sanitation facilities (none), a medical dispensary, none, etc. Conditions observed at three larger camps in this province did not differ materially from those we found at this camp.

Region II

4. *Ghenh Rang*, in Binh Dinh Province, housed about 718 families and was probably the best camp observed by our staff. Most facilities appeared adequate, including five schools and 20 wells (six more than are needed). There were a number of shops and the overall appearance of the camp was one of cleanliness and substance.

5. *Nhe The Chtoa*, near Ghenh Rang, housed about 472 families and was described by our representative as the worst sight we had ever witnessed. There were between 30 and 40 people living in each "dwelling," estimated by our representative to measure generally about 8 feet by 10 feet. The five well casings were all cracked, and drainage ditches ran along the sides, indicating likely contamination. There was one school, whereas five were needed. The CORDS representative who accompanied us expressed the opinion that this camp should be destroyed because it was unfit for human habitation.

CORDS/Saigon officials were quick to acknowledge their awareness of the situation and that it was a problem of long standing. They did advise us that Ghenh Rang was built to relieve the pressure on Nhe The Chtoa, which once held about 1,200 families. The leader of the people of both these camps resists moving the people residing in Nhe The Chtoa too far from the current location, for fear of fragmenting the group. We were advised by CORDS officials that the Nhe The Chtoa camp was gradually being torn down.

6. A Montagnard camp, in Binh Dinh Province, held about 1,100 families which had been there 8 months. United States military forces were assisting these people, who had received no assistance whatever from GVN.

Following are some additional comments regarding conditions we encountered.

Wells

United States health officials state that clean drinking water is an effective preventive of diarrhea, dysentery, typhoid, and cholera.

The seriousness of contaminated drinking water is brought out in the monthly reports covering three districts in Quang Ngai Province, where an American Red Cross medical team reported that diarrhea and dysentery cases accounted for about 9 percent of the diseases treated in September and October 1967. Worse still, in August 1967 the team reported a severe diarrhea and dysentery outbreak in the Montagnard camps of Nghia Hanh District, which resulted in the death of 22 persons. Throughout our review, we were informed by American medical officials that contaminated water is one of the major contributing factors to diarrhea and dysentery.

One of the reasons for the lack of potable water is that water wells are sunk too shallow and are without covers. These shallow wells draw water from surface drainage and will therefore become contaminated. As most of them have

Good camp.

Bad camp.

Excellent camp.

Terrible camp.

Bad camp.

no covers; they are open to all types of dirt and debris scattered throughout the camps. In addition, persons we noted drawing water from wells used their own containers, some of which had just been used for washing clothes and were then lowered, uncleansed, into the common water supply.

To illustrate the contamination condition, in one camp that we visited, the water in all the wells was unfit for human consumption and the refugees had to draw their drinking water from the nearest village. In another, recently constructed camp, almost half the wells were already contaminated.

To further explore the question of the condition of wells, we drew three random water samples and had them tested in a laboratory. The substance of the laboratory report was as follows:

Sample 1.—Gross contamination and entirely unfit for consumption without very careful and thorough purification treatment, by either chemical or boiling.

Sample 2.—Water appears to be in fair condition but should be subjected to purification treatment to ensure constant potability.

Sample 3.—Water is badly contaminated and should not be consumed without purification treatment.

The report went on to state that:

"The water in the wells from which samples 2 and 3 were taken could probably be made potable with simple chemical treatment procedures. The gross contamination observed in sample 1 would indicate the need for a very careful survey to determine feasibility of significantly improving the quality."

We think it noteworthy to add that, to the best of our knowledge, water in Viet Nam is usually boiled to ensure potability. Refugee advisers have told us, however, that many refugees are reluctant to expend fuel to boil water.

At the request of the CORDS Director for Region I, the Thuy Luong refugee camp in Thua Thien Province was inspected by a United States health official. After his inspection, he reported that—

"Water wells in the newly developed area are crudely constructed without benefit of any sealing off for protection from surface contamination. The wells contained water which appeared to be badly polluted * * *"

During this inspection, water samples were collected from two of the wells and laboratory tested. The laboratory report stated that:

"* * * in both cases there were findings of heavy contamination with sewage-type bacteria. The contamination was so gross that it would scarcely compare with the undesirable contamination found in most of the open and unprotected wells in the many refugee camps. The gross contamination is, without doubt, the direct result of surface drainage into the wells * * *"

The report added that water pollution at Thuy Luong was compounded by an extremely high water table which was conducive to contamination by surface drainage, i.e., latrines, hog wallows, and duck ponds.

Sanitation facilities

The SCR prescribes common sanitation facilities for the refugee camps. We were told on our visits that these were practically unused by the Vietnamese. Inquiries as to the reason for this disclosed that the Vietnamese people believe that they lose their privacy by using a common facility. They will, however, make use of a facility which is limited to members of their own family.

U.S. commodity support

The providing of foodstuffs and other needed supplies and equipment to, and for the benefit of, refugees is, in our view, central to success of the entire program. In our October report, we discussed a number of matters touching on this subject but did not specifically focus thereon, since commodity support is a subject best treated during a detailed field review. Our observations regarding our findings in the field regarding selected commodities are discussed below.

Food for refugees

Title II of Public Law 480 is the major United States program designed to provide food for refugees. Although United States-provided food does not appear to be reaching refugees in the quantities prescribed, we were informed by Vietnamese refugee officials during our field trips that no malnutrition or starvation existed. These reports contrasted somewhat with United States Red Cross reports showing widespread malnutrition in refugee camps in at least one locale that we visited. We also noted, among other matters, that:

1. For the first quarter of fiscal year 1968, the refugee program, on a country-wide basis, was receiving food allocations of from 25 percent to 60 percent less than programmed.

2. There was a relatively moderate maldistribution of refugee food within Viet Nam. For example, although Region I accounted for about 60 percent of all temporary refugees, USAID records indicated that the region apparently received only 40 to 50 percent of the refugee program commodities distributed during the quarter ended September 30, 1967.

3. Within Region I, there were significant variations in the distribution of commodities between Provinces, as shown by the following comparison between Quang Ngai and Quang Nam Provinces during July through September 1967.

Commodity	Percentage of estimated requirements issued	
	Quang Ngai	Quang Nam
Dry milk.....	152	175
Bulgar.....	90	4
Oil.....	46	17
Rolled oats wheat.....	27	1
Cornmeal.....	1	1

As noted on page 22 above, refugees in Quang Nam Province also seemed to be faring relatively poorly vis-a-vis camp facilities.

In addition, our review of warehouse and other records in Region I disclosed that, although Quang Nam Province had about five times as many temporary refugees in camps as Quang Tri Province, Quang Tri was sent about 50 to 80 percent more commodities between April and September 1967. As an exceptionally disproportionate example, Quang Nam was issued only 328 bags of bulgar in June 1967 for 72,338 in-camp temporary refugees, whereas Quang Tri was issued 7,879 bags for only 15,680 in-camp temporary refugees.

CORDS Refugee Division personnel acknowledged that their reporting system did not provide for information regarding distribution of food to refugee camps. The new reporting format (see app. I) provides for inventory and distribution information in general terms, but not at the camp level. CORDS provincial personnel that we talked with during our field trips acknowledged that they did not observe food distributions carried out by GVN personnel at camps.

During the course of our field trips we noted that many camps had not received the required amount of food. However, Vietnamese refugee officials at these camps, in response to our inquiries, stated that no starvation or malnutrition was present. Among the possible explanations for this anomaly were that—

1. Some refugees existed on the largesse of United States military forces.
2. Refugees sometimes received assistance from their families. Since there is no history of governmental social consciousness in Viet Nam, or the Orient, the family is the historical source of assistance to its members.
3. Refugees sometimes had some resources with which to feed themselves, some held jobs and others managed to grow some food. Although revenues from such sources are meager, they are sufficient to permit subsistence.

Notwithstanding the statements by Vietnamese officials that starvation and malnutrition were not present, American Red Cross specialists reported significant instances of malnutrition in refugee camps in three districts in Quang Ngai Province. This Province was one of the better ones we noted regarding food distribution. For July 1967, the Red Cross progress report stated that:

"Malnutrition still affects an important number of the refugees. In all districts about 15% of patients treated suffer from this ailment. Most are children between the ages of 6 and 12 years. These cases respond well to treatment consisting of Vitamin therapy and supplemental milk feeding."

In August 1967 the Red Cross reported that malnutrition continued to affect a high percentage of patients treated in this locale. Later reports continued to make reference to malnutrition in refugee camps in these districts.

Trucks

CORDS personnel cited a shortage of trucks for use by GVN personnel in the Provinces as a problem. For example, they said that there were only five trucks reported to be in all of Quang Ngai Province to distribute commodities for all CORDS/USAID programs, including the refugees relief program, while in Quang Tri were only eight trucks and six of these were inoperative.

We noted that, during fiscal years 1966 and 1967, USAID programed more than 500 new and rehabilitated 2½-ton capacity trucks for GVN, to facilitate the distribution of commodities throughout Viet Nam. Of these, the Ministry of Agriculture (MOA) received 104. We examined into the utilization of 24 of these

Malnutrition

provided to a farmers cooperative and found that 22 were not being used. These 22 trucks were parked in the open, unprotected from the elements; had flat tires; or were buried axle-deep in mud.

USAID officials told us that they were aware of this nonutilization which they attributed to the GVN's inability or unwillingness to provide funds for gasoline. In September 1967, we suggested to USAID officials that they contact MOA and try to recover the vehicles, since needs existed for them elsewhere in Viet Nam. We were informed that USAID had undertaken negotiations with MOA to do so; negotiations were still in progress at the conclusion of our fieldwork in December 1967.

Looms

In May 1966, USAID bought 300 looms costing \$51,500 for the use of refugees. The looms arrived in January 1967, and 280 still remained in a GVN warehouse in Saigon at the conclusion of our review in December 1967. Our inspection of these looms disclosed that much of the wooden frames had been destroyed by termite infestation.

We found that USAID had not ordered looms in "unitary" packs (one loom per package), which necessitated tearing apart a number of packages to obtain all the components for one loom. This also compounded the infestation problem since, when termites struck one package, a number of identical components were destroyed, which rendered several looms inoperable. Using unitary packs, termites striking one package would affect but one loom.

The training of refugees to assemble and use these looms was also a problem. We learned that the technician, who was to train refugees in loom use and assembly, had been hesitant to leave the relative safety of Saigon for the Provinces and that he had departed Viet Nam after training four SCR employees who were, in turn, to train refugees. Two of the SCR-trained employees have since been assigned to other duties by the agency, and the whereabouts of the other two, who have left the agency, is unknown.

APPENDIX

REFUGEE FIELD PROGRAM REPORTING SYSTEM--MONTHLY REFUGEE FIELD PROGRAM REPORT

PART I. (STATISTICAL)

Province (or city) _____ Month Under Report _____

PURPOSE: If there are no changes from previous month's report, mark the space NC. The information in this report is to be your evaluation and not that of the Refugee Service Chief. In the absence of precise data, reply with your best estimate (noted as "est.") or not available (n.a.).

1. Refugee population statistics

- a. Total number of new refugees this month _____
- b. Number of refugees in temporary centers _____
- c. Number of refugees outside of temporary centers _____
- d. Number of refugees returned to original village this month _____
- e. Number of refugees resettled in GVN resettlement hamlets this month _____
- f. Number of temporary centers _____
- Number of resettlement centers _____

2. EDUCATION OF REFUGEES

Elementary Education	No. Attend	Classes	No. of Elementary School	Age	Not Attending
a. Children in temporary centers	_____	_____	_____	_____	_____
b. Children in resettlement centers	_____	_____	_____	_____	_____
Temporary Centers Resettlement Centers					
c. No. of classrooms approved for construction in CY 1967	_____	_____	_____	_____	_____
d. No. of classrooms under construction as of this date	_____	_____	_____	_____	_____
e. No. of classrooms completed to date during CY 1967	_____	_____	_____	_____	_____
f. Total number of classrooms completed and in use	_____	_____	_____	_____	_____
g. Are additional classrooms required over and above those approved and in use. If so, indicate number	_____	_____	_____	_____	_____

7. Evaluate the performance of Refugee Relief Officials (SCR). Include any suggestions as to how we might be able to assist them in carrying out their duties.

8. Temporary Refugee Centers—Comment on conditions in general at the camps in your area. (Registration, payment of allowances, commodity supply, facilities) Be specific on those camps which are either very good or very poor and give illustrations.

9. Resettlement Hamlets—Indicate progress during month or anticipated in the future. What is the status of centers under construction and what, if anything, is impeding progress in this area.

10. Voluntary Agencies Activities and IVS personnel—Are they proving to be of assistance and in what way can they be more effective?

11. General—Include any other development, trends or activity that affect the Refugee Program. Also your evaluation or interpretation of these factors as well as areas of progress or lack thereof. Are there any events which can be used to exploit politically and psychologically the refugee situation.

12. List any problems that you feel require immediate attention by CORDS/REF.

MONTHLY REFUGEE FIELD PROGRAM REPORT (CORPS)

Purpose of this report is to provide a current and general evaluation and interpretation of the principal developments and events in the Refugee Program on the regional level, not only for month (under report) but also on these factors which have significance for future developments. Format for this report will be essentially the same as that of the Narrative Report on Refugee Program by Province Representatives. The Regional Refugee Officers should not repeat the information contained in the latter report except where necessary for clarification or elaboration of remarks. In general, the Regional Refugee Officer will give a regional overview of the refugee program and a brief comment on each of the provinces in his region.

SPOT REPORT—REFUGEE FIELD PROGRAM

1. Purpose.—To provide MACCORDS/REF Division with information as quickly as possible regarding significant changes in the province refugee situation to include large influx of refugees, Viet Cong attack on a refugee center, natural disasters, etc. Report to be transmitted via radio, telephone or teletypewriter as soon as possible. If all information requested below is not immediately available, transmit what is on hand with the notation that a complete report will follow.

2. Information required.—

- (a) Location, together with time and date of event.
- (b) Description of event.
- (c) Number of persons killed, injured, abducted or homeless.
- (d) Property damage sustained.
- (e) Defensive measures taken, if a VC attack.
- (f) Description of emergency relief provided together with times and dates of arrival of relief.
- (g) Plans for other relief or rehabilitation measures.
- (h) Whether or not assistance is required.

WITNESSES TESTIFYING IN FORMAL HEARINGS BEFORE SUBCOMMITTEE, 1965-67

- ✓ Blasingame, D. F. J. C., Chicago, Ill; chairman, AID medical survey team; executive director, American Medical Association.
- Breeling, James L., medical writer, American Medical Association.
- Bundy, William P., Assistant Secretary of State for Far Eastern Affairs.
- ✓ Cary, Stephen G., assistant executive director, American Friends Service Committee.
- ✓ Cherné, Leo, chairman, International Rescue Committee.
- Cherney, Paul, director, International Social Services, American branch.
- Constable, Dr. John, plastic surgeon, Boston, Mass; teacher Boston University and Harvard Medical School.
- Crosby, Dr. Edwin, director, American Hospital Association.
- Daly, Thomas A., secretary and general counsel, People-to-People Health Foundation, Inc.
- ✓ Dumpson, James R., chairman, AID social welfare team; dean, Fordham University School of Social Service.

- Ervin, Dr. Frank, member, board of directors, Committee of Responsibility.
- Fischel, Dr. Wesley R., professor of political science, Michigan State University.
- Gardiner, Arthur Z., executive director, International Voluntary Services.
- Gaul, William S., Administrator, Agency for International Development, Department of State.
- Goffio, Frank L., executive director, CARE.
- Goss, George, Agency for International Development refugee program coordinator.
- Grant, James P., Assistant Administrator for Vietnam, Agency for International Development.
- Hillsman, Roger, professor of government, Columbia University, New York, N.Y.
- Hustetter, Dr. C. N., Jr., chairman, Mennonite Central Committee, Akron, Pa.
- Humphreys, Gen. James W.
- Ingram, Dr. Alvin J., clinical professor of orthopedic surgery, University of Tennessee; chairman, American Medical Association Medical Education Committee.
- Johnstone, Larry, summer intern, Agency for International Development.
- Johnson, Edward T., General Accounting Office.
- Klein, Wells, consultant, International Rescue Committee.
- Knowles, Dr. John, Massachusetts General Hospital, director general.
- Lambie, James M., assistant director, CARE.
- Levinson, Dr. John J. President, Aid for International Medicine, Inc.
- Lodge, Hon. Henry Cabot, Ambassador-designate to South Vietnam.
- Luce, Donald, chief of party in Vietnam, International Voluntary Services.
- Marlin, Irving, General Accounting Office.
- MacCracken, James, executive director Church World Service, Division of Overseas Ministries, National Council of the Churches of Christ in the United States of America.
- MacManus, Miss E. K., Vietnam Health Division, Department of State.
- Marks, Edward B., director, office of refugee coordination, U.S. AID mission.
- McCarthy, Msgr. John F., assistant executive director, Catholic Relief Services, National Catholic Welfare Conference.
- McNoughton, Hon. John T., Assistant Secretary of Defense for International Security Affairs.
- Moncrief, Col. Wm. H., head of medical program in Vietnam.
- Navarro, Edmundo G., U.S. operations mission, Vietnam.
- Needleman, Dr. Herbert L., chairman, Committee of Responsibility.
- Poats, Rutherford M., Assistant Administrator for Far East, Agency for International Development.
- Reed, Dr. John, special assistant to the Chief of the Far East Health Branch Agency for International Development, and commissioned officer, U.S. Public Health Service.
- Ross, George, Jr., deputy executive director, Foster Parents Plan, Inc.
- Ruoff, Edward, U.S. operations mission, Vietnam.
- Schauer, John W., director, immigration and refugee program, Church World Service.
- Stockton, Carl, educational leader in Vietnam, International Voluntary Services, Inc.
- Stoneman, Walter G., Deputy Assistant Administrator for the Far East, Agency for International Development.
- Stovall, Oye V., Director, International Division, U.S. General Accounting Office.
- Swanson, Dr. Alfred, orthopedic surgeon, Grand Rapids, Mich.
- Tapper, Dr. Theodore, resident in pediatrics, University of Pennsylvania, Philadelphia.
- Taylor, Gen. Maxwell D., former Ambassador to South Vietnam.
- Unger, Leonard, Deputy Assistant Secretary for Far Eastern Affairs, Department of State.
- Walsh, Dr. William B., chairman, Project Vietnam, People-to-People Health Foundation, Inc. *NOTE*
- Waters, Herbert J., Assistant Administrator for Material Resources, Agency for International Development.
- Whitfield, Danny, U.S. operations mission, Vietnam.
- Willard, Dr. William, former dean of the medical school, Syracuse University; vice president for medical affairs and dean of medical school, Kentucky.
- Wood, C. Tyler, special assistant to Administrator, Agency for International Development.
- Wilson, Dr. R. Norris, executive vice president, U.S. Committee for Refugees.