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

MAY 9, 1968
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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 the 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. Gacques.

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.

(1)
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 ramification" 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 many of the subcommittee fears:

"It appears clear," said the GAO in a formal report to the refugee subcommittee, dated September 28, 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 REFUGEЕ PROGRAM PRIOR TO TET

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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cumulative refugees</th>
<th>Temporary refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 31, 1965</td>
<td>735,956</td>
<td>453,687</td>
</tr>
<tr>
<td>Dec. 31, 1966</td>
<td>1,768,089</td>
<td>980,456</td>
</tr>
<tr>
<td>Dec. 31, 1967</td>
<td>2,114,197</td>
<td>793,944</td>
</tr>
</tbody>
</table>

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 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 1 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 Dumphsoll’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 15 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 13 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.

II. 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, medical 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 Province 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 refugee. 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.
Each refugee is supposed to receive the equivalent of $13 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, 30 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 AID 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...
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 an 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 Kien 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 disturbance 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:

They 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 homelands 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 some­
times 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 investig­
gators found almost none.

This is not to say that the refugees were not equally bitter and resent­
ful 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 dis­
illusionment 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 condi­
tions were when personally observed.

There is, we feel, at this late date no need to go into intensive descrip­
tive 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 lain 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.
G. 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 practical. 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 then 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 unresponsive 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 Thien 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 Thien'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 money to 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 overhaul 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...
isions 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 here; 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 role 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 gains,” 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.