APPENDIX

VIETNAM REFUGEE AND CIVILIAN CASUALTY CHRONOLOGY

1954

May 7: Fall of Dien Bien Phu.

July 21: Geneva accords provisionally partition Vietnam near the 17th parallel (Bieu 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 13: United States announces additional U.S. military and economic aid will be given South Vietnam.
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.
August 4: Destroyers C. Turner Joy and Maddox report attack by North Vietnamese PT boats in Tonkin Gulf.
United States attacks by divebombers and destroyers.
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 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 10: U.S. troops now total 55,000.
June 18: First B-52 raid from Guam.
June 23: 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 $23 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 1,367 killed, compared to 1,365 killed in 1964. The cumulative number of refugees for 1965 approximates 738,000, 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 81: 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..."
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 anh Sat in delta causes refugee flow.

April 8: Operation Lincoln takes place in Pleiku, Phu Bon and Dak Lac 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, testifying before the Refugee Subcommittee that, beginning in April, 1965, 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 108th Brigade arrive in South Vietnam bringing U.S. forces to 200,000.

September: Battles take place in An Kuyen and Bac Lieu Provinces, at southern tip of South Vietnam; U.S. troops move into Mekong Delta, Koreans sweep into Dong 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 5,508 killed. U.S. officials estimate Vietcong killed at 53,000. 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

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; deficiencies 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 announced social welfare team, headed by Fordham Dean James Dempson is created and leaves for Vietnam on July 23. Medical survey team leaves July 30.

August 3: President announces plans to enroll 10,000 more men to Vietnam, to bring total to 225,000 by June 1968.

August 10: U.S. casualties for week announced as 146 killed, 1,964 wounded, making totals 12,416 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 45 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 Dempson 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 13: Former Assistant Secretary of State for the Far East, Roger Hillman, 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 16: 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.
Hilsman, 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 26 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 9: 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 460,100, 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 13, 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 “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 20,000 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 counteroffensive to clear ground area near Saigon. U.S. casualties during preceeding 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 3: 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 reach 22,000 dead, 135,000 wounded.

May 2: Paris appears accepted by 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.
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 increasing bellicosity 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, if fully considered, can exceed our needs. That is why we must be careful in applying the traditional canons of patriotism, or the cliches 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 hoarded out tombs to find shelter. This is a city where thousands of young men and adolescents 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 shingled 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 disenchanted with the powers on both sides responsible for their fate. Vietnam today is a land of disenchanted 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 deported 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 talk will 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 for 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 righteousness 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.
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 sick 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 colonists who trained them. They are truly colonists 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 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 rides 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 fail 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 accomplished 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.

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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 had 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) that 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.

<table>
<thead>
<tr>
<th>Program element</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial health assistance</td>
<td>1</td>
</tr>
<tr>
<td>Renovation and construction of health facilities outside Saigon</td>
<td>1</td>
</tr>
<tr>
<td>Medical logistics</td>
<td>1</td>
</tr>
<tr>
<td>Rural health</td>
<td>2</td>
</tr>
<tr>
<td>Preventive medicine outside Saigon</td>
<td>3</td>
</tr>
<tr>
<td>Environmental health, Saigon and outside Saigon</td>
<td>3</td>
</tr>
<tr>
<td>Maternal child care, Saigon and outside Saigon</td>
<td>3</td>
</tr>
</tbody>
</table>

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 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, 3,600 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 did 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 forms (see appendix) include 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 request. 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 $22.6 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 programmed, directly and indirectly, about $9.7 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 plater support to programs in the health field. United States plater 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 piasters (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 | 4.9
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 GVQ'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 130.8 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 GVQ'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 GVQ'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:

<table>
<thead>
<tr>
<th>Total Saigon Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized</td>
</tr>
<tr>
<td>On board</td>
</tr>
<tr>
<td>Shortage</td>
</tr>
<tr>
<td>Percent short</td>
</tr>
</tbody>
</table>

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. Treatment 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 was 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 24 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 38 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 unanticipated 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 lead-time items which also may have contributed to delays. The record is unclear as to what happened to the unused 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 are 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 piaster 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 difficulties 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 cutback 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 programmed for these facilities by DOD and $3.4 million in materials and labor to be provided from other DOD funding sources. A cutback 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 hydrophilc 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. 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.

* 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 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 those 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 mis-understanding, 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 1,098 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 as of the end of September 1967.

| 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 $1,806,000 placed by the depot and found that $1,298,000 worth, or 79 percent of the total tested, were excessive. On the basis of our test, we estimate that, of the $10,462,000 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 $18,442 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.
<table>
<thead>
<tr>
<th>Province</th>
<th>Month</th>
<th>Completion date</th>
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**Provincial hospital:**

1. Number of outpatient hospital visits (total)...
2. Number of admissions...
3. Number of dispositions...
4. Number of patient-days reported...
5. Number of war casualty patients: Military...
6. Civilian (total)...
7. Females over 12...
8. Children 12 and under...
9. Average hospital daily patient census...
10. Total hospital...
11. Team only...
12. Number of minor surgical operations...
13. Total hospital...
14. Team only...
15. Was VN hospital staffing adequate (yes/no)...
16. Was logistical support adequate (yes/no)...

**Public health (MO D-308.80):**

17. Maternity dispensaries: Programed...
18. Completed...
19. Midwives, rural health workers: Programed...
20. Completed training...
21. In training...

**Preventive medicine:**

22. Number of plague immunizations...
23. Number of plague cases reported...
24. Number of cholera immunizations...
25. Number of cholera cases reported...
26. Number of smallpox immunizations...
27. Number of typhoid immunizations...
28. Number of typhoid cases reported...
29. Number of diphtheria immunizations...
30. Number of diphtheria cases reported...
31. Number of diphtheria cases reported...

**Malaria control:**

32. Number of malaria cases treated...
33. Number of houses sprayed...
34. Number of malaria spraymen working...
35. Number of blood slides collected...
36. Total number of deliveries...
37. Number of live births...
38. Number of babies immunized with BGG vaccine...
39. Maternal deaths within 48 hours post partum...
40. Number of sanitary agents working in Province...

**Environmental health:**

41. Comment briefly on progress, problem areas, action taken or initiated at Province, and recommendations on the following:

(a) Endemic or epidemic diseases 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:

Add: Sex: Diagnosis: Disposition: Check appropriate diagnosis:

(e) Personnel (United States and VN):
(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 programs (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):
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 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 province-wide, 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 3 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 reinstate 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 pro­
gram operations or assessment of the adequacy of program management. Our obser­
vations 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, in­
cluding 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 under­
taken. 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 in­
compatible 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 dis­
counted for planning purposes. In our opinion, the example described below re­
garding 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 piasters
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 piasters, or 32 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 326.8
million piasters, or 23 percent of the amount budgeted. The 123 million piaster
difference was due to CORDS’ inclusion of funds obligated by SCR but unreleased
(85 million piasters) and an unexplained difference of 48 million piasters.

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 sig­
nificantly 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 35,000 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, 399,823 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 Danang 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 37,685 refugees. However, United States and Vietnamese Red Cross data indicated the camp population to be 50,186 rather than 37,685. Assuming this difference to be representative of province wide 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.

U.S. staffing

We reported in October that the CORDS refugee staff was badly understaffed. 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.
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:

<table>
<thead>
<tr>
<th></th>
<th>Authorized</th>
<th>On board</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>CORDS:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee program</td>
<td>96</td>
<td>3</td>
<td>72</td>
</tr>
<tr>
<td>Other program</td>
<td>543</td>
<td>18</td>
<td>577</td>
</tr>
<tr>
<td>Total CORDS</td>
<td>639</td>
<td>21</td>
<td>649</td>
</tr>
<tr>
<td>USAID</td>
<td>2,419</td>
<td>79</td>
<td>2,103</td>
</tr>
<tr>
<td>Total CORDS and USAID</td>
<td>3,058</td>
<td>100</td>
<td>2,752</td>
</tr>
</tbody>
</table>

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 overlap 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 Vietnam. 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,
$22.4 million and $35.6 million, respectively. In addition, the equivalent of $6.8 million and $12 million counterpart funds \(^1\) were programmed for fiscal years 1967 and 1968, respectively.

The $22.4 million and $29.8 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 (90 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.

<table>
<thead>
<tr>
<th>Plasters (in VNS millions)</th>
<th>Dollar equivalent (in US$ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total budget</td>
<td>33,000.0</td>
</tr>
<tr>
<td>Refugee relief</td>
<td>1,452.9</td>
</tr>
<tr>
<td>Percentage</td>
<td>4.4</td>
</tr>
</tbody>
</table>

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

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

\(^1\) 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 of slow releases 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, 90 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 Assistant Command, Viet Nam. For example, upon being advised by CORDS officials of slow SOR 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 ($42,183) during the period December 16, 1966,
through January 15, 1967, to a high of 70 million piasters ($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 piaster 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 piasters ($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 16,138 eligible refugees. We found that 60 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.

<table>
<thead>
<tr>
<th>Needed</th>
<th>Noted</th>
<th>Percent in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells</td>
<td>119</td>
<td>72</td>
</tr>
<tr>
<td>Housing units</td>
<td>1,847</td>
<td>826</td>
</tr>
<tr>
<td>Schools</td>
<td>60</td>
<td>14</td>
</tr>
<tr>
<td>Medical dispensary</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>Sanitation facilities</td>
<td>940</td>
<td>13</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Number in place</th>
<th>Number of people</th>
<th>Number of people</th>
<th>Percent in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells</td>
<td>15</td>
<td>833</td>
<td>200</td>
</tr>
<tr>
<td>Housing</td>
<td>323</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>Sanitation facility</td>
<td>18</td>
<td>690</td>
<td>20</td>
</tr>
</tbody>
</table>

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 163 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 Xhon A, in Quang Ngai Province, housed about 500 families (2,000 people) in 206 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—they 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 Mu, 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 these 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 was a number of shops and the overall appearance of the camp was one of cleanliness and substance.

5. Xhe 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 that needed to be remedied. They did advise us that Ghenh Rang was built to relieve the pressure on Xhe The Chtoa, which once held about 1,200 families. The leader of the people of both these camps resisted moving the people residing in Xhe The Chtoa too far from the current location, for fear of fragmenting the group. We were advised by CORDS officials that the Xhe 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
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, unlicensed, 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 1, 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 countrywide 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.

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Percentage of estimated requirements issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quang Ngai</td>
</tr>
<tr>
<td>Dry milk</td>
<td>152</td>
</tr>
<tr>
<td>Bicarbonate</td>
<td>90</td>
</tr>
<tr>
<td>Oil</td>
<td>46</td>
</tr>
<tr>
<td>Rolled oats</td>
<td>27</td>
</tr>
<tr>
<td>Cornmeal</td>
<td>1</td>
</tr>
</tbody>
</table>

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 60 percent more commodities between April and September 1967. As an exceptionally disproportionate example, Quang Nam was issued only 325 bags of bulgar in June 1967 for 72,538 in-camp temporary refugees, whereas Quang Tri was issued 1,879 bags for only 15,080 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 cases 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 programmed 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...
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 1. (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

g. Are additional classrooms required over and above those approved and in use? If so, indicate number.

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...
3. VOCATIONAL TRAINING

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>No. Attend Classes</th>
<th>No. Graduated this Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If there is a Min. of Ed, Tech, or Secondary School in your province/city offering training to refugees, please report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If there are Min. of Labor, Trade or vocational training classes, please report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If there are other training classes being held in your province, please indicate below type of training and who sponsors these classes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. Attend Classes</th>
<th>No. Graduated this Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. If there are cooperatives or handicrafts projects, please identify. Under column &quot;Type of Activity&quot; place &quot;C&quot; for cooperative, then one or two work description such as &quot;fishing&quot;. For handicrafts, place &quot;H&quot; followed by description.</td>
<td></td>
</tr>
</tbody>
</table>

4. COMMODITY SUPPORT

<table>
<thead>
<tr>
<th>Source</th>
<th>Item</th>
<th>Qty</th>
<th>No. of Ref. Aided</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Please indicate the commodity support furnished to refugees during the month under report.</td>
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</tbody>
</table>

1. Includes such items as food, clothing, tools, sewing machines, building materials, 2 CORGS, Army, Marines, Voluntary Agencies, GVN, SCR, etc.

3. FUNDS INDICATE TOTAL AMOUNT OF GVN FUNDS EXPENDED SINCE JAN. 1 1967

<table>
<thead>
<tr>
<th>Temporary Relief Funds:</th>
<th>Total Expenditures To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Individual Allowances</td>
<td></td>
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<tr>
<td>b. Construction Temporary Camps</td>
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<tr>
<td>c. No. Camps Involved</td>
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<tr>
<td>d. Purchase of Commodities</td>
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<td>e. Other Expenditures</td>
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<tr>
<td>f. Total Temporary Relief Funds Expended</td>
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<table>
<thead>
<tr>
<th>Resettlement Funds</th>
<th>Approved 1967 Budget</th>
<th>Total Expenditures To Date</th>
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</thead>
<tbody>
<tr>
<td>g. Relocation Grants</td>
<td></td>
<td></td>
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<tr>
<td>h. Sanitation Facilities</td>
<td></td>
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<tr>
<td>i. Land Compensation</td>
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<td>j. Land Clearing</td>
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<tr>
<td>k. Community Development</td>
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<td>l. Health</td>
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<td>m. Education</td>
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<td>n. Other Expenditures</td>
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<tr>
<td>o. Total Resettlement Funds Expended</td>
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<tr>
<td>p. No. of Resettlement Hamlets Approved in 1967 Budget</td>
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<tr>
<td>q. Sources of Information for this Report</td>
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PART II (NARRATIVE)

Purpose.—To provide a current and general evaluation and interpretation of the principal developments and events in the Refugee Program at the provincial level, not only for month under report, but also on those factors which have significance for future development. Information furnished in the statistical portion of the report need not be repeated here. The report should be short and should be in the format indicated below. The report need not be limited to the subjects listed, but may include any other information bearing directly on the Refugee Program.

6. If there has been a large movement of refugees (influx of new refugees, resettlement, return to village, etc.) indicate their reason for moving. Comment on adequacy and timeliness of assistance furnished them and degree of cooperation experienced with other military and civilian agencies. If the majority are members of a particular ethnic or religious group, so indicate.
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 those 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

Blaesingame, 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.
Cherne, Leo, chairman, International Rescue Committee.
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.
Dumphson, 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.
Gaud, William S., Administrator, Agency for International Development, Department of State.
Goffo, 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.
Hilsman, Roger, professor of government, Columbia University, New York, N.Y.
Hostetler, 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.
Johnson, 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.
Luce, Donald, chief of party in Vietnam, International Voluntary Services.
Martin, 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.
MarManus, 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.
Moncrief, Col. Wm. H., head of medical program in 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 commissioner, U.S. Public Health Service.
Ross, George, Jr., deputy executive director, Foster Parents Plan, Inc.
Schauer, John W., director, immigration and refugee program, Church World Service.
Stockton, Carl, educational leader in Vietnam, International Voluntary Services, Inc.
Stone, 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.
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.
Waters, Herbert J., Assistant Administrator for Material Resources, Agency for International Development.
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.