Mr. Schauer. Mr. Chairman, if I may pick up on one of the statements about this reimbursement of freight. We are in discussions of voluntary agencies collectively with AID about this problem, and currently there are three categories of reimbursable freight. One is Public Law 480, and if you have not become directly involved in food programs as such, we are having difficulty in the shipment of our supplies and needed materials for relief, not only to the Indochina area, but all over the world, and I am sure my Seventh Day Adventist colleague has the same problem.

Senator Kennedy. How long does it usually take you from the time it goes in, your application, and when you get it? Say routine things, like the shipping. Obviously you have been doing that for a number of years. How long does it take to get it approved?

Mr. Burbank. Senator, we receive early at the beginning of the year, the fiscal year, an appropriation of so many dollars to be used for this particular purpose, and this is given to us on paper at the beginning of each fiscal year, and it is from that budget that we use—or I should say it is from this budget that we are able to ship this material.

Senator Kennedy. Sort of advance funding?

Mr. Burbank. It is in the budget. We do not actually receive any of this money at all. In other words, we turn in a report to AID. They in turn reimburse us for the freight expenditures we have made.

Senator Kennedy. Is that the only relationship you have with AID?

Mr. Burbank. We also have a Public Law 480 program that we are operating in South America, in which we are feeding people in the developing countries there.

Senator Kennedy. Our next witness is Mr. Marion, American Council of Voluntary Agencies; we are delighted to see you. We enjoyed the opportunity to meet with the voluntary agencies last week in New York, and were glad to get a chance to see some of them, and once again, they were thinking about problems in the future and anticipating the needs and trying to plan for the future. We saw again that kind of sensitivity which the agencies have shown so often over the years.

STATEMENT OF LEON MARION, EXECUTIVE DIRECTOR, AMERICAN COUNCIL OF VOLUNTARY AGENCIES FOR FOREIGN SERVICE

Mr. Marion. My name is Leon O. Marion, executive director of the American Council of Voluntary Agencies for Foreign Service.

I was not going to make a statement at this time but you have touched on several items of which I might be able to provide additional information. I would like to go back to the discussion concerning ocean freight reimbursements. There are a couple of facts which might be of interest to you.

The United States appears to have a bumper crop in the Mid-west, and it looks like farmers are having problems selling the crop at a price they require. As a result, the farmers have decided to plow under some of the food, but before doing so, they are asking volun-
tary agencies if they can use the food for humanitarian purposes overseas.

One of the deterring factors involved with a voluntary agency being able to use the food is the overseas shipping costs. Therefore, the U.S. Government’s regular overseas freight reimbursement program is extremely important. In relation to other U.S. Government overseas expenditures, it is a small sum of money; however, AID officials report that all funds for this purpose have been used or promised and the problem is exacerbated by the recent budget cuts by the Congress. We have a situation of available food, and the agencies cannot accept it because they cannot find necessary funds to ship it overseas.

Senator Kennedy. What are you talking about in terms of dollar figures? How much are you talking about in terms of transportation, shipping costs?

Mr. Marion. It must be something under $1 million.

Senator Kennedy. Under $1 million?

Mr. Marion. Yes. Not only am I talking about available food farmers would be willing to donate today, but also the shipping of other commodities such as medical supplies and various pieces of equipment which can be used in voluntary agency projects.

Senator Kennedy. How long has that been around, that particular problem, or that request?

Mr. Marion. The request for helping with shipments of gift-in-kind items has been around for at least 3 years. This is a recurrent problem which it seems is always at the bottom of the priority list when AID makes decisions on how budgeted funds are to be expended.

Senator Kennedy. It seems to me to be inexcusable, that those resources cannot be obtained. We have just seen where AID has obligated all these resources in the last 24 hours to try to make the allotted amount consistent with the appropriated amount, and we hear all the things that are being done by using all these local currencies and how this spills over and how this makes the life in the orphanage much better. Yet here we have a clear example, an illustration of a situation that just cries out for attention, and we are unable to get response on it.

Well, let me just say, we will be delighted in these particular areas to follow up with you to see if we cannot get some action on that.

ACTIVITIES OF THE VOLUNTARY AGENCIES IN VIETNAM

Mr. Marion. Senator, I thought I might wind this up by giving you a few statistics which it might be good to have in the record.

In January 1975, the technical assistance information clearinghouse of the ACVAFS completed a survey of the agencies operating in Vietnam. It was found that there were 68 U.S. nonprofit organizations and voluntary agencies working in Vietnam. In fiscal year 1974, 43 of the 68 agencies reported that they had completed $11 million worth of programming. To accomplish this level of activity involved using 322 U.S. personnel who were on the spot working with indigenous personnel.
Testimony given by representatives of the voluntary agencies before this subcommittee have detailed to some extent the type of problems in which they are involved. The agencies will respond to this emergency the same as they have to other emergencies throughout the world, except that I think this situation has special significance to the voluntary agencies because of the involvement of the U.S. Government and its people in Indochina.

You will find that the voluntary agencies will stay and do their humanitarian service just as long as it is possible.

Senator Kennedy. We hope you will continue to stay in touch with us on any of these problems that you think we can be helpful on. I am hopeful that the American people are going to challenge you to exceed yourself over the next few weeks and into the future, to help resolve the immediate humanitarian problem in Indochina. I commend you for your work.

Expressions have been made here that, in approaching this problem, you want to do it in a way that can be ongoing and consistent and supportable in your local communities, so we do not have a major program one day and then an abandoned program the next. That is a commendable and obvious approach. We do have some immediate emergency situations that are crying out now. It seems to me that we have to respond to those.

Again, I am convinced, based on the record of the voluntary agencies in Indochina, and the efforts that they have made in Bangladesh, the Sahel, and other parts of the world, that they have the competency, they have a sense of compassion, they have the know-how, and they have been able to win the confidence and trust of the people, and I think they supply the best vehicle and opportunity for the United States to express itself through humanitarian concerns to the people who have suffered and languished for too long in the whole Indochina peninsula.

So I am hopeful that you will be willing to accept this challenge that the President of the United States, the Congress, and especially the American people are putting to you. I am sure you will.

I thank you very much for your appearance here.

We will stand in recess.

[Wheresupon, at 12:55 o'clock p.m., the subcommittee was adjourned, subject to the call of the Chair,]
Senator Kennedy's Bill Providing Emergency Humanitarian Assistance for South Vietnam and Cambodia

[From the Congressional Record, Wednesday, March 28, 1975]

SENATE

By Mr. SPARKMAN (for Mr. KENNEDY):

S. 1850. A bill to provide additional humanitarian assistance authorizations for South Vietnam and Cambodia for the fiscal year 1975. Referred to the Committee on Foreign Relations.

EMERGENCY HUMANITARIAN AID FOR SOUTH VIETNAM AND CAMBODIA

Mr. SPARKMAN. Mr. President, I am introducing today, for the Senator from Massachusetts (Mr. KENNEDY), a bill on emergency humanitarian aid for South Vietnam and Cambodia.

I ask unanimous consent that a statement by Senator KENNEDY and the bill be printed in the Record.

There being no objection, that statement and bill were ordered to be printed in the Record, as follows:

"STATEMENT BY SENATOR KENNEDY"

"I am introducing today a bill to provide $100 million in emergency humanitarian assistance for South Vietnam and Cambodia, to supplement that already authorized and appropriated by Congress for this fiscal year.

"The final, tragic drama unfolding today in Indochina is affecting the lives of millions, creating massive humanitarian needs on all sides. It is a time when, once again, thousands of refugees are on the move, fleeing conflict and chaos, seeking shelter wherever they can find it.

"Once again, tragedy is piled upon tragedy. Each day of war brings another day of human suffering, and no end in sight. The pictures of violence and conflict, and confusion and human flight, that sweep across our televisions and newspapers are not new pictures, although they are today reaching new levels of human tragedy.

"This should call forth from our government new efforts to provide additional humanitarian assistance. Regrettably, in some quarters, this tragedy is being used more as an excuse to blame others for past failures, to position out blame, rather than to respond positively to the urgent needs of today.

"But the time has come to end this needless recrimination, and to end old controversies that nearly tore our society apart. It is time for us to be realistic about what our country can and should do to help in South Vietnam—to be realistic about what our options are today in Indochina.

"Our 'moral commitment' in Indochina is not to any army, nor to this or that government, or to this official or that political faction. Our true remaining obligations are with the people of the region, to the millions of refugees and other war victims who cry out for peace and relief.

"The crisis of people spreading over Cambodia and Vietnam today demands more of our government. It demands a response in terms of emergency humanitarian assistance, as well as new initiatives to secure the free movement of relief personnel and supplies to all areas of need. There is now an opportunity, as well as a critical need for the Administration to finally carry out the legis-"
relative mandate of Congress for internationalizing humanitarian assistance to Indochina.

"The new situation in Vietnam demands that we end the narrow and restrictive pattern of our old bi-lateral aid approach, and to promote greater international participation—to encourage a transition in America's relationship with Saigon at the same time we provide additional humanitarian assistance.

"It is for this reason that I appealed to President Ford last week to seek the good offices of the United Nations for the protection and care of refugees and war victims on all sides.

"The bill I am introducing today gives further legislative support to the goal of internationalizing humanitarian assistance. The bill mandates that this emergency humanitarian aid must be provided 'under the auspices of and by the United Nations and its specialized agencies, other international organizations or arrangements, multilateral institutions, and private voluntary agencies.'

"This will insure that the support needed for the United Nations Secretary-General to exercise his good offices for humanitarian purposes in Cambodia and Vietnam will be available. It will mean that the U.N. High Commissioner for Refugees or UNICEF, whose offices are already actively present in all parts of Indochina, can rapidly increase their humanitarian efforts—today, not tomorrow. And these funds can be used as well to support the humanitarian work of such agencies as the World Health Organization, the Food and Agriculture Organization and the International Committee of the Red Cross—all of whom are today present in one or more countries of the region.

"I firmly believe that the active presence and good offices of the United Nations will not only help in meeting the emergency humanitarian needs now so painfully evident throughout Vietnam and Cambodia, and to further insure that relief personnel and supplies reach all areas of need, but it will also serve to strengthen the efforts to achieve peace.

"I urge the speedy consideration of this bill, and I hope the Committee on Foreign Relations will favorably consider the internationalizing all future humanitarian assistance to Indochina.

"S. 1350

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) notwithstanding any other provision of law in addition to amounts otherwise available there are authorized to be appropriated to the President for the fiscal year 1975, to remain available until expended, $100,000,000 to provide humanitarian assistance to all people in need in South Vietnam and Cambodia.

"(b) Such assistance shall be provided under the auspices of and by the United Nations and its specialized agencies, other international organizations or arrangements, multilateral institutions, and private voluntary agencies.

"(c) Not later than six months after the date of enactment of this Act, the President shall transmit to the Speaker of the House of Representatives and the Committee on Foreign Relations of the Senate a report describing fully and completely

"(1) the names of all agencies and organizations involved in the distribution of such assistance;

"(2) the means with which such distribution is carried out; and

"(3) the recipients of such assistance."
Senator Edward M. Kennedy, Chairman of the Subcommittee on Refugees, called on President Ford "to support without delay the kinds of international efforts needed to bring about the better care and protection of refugees and war victims in all parts of South Vietnam."

In a statement released in Washington, Senator Kennedy said: "Events are rapidly overtaking whatever decisions the Administration is making to assist the millions of refugees and war victims in South Vietnam. The time is past due to face the options squarely. The time has finally come for new initiatives by the President, and for new efforts to better meet our responsibilities to a people who has suffered so much for so long.

"For this reason, on March 21 I urged the President to consider an urgent appeal for United Nations Secretary General Kurt Waldheim to exercise his good offices for humanitarian purposes in Indochina. I strongly feel that the good offices and more active presence of the United Nations in Indochina will help to save lives, protect the movement of refugees, facilitate the free movement of relief personnel and supplies to areas of need on all sides, and hopefully encourage and strengthen needed efforts for peace.

"Saigon and the PRG have both appealed for humanitarian aid. The United Nations stands ready to help, through the United Nations High Commissioner for Refugees and UNICEF. And in the interest of helping the millions of orphans, refugees and other war victims crying out for peace and relief, we have an obligation to act without delay in supporting the humanitarian intervention of the United Nations in South Vietnam."

Senator Kennedy has introduced legislation for an emergency contribution of $100,000,000 to help support an international relief effort in Indochina.

SENATOR KENNEDY'S LETTER TO PRESIDENT FORD

MARCH 21, 1975.

THE PRESIDENT,
The White House,
Washington, D.C.

DEAR MR. PRESIDENT: I am writing to express my deep concern over the growing human tragedy in Cambodia and Vietnam, and to urge your personal consideration of new initiatives for the better protection and care of refugees and war victims in all areas of both countries.

Since the earliest stages of the Indochina war, the humanitarian problems of refugees, orphans, civilian casualties, and other war victims have been of special concern to me personally, as well as to the Subcommittee on Refugees which I serve as Chairman. Over the years, we have worked closely with officials in the Executive Branch in a diligent effort to bring stronger humanitarian priorities in our national policy in Indochina, and to help find reasonable and humane solutions to the undeniably tragic problems which war has brought to the people of the entire area.

In this connection, and especially since the 1973 Agreement on Ending the War and Restoring the Peace in Vietnam, I have strongly advocated greater initiative by our government to internationalize needed humanitarian efforts and programs throughout Indochina, and introduced and supported legislation to accomplish this end.

In light of the clear Congressional mandate in this important area of public policy, and given the spreading human tragedy in Cambodia and Vietnam, I share the view of many Americans that the time is past due for the humanitarian intervention of the international community.

(71)
I am extremely hopeful, therefore, that you will favorably consider an urgent appeal for United Nations Secretary General Kurt Waldheim to exercise his good offices for humanitarian purposes in all sectors of Cambodia and Vietnam. This could be done, perhaps, through the United Nations High Commissioner for Refugees or the director of UNICEF, whose offices are actively present in all parts of Indochina.

I strongly feel that, in cooperation with the International Red Cross and the private voluntary agencies, the good offices and more active presence of the United National in Indochina will help to save lives, protect the movement of refugees, facilitate the free movement of relief personnel and supplies to areas of need on all sides, and hopefully encourage and strengthen needed efforts for peace.

I appreciate your consideration, Mr. President, and pledge my full support of meaningful efforts to help bring peace and relief to the people of Indochina.

Best wishes,

Sincerely,

Edward M. Kennedy.
APPENDIX III
CAMBODIA: AN ASSESSMENT OF HUMANITARIAN NEEDS AND RELIEF EFFORTS
(A Report by the Inspector General, Department of State, March 1975)

The primary objectives of our inspection were to determine the degree to which humanitarian needs and relief efforts in Cambodia were meeting the minimum vital nutritional and health requirements of the Khmer people and whether there had been a deterioration in their health and nutrition.

The general level of health of almost the entire Cambodian population—the refugees, the poor, families of military servicemen, and particularly the children—has deteriorated rapidly. Malnutrition, including the advanced stages of kwashiorkor and marasmus, has increased dramatically over the last several months. Measles, malaria, tuberculosis and other respiratory diseases also were increasing in incidence, often with fatal prognosis. Resistance to diseases has lowered causing the effects of these diseases to be more pronounced and requiring longer recuperating periods in overburdened health facilities.

Dispensaries, clinics, hospitals and nutrition centers, limited in number were forced to refuse treatment to gravely ill because of the lack of facilities and shortage of doctors. Overworked medical personnel were unable to cope with the numbers of people that presented themselves for treatment. The facilities were not only overcrowded, for the most part they were crude and unsanitary. There was an acute shortage of medicines and drugs. Death frequently resulted from infection and lack of proper care, medication was not being administered to patients suffering severed limbs or gross traumatic abdominal wounds. Little or inadequate antibiotics therapy were being given to patients in need of such therapy.

In spite of the valiant efforts and the selfless and dedicated help of the Khmer Government, the international community, American aid and the voluntary agencies, assistance has not reached the vast majority of the war victims. Roughly, three million of the five million Cambodians under the control of the central government are war victims. Yet, resources provided to relief the plight of these desperate people reach only about one of every three. Most tragic of all, the segment of the population most adversely affected are the children. The refugees living in established camps are in many ways better off than those who are forced to live in towns and cities. These camp dwellers have shelter and are given regular, albeit limited, rations. Also, they are usually provided medical care on a more or less regular basis from clinics established in most camps.

The dire plight of the great majority of war victims is now being brought into its proper focus and receiving increased attention. Unless humanitarian and relief efforts are expanded to assist those victims who are not presently being helped, health and nutrition of the Cambodians will deteriorate at an ever-increasing rate.

BACKGROUND
In an effort to alleviate the suffering of the war victims in Cambodia, the USAID has made grant contributions to American and international voluntary relief agencies (volag). This effort supports the supplying of emergency necessities such as food, shelter and medical care; improvement of water supplies and sanitary conditions in refugee sites; construction of clinics, hospitals and schools; and to the extent possible, returning refugees to a self-supporting life.

To perform these functions USAID has contracted with the following voluntary agencies in the support of these programs: Catholic Relief Services (CRS); CARE; World Vision Relief Organization (WVRO); Lutheran World Relief (LWR); International Committee of the Red Cross (ICRC); and the United Nations Children's Fund (UNICEF).
CRS concentrates on emergency food relief distributions, emergency kitchens and housing. CARE concentrates on housing, distribution of relief food, clothing and household items, and assisting refugees to return to a self-supporting life including grants of farm tools and household kits. WVRO, although heavily weighted toward providing medical care, also includes elements of each of the other volags. The medical staff of WVRO has increased from 4 to 104 during the past 18 months.

The ICRC fields and maintains medical/surgical teams; provides relief supplies and emergency shelter materials; and improves water supplies and sanitary conditions in the refugee camps. UNICEF has established a medical supply system supporting Cambodia's hospitals and clinics with pharmaceuticals and assists in refurbishing nutrition centers and supplying special protein-rich foods.

The LWR, presently in its organizational phase, will direct its efforts to public health, health education, and logistic support of medical care facilities.

Total AID funding support for these programs follows:

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>U.S. dollars</th>
<th>Local currency (dollar equivalent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>$1,175,000</td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>2,325,960</td>
<td>$10,855,300</td>
</tr>
<tr>
<td>1975 (planned)</td>
<td>15,000,000</td>
<td>23,400,000</td>
</tr>
</tbody>
</table>

During the last half of CY 1974, the volags distributed 1,400 MT of rice a month to an average of 242,000 refugees. In addition, emergency necessities, such as clothing, household items and farm tools, were given to an average of 45,000 people; emergency shelter was constructed for about 17,000 people; medical teams were treating an average of 47,000 patients a month; and food supplements were being given to an average of 60,000 children. These figures have increased since the upsurge in fighting in January 1975.

**SCOPE OF INSPECTION**

The inspection was undertaken in view of the growing seriousness of the refugee problem in Cambodia.

In preparation for the inspection, we consulted with appropriate State Department and AID officials. We also met with responsible officials and directors of Cambodian operations in the headquarters of each of the following American and international voluntary agencies: CRS, CARE, LWR, WVRO, and UNICEF. All available data on the status of refugees and other war victims was collected from each of these organizations.

In Phnom Penh, we consulted with the directors of each of the above voluntary agencies and with the ICRC and the World Health Organization (WHO). We discussed the health and nutritional status of the various categories of war victims with not only the directors of these agencies but also with the doctors and nurses who were personally involved in supplying health and nutritional services and supplies. We also had extended discussions with the Minister of Refugee Affairs and their representatives and with the Deputy Director of the Ministry of Public Health. Our inspections included field trips to Kompong Speu, Kompong Thom, Neak Luong and Takeo as well as many refugee camps, hospitals, clinics and nutrition centers in and around Phnom Penh.

To state that the refugees, their children and other war victims are worse off now than previously is to seek out statistical information where none existed except in a most raw form. Moreover, to compare the plight of the hungry urban poor in Phnom Penh and the undernourished dependents of the Cambodian military is vain. Medical personnel were far too busy with the task of saving lives in the midst of wartime trauma to attend to such administrative tasks.

In order to satisfy our requirements, we collected all previous nutritional survey data available to us in Phnom Penh to determine if the nutritional status of children had deteriorated over the last several months. This limited data included (1) a pre-war (1970) survey of weight-for-age data prepared by the Cambodian National Nutritional Service; (2) the weight-for-age data prepared by WVRO from clinic cards extracted in August and September 1974; (3) a study we made from clinic records of 2,000 children for a period beginning January 5, 1975; and (4) the preliminary results of a study being conducted...
by the Ministry of Refugee Affairs in conjunction with CARE covering the
children of 112 families, not necessarily refugees, from two poor subdivisions
of Phnom Penh:

CONDITIONS

1. Refugees and war victims

   The war in Cambodia, now in its fifth year, has over the past few months
reached a new peak creating a massive increase in refugees and war victims.
Of a total country population of seven million, about five million are under the
control of the central government. Roughly three million of the five million
have become refugees under the general rubric of war victims. Of the three
million, about 1.2 million are registered refugees. The balance is made up of
displaced persons and unregistered refugees. Registered refugees are those who
have been substantiated by the Ministry of Refugee Affairs as having been forced
to flee their homes and have been issued official refugee identification cards;
that entitle them to receive rice and other refugee assistance. Unregistered
refugees are those who have fled their homes but have not been determined to
be refugees. The term unregistered is also used to represent the number of peo-
ple who need but are not receiving refugee relief assistance.

In Phnom Penh, there are between one and two million refugees in a city
that had a pre-war total population of about 375,000. The added hundreds of
thousands of destitute victims has proven a burden with which relief programs
cannot cope. Needy refugees increasingly must depend on relief provided by
the USAID Mission through the voluntary agencies to survive.

Registered refugees live in organized camps that vary in size from several
hundred to over 10,000. There are about 58,000 refugees living in contemporary
camps scattered around the perimeter of Phnom Penh and the various provinci-
cal capitals. In addition, refugees live in school buildings, pagodas, an unfinished
hotel complex, in the Phnom Penh sports arena, in unused railway wagons; any
place that affords shelter.

The results of the preliminary portion of a Ministry of Refugee Affairs survey
of the 112 families showed the average income per person was 9116 riels per
month ($5.52). The average expenditures on food for a family of three is 7576
riels ($4.59) per person per month. The study also showed 60.7% of households
have budgets in deficit and 17% of families are selling some of their belongings
to subsidize the family budget. Where larger families are concerned 31.25% of
families of eight persons and 42.9% of those of ten persons sell their belongings
to live.

In addition to refugees, the plight of military dependents are frequently ob-
ligated of necessity to follow the units to which their heads of family are at-
tached. Their only source of assistance is that accorded the soldier at his unit.
This takes the form of pay and food.

Present military requirements are for frequent movements of troops, espe-
cially those on the perimeter of Phnom Penh. This causes the dependents to
rely entirely on the meager salary of the soldiers, when it is paid, rather than
permitting them to augment their salary by the planting of small gardens. The
families follow the soldier because there is no allotment system under which
the dependents could receive financial or food support. A complex military pay
scale bases a soldier's total salary on the number of his dependents. The follow-
ing chart shows the pay of a soldier with a family of five children and includes
his base pay and allowances.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Pay Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private 1st</td>
<td>22,271 riels</td>
</tr>
<tr>
<td>Private 2nd</td>
<td>23,782 riels</td>
</tr>
<tr>
<td>Private 3rd</td>
<td>25,345 riels</td>
</tr>
<tr>
<td>Private 4th</td>
<td>26,936 riels</td>
</tr>
<tr>
<td>Private 5th</td>
<td>28,550 riels</td>
</tr>
</tbody>
</table>

The two types of troops charted are intervention or combat troops and non-
intervention or support troops. The pay scale of the lowest grade soldier varies
only slightly from that of the highest grade non-commissioned officer, 15,802 to
22,271 riels—$9.58 to $13.50 per month. Family allowances are almost identical
for all soldiers. Officers receive only a few dollars more per month than do en-
listed men. The highest ranking general receives the equivalent of $28.00 per
month.

The plight of the urban poor, while not being refugees, has also been exacer-
bated by the severe inflation and restrictions on salary increases. Salaries of
most government employees, and the average civilian services employee are
roughly parallel those of the military. Estimates made by World Health Orga-
nization in mid-May of 1974 were that the average head of a family then was
making just enough money to purchase his minimal requirements, for his wife
and children to work to be able to purchase meat, fish or vegetables. Since that
study the monthly salaries have approximately doubled. Rice prices, however,
have increased three fold at official prices and almost four fold at the unofficial price. Furthermore, unless rice is purchased in 100-lb. bags, even at the unofficial price, the resale price increases on the order of 20 percent for smaller amounts. Food is still available in the market in Phnom Penh but the prices are so inflated that the very poor cannot buy enough to feed their families adequately.

Almost the totality of those refugees entering Phnom Penh and the provincial capitals for protection were farmers from the neighboring countryside. The impact of this influx of farmers into urban areas and away from the productive farm areas had great economic impact, reducing the agricultural production of the country to the point where instead of being a substantial exporter of rice, fruit, fish and livestock Cambodia has become a massive importer of rice.

One volag doctor told the inspectors that the higher incidence of vitamin B deficiency was probably due in part to the fact that the city’s poor could no longer supplement their diets with fruit or fish. Those in volag-operated refugee camps are, in relatively better nutritional condition because some of them receive high-protein food supplements as well as limited quantities of rice. The urban poor refugees living outside the camps, and the families of the military, receive no such food supplements.

2. Health and nutrition

The general level of health of almost the entire Cambodian population—the refugees, the poor, families of military servicemen, and particularly the children—has deteriorated rapidly. Malnutrition, including the advanced stages of kwashiorkor and marasmus, has increased dramatically over the last several months. Measles, malaria, tuberculosis and other respiratory diseases also are increasing in incidence, often with fatal prognosis. Resistance to diseases has lowered, causing the effects of these diseases to be more pronounced and requiring longer recuperating periods in overburdened health facilities.

Weight-for-age and age-for-arm circumference measurements of children is generally accepted as a valuable guide to their nutritional status or condition. These measurements can be compared to established norms for healthy children or compared with measurements made of statistically similar groups taken at different times. Although Cambodian children in normal times may be expected to vary somewhat from the International (WHO-Jelliffe) Standards of weight-for-age and age-for-arm circumference, the International Standards provide an important check mark for comparison. In the case of weight-for-age relationships, pre-1970 statistics for children in Phnom Penh were available from the Cambodian National Nutrition Service.

When the IGA inspectors arrived in Cambodia on February 3, 1975, there had been no current survey done to assess the children’s nutritional status nor had any comparisons been made to determine if there was a deterioration in the nutritional status over the last several months. Based on available data from the records and surveys of the voluntary agencies and the Cambodian Ministry of Refugee Affairs, the inspectors were able to quantify, tabulate, assess, and compare this information with similar data compiled by the WVRO in August and September 1974.

Specifically, data recorded for 2,000 children brought in for treatment at the Cambodian clinic during January 1975 was extracted for weight-for-age and age-for-arm circumference information. These data were averaged, plotted and compared with similar data compiled by the WVRO in August-September 1974 for 2,000 children also treated at the Cambodian clinic.

The majority of the patients sampled for both periods were refugee children who came from the Cambodian camp, the pagodas around the Royal Palace and American Embassy, from the streets of Phnom Penh, around the A.K.S. hospital, the area around the Chinese Embassy, the Olympic Stadium, the environs of the Bassac Buildings and the Bassac River, and some from the Takham. Of the August-September 1974 sampling, 25% were 13 years and over, 75% under 18 years, and 67% under 6 years. The January sample consisted of 14% 13 years and over, 88.5% under 13 years, and 78% under 6 years.

Arm circumference data from both samples of 2,000 children each were plotted against each other and against the norms for children of the same age group from the International Standards for arm-circumference-age ratios.

The data for both samples (although of necessity of different patients) were accumulated by the same doctors and health personnel in the same way and with the same attention to obtaining accurate measurements of arm circumference and weight.
In addition, at our request, CARE provided us with a sampling they had made with the Cambodian Ministry of Refugee Affairs of children of 112 families, not necessarily refugees, in poor sections of Phnom Penh. CARE and Ministry of Refugee Affairs representatives cautioned us that their data were not statistically significant and were valuable only as an indication since their survey was not completed. They gave us the data on families they had surveyed to date from two poor sub-divisions in Phnom Penh. We also obtained the results of pre-1970 (pre-war) survey of weight-for-age data available from the Cambodian National Nutritional Service.

Plotting all of this data on graphs and comparing them with accepted norms for age-weight and age-arm circumference relationships, it is readily apparent, as shown on the following charts, that there has been a marked decline in the nutritional status of the children.

The change between the pre-1970 survey and the limited CARE data was dramatic yet the sharp drop-off of the September 1974 measurements and still further decline of the January 1975 data, falling at the lowest mean level, clearly illustrates the tragedy of the children.

For example, a healthy two-year-old child by International Standards should weigh 12.4 kilograms. A sampling of Cambodian two year olds weighed in January 1975 averaged 7.85 kilograms. Just four months previous, two year olds from the same statistical group weighed on the average 8.74 kilograms. The January 1976 two year olds in the sample weighed on the average 0.89 kilograms less than the children weighed in September 1974, and 2.90 kilograms less than Cambodian children before the war.

Average circumferences measured for Cambodian two year olds drawn from the healthy children of this age is 16.3 cm. The data shows a decline of 0.54 cm.

There are in the sample reached the International Standards weight-for-age or age-arm circumference. Although prepared under adverse field conditions, the comparisons shown on the preceding charts confirm the universal medical impression given us by those involved in Cambodian health and nutrition that children are starving to death.

The nutritional deterioration of the children and the plight of the poor is reflected by Dr. Tek To, the Cambodian Assistant Director General of Health who stated that “Cambodian children have diminished in stature and weight in comparison with the International norms. The principal cause being that the Cambodian child is malnourished and lacks nutrients, especially calories, proteins, mineral salts, and vitamins. While infant nutrition remains deficient, pharmaceutical products for children, especially vitamins and mineral salts, their price is so high the population cannot afford them . . . the poorer and middle class people therefore almost never use pharmaceutical nutritive products for their children.”

Doctors treating Cambodian children reported an increase in malnutrition and nutrition-related diseases. They found that children were slipping fast into serious undernourishment and that the state of their health was such that ordinarily simple childhood maladies were often fatal. Children were dying of complications brought about by enteritis, flu, measles, and respiratory diseases. Their resistance to disease was also low and the aseptic conditions under which they were forced to live were conducive to epidemics.

Doctors from the International Red Cross reported that “Malnutrition now exists on a large scale . . . complications are stronger now in malnourished children. . . . it is getting worse—in our [refugee] camps it is getting worse. Thousands and thousands [of children] may be dying over. Kwashikor, usually a disease in age 2 to 4 years, is occurring in 10-year olds. There is no hope for the future. Tuberculosis and typhoid have started in January [1975].” (Dr. Beat Richter and Dr. John Roper, I.R.C.)

Medical officials attached to the Save the Children Fund also reported on the plight of the Cambodian children. Nurse Yvonne McDona told us “The children are on the border; if they get sick—pick up a bug or dysentery—then they fall very sick because of their general state of health.”

Similar observations about the children were made by all of the medical and health personnel we spoke to in Cambodia. Dr. Dean Tritten, Medical Director of Christian and Missionary Alliance (CAMA), an experienced doctor and specialist in family medicine with many years behind him working in the Congo (now Zaire), reported: “As time went on we realized we could not cope with the numerous cases of malnutrition that came for care . . . We have seen in the
last 6 months the following trend in the poor of the city [Phnom Penh] who are not receiving regular food supplements as many in the camps do. There is considerable increase in both number and severity of cases of malnutrition in the children under 5 years of age. There is also an increase in older children with malnutrition, up to 14 years of age; in pregnant and post-partum mothers, and in people over 50 years of age. Each clinic session will include up to 5 older people suffering from moderate to severe forms of vitamin B deficiencies with varying degrees of heart failure. We were not seeing this many older people so affected, even one year ago. Another gauge of malnutrition can be the degree of anemia. The average hemoglobin we find in children is 6 to 7 gms. This is about 50% of what it should be. The main cause is low protein intake plus other diseases, as hookworm, malaria and tuberculosis. We also find that there is an increasing amount of tuberculosis among the children. Poor nutrition again plays a definite part in this disease's appearance.

"Of 121 children seen, there were: 21 respiratory infections (asthma, URI, bronchitis, pneumonitis, pulmonary tuberculosis); 26 enteritis; 20 skin infections; 14 chonic otitis media; 10 eye and ear infections; 14 moderately severe malnutrition (16 kwashiorkor).

These figures could be duplicated in any given week and represent only about 15% of the children going through this particular clinic each week. The condition of these children is definitely worse than those in the camps.

"Two young doctors have joined us on a short-term basis for three months. Their comment is very graphic, but not surprising. 'We have seen more pathology in one week than in two years at the hospitals of Minneapolis.' One of them had a small child, badly malnourished, die in his arms while examining him. They are not in the city hospitals, but treating patients in various refugee centers on the outskirts of town."

The monthly statistics from the Tuol Kruó nutrition center for December 1974 and January 1975 report on the condition of the children that were admitted, which follows, contained the following comments:

"It seems impossible to think that the children can arrive at this center any sicker than now or that the families can be in any more desperate circumstances. Of the 130 children admitted only 10 had uncomplicated nutritional problems. All the others had serious associated medical conditions. Eighty percent of the children had fathers serving now or at time of their death in the army. In 20 percent of the children the father was dead. 123 out of 180 mothers or grandmothers were moderately or severely anaemic."  

MONTHLY SUMMARIES FROM CHILD NUTRITION CENTER AT TUOL KRAK FOR DECEMBER 1974 AND JANUARY 1975

December 1974 | January 1975
---|---
Admissions: | 130 | 137
Discharges: | 113 | 87
Deaths: | 36 | 49
Beginning in hospital: | 85 | 84
Transfer to hospital: | 88 | 83
Average weekly bed number: | 20 | 36
Percentage of deaths to admissions: | 20% | 36%

**Diagnosis on admission**

December 1974:

- Marasmus, with dehydration: 24
- Marasmus with pneumonia: 96
- Kwashiorkor with pneumonia: 57
- Kwashiorkor with dehydration: 6
- Abandoned children: 3
- Marasmus: 1
- Kwashiorkor: 1
- Premature Infant: 1
- Marasmus with cardiac failure: 2
- Gastroenteritis: 3
- Measles, with pneumonia: 2
- Impalypseura: 1
- Kwashiorkor with cardiac failure: 2
The following report is a universal statement of the present Cambodian condition:

"Increasing numbers of children are presenting daily at all our clinics with severe malnutrition states. The numbers of children who are unable to be found hospital beds increases and more of these children are dying in their homes because of lack of care... There has been a serious measles epidemic in the city, with specially high mortality in the 0-5-year age group, due to the poor nutritional state. Cholera has been reported during the last two weeks and some six cases have been diagnosed and treated by our team..."

Impure water and contaminated water supplies are causing enteritis and present the potential for the spread of epidemics of cholera and typhoid fever. Incidents of cholera have been reported in Phnom Penh. Water must be trucked into many refugee resettlement areas and some refugee camps have been built in areas where there is an inadequate supply of water.

Unsanitary living conditions in Phnom Penh caused by crowding and the influx of refugees into the city create a health hazard and present the danger of epidemic.

Dr. Gay Alexander, Medical Director of Catholic relief Services in Cambodia, reported that "In Phnom Penh diseases related to bad water, malnutrition, overcrowding, eye problems, hookworms, and enteritis are on the increase. There were 20 deaths at Neak Long from cholera...[The children] are on the brink—they can slip down very easily."

Our observations illustrated the urgent need for swift action in both the refugee camps and urban areas of Phnom Penh to avert a potentially disastrous situation.

Doctors reported increasing numbers of cases of beri beri. Beri beri is a vitamin B1 deficiency caused by eating polished rice. Rice that comes from the United States is of this polished variety and where the poor cannot supplement their basic diet of rice, it can be expected that incidence of beri beri will increase.

Vitamin deficiencies are appearing in young and old alike. Physicians repeatedly reported to us the clinical increase in debilitating vitamin deficiencies brought about by improper diet. Malaria is on the rise with higher incidence..."
being reported in Phnom Penh. Debilitated by malnutrition, malaria is often fatal.

3. Health facilities

Dispensaries, clinics, hospitals and nutrition centers, limited in number, were forced to refuse treatment to gravely ill because of the lack of facilities and shortage of doctors. Underworked medical personnel were unable to cope with the numbers of people that presented themselves for treatment. The facilities were not only overcrowded, for the most part they were crude and unsanitary. There was an acute shortage of medicines and drugs. Death frequently resulted from infection and lack of proper care, medication was not being administered to patients suffering severe limbs or gross traumatic abdominal wounds. Little or inadequate antibiotics therapy was being given to patients in need of such therapy.

One voluntary agency operates a child nutrition center in an old converted private house on the outskirts of Phnom Penh. This center was established to receive referral cases of undernourished children diagnosed in the clinics and to treat and feed them. The center was designed and staffed for 60 cribs. Their average weekly number of patients is usually in the high 80's. Children brought in to this center are so gravely undernourished that for many of them, death is certain. In January 1975 alone, 49 of these little children died out of 137 admitted. Aggravated cases of Kwashiorkor (Hypoprotein anaemia) and Marasmus are prevalent among the patients. The Medical Director sadly recounted that there are never enough beds to take care of all of the children, that they must turn thousands needing hospitalization away, and without admission here, their fate is almost certain death.

Visibly distraught over the critical situation and other the plight of the children she was seeing daily, the medical director of this voluntary agency operating this nutrition center told us: "Over the past 2 1/2 to 3 months, evidence of malnourishment was increased and you see it with complications like TB. This center is for the worst malnourished. 75 percent of the families are military here, last month 82 percent. The kids [are] coming in because the father died. This morning at our clinic there were a thousand patients waiting. We numbered 200 2 this morning. This afternoon we’ll see another 200. All those people are sick. 75 percent are children. We saw only the worst cases, 50 children should have been admitted this morning. I took only six kids. We only had six beds. We’re now seeing older children, 10-11-12 years, with kwashiorkor. Now the protein level shows a decline on the whole population. . . . TB is on the increase . . . . We have 60 beds [in this Child Nutrition Center] our average number of children is 88. We admitted 140." (Dr. Penelope Key, World Vision Relief Organization.)

In desperation, in an attempt to quantify the plight of the children, the doctor began keeping track of negative statistics so she could tell people how many children they were forced to turn away.

The grim facts listed in tabular form:

<table>
<thead>
<tr>
<th>Period</th>
<th>Number requiring admission</th>
<th>Number admitted</th>
<th>Number turned away</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 8, 1974-Jan. 19, 1975</td>
<td>1,272</td>
<td>141</td>
<td>1,101</td>
</tr>
<tr>
<td>Jan. 20-25, 1975</td>
<td>252</td>
<td>36</td>
<td>216</td>
</tr>
<tr>
<td>Jan. 27-Feb. 1, 1975</td>
<td>245</td>
<td>28</td>
<td>217</td>
</tr>
<tr>
<td>Feb. 3-8, 1975</td>
<td>244</td>
<td>50</td>
<td>224</td>
</tr>
</tbody>
</table>

It requires little imagination to picture these wretchedly frail and sickly little bodies, borne away in their weak mothers’ arms, carried to a shanty hovel, a concrete stadium bench or a dirty alley somewhere to die; certain to suffer, then to die, untreated, unhospitalized, unfed.

1Doctors were obliged to walk among the sick, selecting only the worst cases. They would mark the patients’ arms with a marking pen and after counting off 200, would turn away the rest, unable to treat them.
Rising to the emergency of war and the urgent requirement for hospital beds, Cambodia has hastily converted many schools, athletic stadiums, sporting centers, private houses and public buildings into "hospitals." The physical facility is always inadequate to the burden put upon it by immediate overcrowding, demands for water and sanitary facilities, electric power and light. Sporadic and frequent failure of electricity in Phnom Penh and the shortage of gasoline for generators in the provinces (where generators are available at all), often limits the use of critical medical equipment, including sterilizers, operating room lights and X-rays.

Bathroom and sanitary blocks, where available, became clogged, overflowed and were left uncleaned. Lack of water at our visit (during the dry season) also presented a serious problem. The hospital at Takeo for example was entirely without water. Its well dried up.

Patients were crowded into small rooms, often without beds, lying on mats, as many as 30 in a room no bigger than could comfortably accommodate two or three people. Patients suffering the most critical of wounds, having come from abdominal surgery, were left laying on stretchers in crowded hallways, or put into rooms already crowded with patients. Families of the sick milled about all over with children sleeping in the patient's bed necessitating the invalid to be squeezed up at one end.

Hospitals we inspected were overcrowded. Patients overflowed the wards and were laying on mats or stretchers in the halls and corridors, their unattended wounds exposed to the dirt and filth of aseptic conditions; the stink of pus and infection mingled with the foul odor from clogged, flooded toilets. Critically wounded waited long hours for treatment; there were not nearly enough doctors to go around.

Clinics and dispensaries varied from permanent buildings taken over by voluntary agencies (for example the Cambodian Clinic established in one outbuilding of an unfinished hotel along the river), to tarpaulin-covered mats, set under a tree in the environs of Phnom Penh or in the provinces.

There are about 300 doctors in Cambodia, 65 of those are expatriates working for voluntary agencies and 62 are in military service. The overwhelming majority of private doctors are located in Phnom Penh. Doctors are forced to seek second or third jobs in order to support themselves. The volags have solved this problem by paying Cambodian doctors on their staffs a wage of about $800 to $400 a month. In contrast, a skilled Cambodian doctor, with board qualifications in internal medicine, a military officer holding the rank of Colonel in the Medical Corps with 23 years' service, and the director of a large hospital, was paid the equivalent of US$18.00 a month.

The average number of persons per doctor in Cambodia is 1:16,710. By contrast in the United States in 1971 the doctor to patient ratio was 1:800. The problem of inadequate numbers of doctors is compounded by the large numbers of daily casualties caused to both the civilian and military population because of the war and rocket attacks. The traumatic nature of these casualties takes a large proportion of the doctors and surgeons' time. Military casualties alone between the 1st and 20th of February 1975 were 11,812 (including 1,857 dead).

The gravity of the condition of these wounded is reflected by the statistics given us by one military hospital we visited in Phnom Penh that 30 percent of the seriously wounded die. This hospital although military, accepts civilian wounded as well, and the mortality figure includes civilians.

Another factor weighing on the already overburdened hospitals is that the average hospital stay is measured in months, not days, because "everything infects".

The doctors at one military hospital, deeply touched by the inadequacy of the facilities (they treat and admit civilians as well as military), implored us to report the fact that the allotment they had to feed patients was 400 riels (less than 25¢) a day per patient for 400 patients. They then had more than 650 patients in the hospital that they must feed, making the per patient daily allotment only 18¢. As a result of the system of life in Cambodia, the patients' food must be shared with relatives. One meal served patients consisted of a portion of rice, a few string beans, and a little soup served in a shallow metal tray—no meat or fish.

In other hospitals, no food is provided the patients who must depend on their families to not only obtain the food but prepare it for them. This added burden, in a situation where the family must also try and care for other members at home, causes great hardship on the poor. The entire family must, at times, literally move into the hospital with the sick or wounded.
Major surgery is performed in crude circumstances, often with insufficient drugs and without whole blood or serums. We observed patients with traumatic blast injuries writhing in pain because of an inadequate supply of pain killing drugs.

Hospital operating rooms were crudely furnished, unclean and totally without sterile precautions. Provincial hospital operating rooms often consisted of a single room in a dilapidated building, furnished with a bloodstained wooden table and a few surgical instruments. Bloody remnants of previous surgical cases were left on the floor and, although apparently mopped, the room was still dirty and unsterile.

Doctors often reported to us that they were not receiving an adequate supply of medicine. At one provincial hospital, where 300 patients were treated daily, the doctor told us that his monthly requirement was for 3,000 ampoules of penicillin per month. He received 1,000. The same was true for morphine and pain killing drugs; he receives one-third of his requirements.
APPENDIX IV

ANALYSIS OF FACTORS INVOLVED IN OPERATION BABYLIFT
(By Prof. Edward Zigler, Yale University)

[Note: The following presents excerpts from a preliminary analysis of factors involved in the so-called "Operation Babylift," undertaken in his private capacity by Dr. Edward Zigler, professor of psychology and head of the psychology section of the Child Study Center of Yale University.]

THE VIETNAMESE CHILDREN'S AIRLIFT: TOO LITTLE AND TOO LATE
(Excerpts from a paper by Edward Zigler, Yale University, May 1975)

I have had both a personal and professional concern with the controversy that has arisen over the recent "baby lift" to this country of Vietnamese children. (Although this was called Operation Babylift, many of the children flown here were several years beyond babyhood.) Like so many other Americans, I have kept abreast of this situation as it has unfolded in the many stories and articles that have appeared in our newspapers and magazines. I was prompted to write this article by two headline questions which I encountered in the responsible news media. The New York Times headlined a report of the Vietnamese children's story with the question, "Who will say what is best for the orphans?" In a later story Time magazine presented coverage of the airlift under the title, "The Orphans: Saved or lost?" Both headlines reflect the ambivalence that our nation feels concerning this latest episode growing out of America's difficult and continuing involvement in Southeast Asia.

The children of Vietnam are of course the most innocent victims of a war which, from the time perspective of the child, must appear to be literally endless. The emotional clamor surrounding the airlift seemed to obscure if not delay the need to take constructive, coordinated steps to help all of the children of Vietnam. It became apparent that we could not agree upon what was best for the children without an initial analytic effort to disentangle and evaluate the many issues raised by the practice of bringing Vietnamese children to America for adoption. I have attempted such an effort here.

Since an analysis of a complex issue must invariably be colored by the analyst's values, attitudes, and areas of particular expertise, I feel that I should put my credentials and limitations on display at the outset. For the past 20 years, I have studied the development of children and have had a special concern with those children who have been subjected to deprivation early in their lives. Since the Vietnamese children issue has become more than a little politicized, it is also appropriate that I disclose my political predilections. I consider myself an apolitical individual who has for many years had but a single cause, namely to do all that I could to guarantee children everywhere the best lives possible. In this regard it might be worth mentioning that I was nominated by a Republican President to become Chief of the U.S. Children's Bureau and our nation's first Director of the Office of Child Development. This nomination was confirmed by a Senate which had an overwhelming Democratic majority. The foregoing hopefully should make clear that I prefer to be taken more seriously when discussing children's development than when discussing foreign policy or political matters, areas in which I have no particular expertise.

CHILDREN'S AIRLIFT REPRESENTS WHAT'S BEST AND WORST IN AMERICA

My initial reaction to the airlift of Vietnamese children was that it represented what is best and worst in our nation's ethos. On the positive side, one can experience only pride when witnessing our nation's characteristic sympathy
for the downtrodden and generosity to those less fortunate than ourselves, phenomena which were expressed in an outpouring of volunteer labor and offers of assistance. After a decade of observing a fractionated and adversarial American society of the old against the young, lay people against professionals, the Black against the White, the poor against the rich, and the citizenry against its leaders, it was particularly refreshing to see what our nation could achieve if it would put aside smoldering animosities and unite in a common cause. The sheer logistical job of, in a matter of a few days, uniting hundreds of children with adoptive parents throughout the nation was indeed an overwhelming task to accomplish.

The common desire to help certainly made for some strange alliances. Playboy celebrity Hugh Hefner and Cardinal Cooke, Archbishop of New York, both were at La Guardia Airport on the same day helping in the task of getting Vietnamese orphans to their new adoptive parents. Those who view business leaders as motivated solely by the profit motive would certainly have to reexamine their attitudes in light of the business community's reaction to the dire needs of Vietnamese children. A Connecticut businessman, Robert Macanley, put up a quarter of a million dollars to fly 325 Vietnamese orphans to the United States and announced that he planned to transport an additional 1,000 orphans. The Safeway food chain provided a wide array of supplies to several hundred Vietnamese children who had to remain in the Denver area before joining their adoptive parents.

It was also gratifying during this period to see a common concern of the average citizen become an important agenda item for our leaders in both the executive and legislative branches of our federal government. In speeches in Las Vegas and Washington, President Ford stated that he would work to provide humanitarian aid for Vietnam. Senators Hubert Humphrey and Edward Kennedy announced that they would work for massive humanitarian aid to refugees in both South Vietnam and the Communist-held areas. In the House of Representatives, a bipartisan group of 87 House members urged President Ford to propose humanitarian aid for South Vietnamese orphans.

Unfortunately, our nation's less favorable side was also exposed by the children's airlift. Again we saw America forced to react immediately to almost overwhelming events rather than to be in control of events by carefully thinking through a sound plan of how to deal with the various contingencies of the refugee situation in Vietnam. The problems of refugees and orphaned children are not problems of recent vintage but have existed for at least 10 years. Why was this lead time for careful analysis and planning lost, forcing our nation to behave in a precipitous manner which made us vulnerable to charges of racism, elitism, and chauvinism? The airlift episode represents one more instance in which our nation adopted a tokenistic and simplistic solution to a complex problem. With all of our rhetoric about the United States being a child-oriented society, the fact of the matter is that we have a pretty poor record in helping needy children of any nationality, including our own. (Was it only 10 years ago that many Americans thought that a six-week Head Start session would compensate for several years of deprivation and would inoculate our most needy children against the effects of many future years of economic and social deprivation?) Furthermore, as I read through the gray and turgid prose of countless memoranda issued by federal officials in regard to the social services needs of the Vietnamese, it became apparent to me that while these officials were dedicated, they were part of a bureaucracy that had become too cumbersome and ponderous to be able to proceed with a task quickly, decisively, and well.

**INDIVIDUAL, PROFESSIONAL, AND ORGANIZATIONAL REACTIONS**

Public attitude is an important factor in the construction of our social policies. To the extent that there is a groundswell of opinion in favor of one course of action rather than another, the more likely it is that this course of action will be pursued by our nation's decision makers. The changing attitudes of Americans towards Operation Babylift represent an interesting case history in which an initially positive reaction changed within a few days to a negative attitude. The conflict between pro and con opinions towards the airlift can be seen most clearly in the April 28, 1975 issue of *Newsweek*, where one of the magazine's columnists presented a positive view while another columnist presented a negative view. The positive attitudes often boiled down to the simple
issue of saving the lives of innocent children. Thus Phyllis Biddle, an adoptive parent, said:

"High ideals about extended families and psychological theories do not save children's lives but action does. Let us praise the people who have transcended the criticism and labored to give these children life which in the ultimate confusion of changing regimes might have been denied them."

The negative attitudes are well summarized in a statement by Joseph Redd, Executive Director of the Child Welfare League of America, who said:

"Vietnamese, like all people, do not want to lose their children. All Vietnamese have a strong sense of family obligation, and they have shown themselves willing and capable of caring for their own children. Our great moral responsibility is to enable them, in their time of great tragedy, to do so. * * * Wouldn't it be far better for the children of Vietnam to be cared for in their own highly civilized culture—whether Communist or non-Communist—than to destroy that culture further by exporting tens of thousands of them to alien homes? Hundreds of thousands of Vietnamese men, women and children have died during decades of war. Do we further deplete their population by "rescuing" their children through flight to the United States?" (Quoted in the Denver Post 4/9/75.)

This latter point was made more strongly by Judith Coburn who reported, 

"Some antiwar Vietnamese legislators believe that the Babylift is an effort by the U.S. to strip their country of future generations."

The one group of Americans that has remained unswervingly positive about the airlift has been the adoptive parents who are providing homes for the children. In both word and deed these parents have continued to make a touching and eloquent case in favor of the practice of bringing Vietnamese children to America for adoption. In a letter to the New York Times, Faye Caperna and Susan Wildermuth stated:

"As adoptive mothers of thirteen children, * * * we are deeply disturbed by much of the misinformed and emotional counter-reaction to the airlift of Vietnamese orphans. * * * Children born of any nationality or any race have an absolute right to live and the security of parents who love them. * * * Ideally, political, social, and economic conditions would be such that all parents would be able to raise the children born to them, or orphaned children be returned to the race and culture of their birth for adoption. * * * Last Sunday, as volunteers, we carried frightened and malnourished Vietnamese children off an airplane to the arms of loving parents. * * * "Save the children" is a plea that must transcend national and racial alliances." (4/14/75)

I can speak from personal experience concerning the positive views of those Americans who have adopted Vietnamese children. A statement in which I called into question the wisdom of bringing Vietnamese children to America for adoption was quoted in the New York Times. Shortly thereafter I received a smattering of letters from adoptive parents, all of whom employed very forceful language in calling my views into question. I received no letters in support of my negative stance towards Operation Babylift.

In view of the Catholic affiliation of certain of the charitable organizations operating in Vietnam and arranging trans-national adoption, a surprising foe of Operation Babylift was the Vatican. The Rev. Msgr. Charles Grange, an official of the Vatican's relief organization Caritas, stated that the mass expulsion of orphans from South Vietnam was a deplorable and unjustified mistake originated by an unmotivated hysteria. Msgr. Grange told a news conference that Caritas has instructed all its regional branches and all Catholic organizations to stay out of the airlift program. He pointed out that adoption is contrary to the cultural traditions of the Vietnamese people; orphans are generally placed in the custody of relatives or taken care of by the community, and adoption by strangers has seldom been considered in the past. This fact serves to strengthen the position of another religious group—opposed to the airlift, the Clergy and Laity Concerned, who have argued that American aid money should be spent on programs for children in Vietnam.

In a fine series of articles in the New York Times, Richard Flaste reported that the most impassioned opposition to the airlift has come from a number of Vietnamese residing in America. Tran Tuong Nhu, a Vietnamese anthropologist living in California, was "horrified" about the airlift. She was quoted as saying, "What is this terror that my people will desert their children? * * * There are 22,000 day-care centers in the North. They love children and take
care of them." The Union of Vietnamese in America, also voicing disapproval of the "kidnapping" of Vietnamese children via the airlift, was reported as asking, "Isn't a better way to Save the Babies to end the war?" To the Vietnamese, the airlift represented mortgaging the future of their nation. Such feelings are consistent with the findings of Dr. Shirley Jenkins, a professor of social research at Columbia, whose research has shown that there is considerable resentment among ethnic groups when people try to help by adopting children in a time of difficulty.

ERGORS IN THE PLANNING, PROCEDURES, AND LOGISTICS OF OPERATION BABYLIFT

One must ask why an effort begun with such enthusiasm and initially receiving the support of so many Americans degenerated into a national controversy and ultimately resulted in such negativism. For one thing, the orphan airlift got off to a horrendously bad start when the first plane used to transport the children (a C-5A) crashed shortly after takeoff—a crash which claimed the lives of some 150 children and 50 adults aboard. With the wisdom of hindsight, we must ask why this particular plane was used in the airlift. The C-5A is a giant cargo transport which was not designed for passengers and certainly not suitable for transporting infants. Some of the children were placed 10 abreast in seats that normally hold three persons, and others were strapped down to the floor in the plane's lower cargo deck. (A woman who survived the crash stated, "The children at the bottom of the plane didn't have a chance.")

Normal safety concerns appear to have been held in abeyance, as there were not even enough oxygen masks for everyone on the plane. Furthermore, many feel that the C-5A has never worked well. For instance, Senator William Proxmire has long been concerned about design flaws which have caused engine supports and wings to crack and drop off in test flights, and he has urged the government to consider canceling its contract with the builder. At this writing, Senator Proxmire plans an investigation to determine why the Pentagon decided to use the C-5A in the airlift.

In the first news stories following the plane crash, the possibility was raised that the crash was caused by sabotage. This charge now appears to have been reckless and irresponsible. There are some important issues worthy of examination which inhere in the policy of bringing Vietnamese children to America for adoption, and the unfounded charge of sabotage simply muddied the conceptual issues. More importantly, this charge called into question the credibility of our political leaders and their agents. In my opinion America has already suffered too long under the Watergate mentality in which our elected and appointed officials are viewed as cloven-hoofed and evil. That the credibility specter was raised once again in regard to the airlift was particularly unfortunate inasmuch as there were some signs that President Ford had done much to restore Americans' trust in their government. Whether one agrees with President Ford's specific policies or not, a consensus does appear to have developed that he has brought a candor and an openness to the highest position in our land.

The situation precipitated by the airplane crash was soon exacerbated by the flight to this country of a plane commanded by Edward Daly, President of World Airways. In an unauthorized flight, Daly loaded a plane with 82 orphans and defied officials to stop him. When told his plane was not properly equipped to carry infants and sick children, his answer as quoted in The New Republic was: "How are they going to stop the plane, shoot it down?" He managed to make the trip safely and upon landing was met by the cheers of a crowd. It appears that Americans today have little difficulty in identifying with an individual who defies and cuts through the bureaucratic red tape that seems to hamper us at every turn. However I am afraid that we have here again a picture of good intentions and poor procedures. While Daly's behavior might make for a great John Wayne movie, it was hardly a course of action that would meet the approval of anyone concerned with the safety and well-being of the children he transported.

Another problem of major concern during the airlift was the inadequate health screening of the Vietnamese children in Saigon and the impromptu and inadequate health services delivered to the children while in transit or when they arrived in the United States. Under the direction of Dr. Alex Stalcup, many west coast pediatricians magnanimously gave of their time in treating these new arrivals to our country. While one can applaud these selfless ef-
forts, what we witnessed was an unplanned ordeal in which tired and overworked individuals tried to do whatever they could with the limited resources at their command. Children can hardly receive the best of care in such circumstances, particularly when so many of them arrived in seriously ill conditions.

For example, in an early flight carrying 318 youngsters, Dr. Stalcup and his team found severe cases of dehydration, pneumonia, diarrhea, chicken pox, and other viral diseases. It was reported that by the end of the 16-hour leg of the flight from Japan, the caretakers were running out of liquids with which to treat the dehydration cases. Forty-seven of the children were sent immediately to hospitals, and in a special report to the New York Times we read that a number of these children were unquestionably near death. Other flights had similar incidences of illness and cases requiring hospitalization. And on one flight a three-month-old child died while the plane approached the United States. An autopsy showed the cause of the child’s death was pneumonia, dehydration, and problems brought about by premature birth.

The transportation of ill children not only imposes further physical danger but can also induce psychological harm. Many of the children who survived the C-5A crash, for example, were not given the time to recover either physically or psychologically from the experience of the crash. Instead they appear to have been hurriedly bandaged and placed aboard airplanes the very next day. Dr. Stalcup said that many of these children arrived suffering from head and other injuries, some had injuries that became infected in route, and many children became ill while in transit. We are doubly guilty of subjecting these children to psychological trauma as well. Imagine the fear that these children felt when placed aboard a plane so soon after their horrendous experience.

The only encouraging medical report during the early period of the airlift was Dr. Stalcup’s statement that “There have been no rare or bizarre or tropical diseases among the orphans. What we have found is the garden variety of illnesses, nothing different from what you’d find in the family pediatrician’s office.” A task force of the American Academy of Pediatrics issued a report on the health of the Vietnamese orphans which was consonant with Dr. Stalcup’s early observations. The task force, chaired by Dr. Henry Seidel, reported that the Vietnamese children brought here suffered from many of the same illnesses afflicting American children, with undernourishment making the Vietnamese children’s cases more frequent and more severe. This group also assumed the responsibility of determining whether the Vietnamese children were bringing to this country diseases which might endanger American children. Their survey disclosed no disease which would require quarantine and none which was unique or unusual. Although the basic thrust of the task force report was that the Vietnamese children represented no great danger, some points of caution were raised. A few cases of meningitis were found, but of the type which can be treated successfully. Dr. Seidel also cautioned that some of the children have hepatitis and that their adoptive parents need to exercise care to be sure the disease, a liver infection, is not spread. The American Academy of Pediatrics task force took no position on whether the children should have been brought over in the first place. In response to this issue Dr. Seidel said, “The question is irrelevant in terms of the 1,900 already here. Our concern is simply that they should get the best care.”

The health problems of these children predate the airlift and we should have been making an effort to improve the health of Vietnamese children while they were still in Vietnam. Referring to one flight of over 600 children, Dr. Stalcup stated, “By American standards half of them should be in the hospital right now.” ** By Vietnamese standards, these were the cream of the crop, the healthiest they could find to put on the plane.” The South Vietnamese government and its primary fiscal backers, the United States, have allowed conditions to exist to which no child should be subjected—conditions which guarantee a high prevalence of health problems. In a report in the Village Voice, Judith Coburn described an orphanage supervised by South Vietnamese nuns. The 275 children in the orphanage slept in four rooms so crowded that the children near the walls could not get out without crawling over the other children. In such overcrowded facilities many babies lay in their urine and feces for hours while the overworked caretakers rushed from crib to crib attempting to change them. In such quarters a single child’s illness could quickly generate an epidemic. The senator who reported to Ms. Coburn that the biggest problem in the orphanage was the explosion of young babies in their cribs. This nun felt that
many of these dying infants had no visible disease and may have died "from simple lack of love or stimulation."

It is in this tragic situation that one gets a glimpse of why so many Americans felt positively towards the airlift. While not all Vietnamese orphanages have conditions like those described above, the fact that some do demands our concern. Certainly no one who cares for children would argue against rescuing them from such inhumane conditions and providing them with at least the minimum care and attention necessary to sustain life. Indeed it is the horrible circumstances under which many Vietnamese children exist (the word "live" has too positive a connotation to be used here) in Vietnam that imbues America's airlift policy with whatever rationality it possesses.

However, when considered in terms of the total needs of children in South Vietnam, the 2,000 children brought to this country barely constitute the tip of the iceberg. One gets some semblance of the magnitude of the problem by examining the figures in a 1973 report by Jean and John Thomas, who served as consultants in studying the Vietnamese child welfare situation for the Agency for International Development (AID). The population of Vietnam is between 17 and 18 million, and of this population about one-half is under age 15. Of this child population 880,000 are orphans (either full or half), although some place this figure as high as 1.5 million. Some 20,000 children are in registered orphanages. Many of the remaining orphans stay with their families under a foster parents plan.

Thus the airlift episode is little more than a tokenistic effort. In regard to this tokenism issue Richard Hughes, founder of the Shoeshine Boys Foundation, a home for street kids in Saigon, stated, "The question is whether the money spent on them would not have been better spent to help ten or twenty times that many children in their own country." A danger of tokenistic efforts surely lies in giving the appearance that a great deal is being done which in turn interferes with moving on to more honest and realistic broadscale efforts. We cannot construct a sound social policy to meet the needs of the children of South Vietnam if we believe that we have fulfilled our responsibilities to those children by transporting 2,000 of them here. I consider the airlift to be little more than a distraction which probably is interfering with the construction of an overall plan directed at helping all the people of Vietnam.

The airlift of Vietnamese children poses another type of problem as serious as that posed by tokenism. While there is a real desire to rescue Vietnamese children residing in inhumane conditions, there is some ambiguity in whether many children brought to America were indeed deprived and whether they were in fact orphans. Evidence has surfaced indicating that some of the children brought here were the progeny of highly placed and/or wealthy South Vietnamese who used bribery to get their children to the safety of America. Four children who arrived told Jane Barton, an official of the American Friends Service Committee who speaks Vietnamese, that they had been living with grandparents until a week before the airlift. Ms. Barton was astonished to discover that many of the children "came from well-educated and wealthy families." Speaking of other cases, an article in Time magazine suggested that the speedy removal of children from Vietnam may have resulted in "spiriting away tots whose parents are still alive" (4/14/75, p. 15). We witnessed on television the tragic scenes of Vietnamese children being pulled from the arms of their Vietnamese foster mothers (the psychological mothers of the children in contradistinction to their biological mothers) and being placed on buses for shipment to the U.S. Furthermore, as Ms. Coburn noted, "American adoption efforts have never taken into account the fact that many of the children in South Vietnamese orphanages are not orphans. Many Vietnamese mothers put their children into orphanages because they have no other care and stimulation available there." The implications of non-orphans being included in the "orphan" airlift are indeed serious to the children involved, to their real and adoptive parents, and to the image of America's intentions. A class action suit has been filed in federal court to stop adoption of the Vietnamese children brought here during the airlift. The New York Times reported that the suit "asks that adoptions be delayed until consent is obtained from the children's parents or relatives, or if it is determined that they cannot be found" (5/1/75). These are legal preliminaries to adoption required in Vietnam, but we appear to have sidestepped their adoption formalities too many times in the haste of the airlift. One cannot fathom
the misery which will be created if any of the children already "adopted" by American parents prove to be unadoptable and must be returned to their Vietnamese families, not to speak of the misery which their Vietnamese families are experiencing from their absence.

**ISSUES RAISED BY OPERATION BABYLIFT**

In this section I shall attempt to state and analyze the thorny issues that surfaced once the emotional reaction to the airlift had passed and Americans were able to take a more analytic approach to the problems raised by the baby-lift.

**The airlift as a political ploy**

Perhaps the most troublesome charge growing out of the airlift effort was that the Vietnamese children were pawns being used by our nation's leaders in order to achieve certain political and foreign policy ends. **Time** magazine (4/21/75, p. 10) stated: "Inevitably, the issue became politicized. To some, the phrase 'Operation Babylift' because associated with a government policy less noble than the words implied. Cynical suspicion mounted that the Administration was seeking to build political capital * * * ." In this regard Margaret Mead said that the babylift is "a red herring to keep our minds off what's going on there. * * * We've been importing kids for years. The only thing that is unusual here is the extent to which this is being exploited for political reasons." Similarly, an editorial in the **New York Times** (4/8/75) referred to:

" * * * the exaggerated importance assigned by President Ford to the orphans' airlift. The genuine good will of American families who have embraced these youngsters deserves admiration; but the Government's transparent use of this touching venture has succeeded only in diverting attention from the staggering problems of the millions of displaced of all ages."

It is my considered opinion that the **New York Times** editorial writer would not have taken such a negative view of President Ford's actions in regard to the baby-lift if the writer had taken the trouble of reading carefully news articles which appeared in the **Times** the day before, President and Mr. Ford met one of the early incoming planes and the President made two trips onto the plane to carry off the infants. Dr. Stalcup said, "Initially, I was worried that people would try to turn this into a political event, but I was impressed that he [President Ford] and his staff were extremely helpful. Once, he asked me, 'Alex, am I in the way? There's no question it was moving to him." Dr. George Carlin, Chairman of the board of directors of Friends for All Children, talked with Mr. Ford and reported that the President was "very, very concerned about getting more children out of Vietnam," and he promised that AID would "pick up the tab" for the emergency operations, then in progress. I fail to find in any of this the Machiavellianism attributed to the President and his aids in regard to the airlift of the Vietnamese children.

Evidence for the honest humanitarian concerns of our government for the plight of Vietnamese children is contained in a letter from Henry Kissinger to cabinet rank officers. In this letter dated April 24, 1974, Kissinger noted the deep personal concern that the President [Nixon] felt for the Vietnamese war orphans. Mr. Kissinger noted that the President expected the agencies to do all that they could to improve the well-being of these children, and suggested that "every effort should be made to streamline immigration and adoption procedures, thereby minimizing the time required to unite many of the eligible children with American families which have expressed a desire to adopt them."

We can thus see that the concern of the State Department with the plight of Vietnamese children antedates Operation Babylift by at least a year.

Those who have charged the Ford Administration with politicizing the airlift appear to have taken a much too undifferentiated approach to the cast of actors involved in the baby-lift scenario. This cast includes the South Vietnamese and the North Vietnamese as well as the American. Certainly the North Vietnamese lost little time in making political gain out of the airlift. Premier Pham Van Dong of North Vietnam charged that the airlift was a criminal operation, an American plan to use the South Vietnamese "as instruments in the service of the imperialists and American capitalism."

There does appear to be some evidence that humanitarian and political goals became intertwined so far as South Vietnamese officials were concerned. In a letter circulated throughout Saigon, South Vietnam's 'Deputy Premier' Phan
Quang Dan urged the South Vietnamese government to expedite the passage of the orphans. A mass exodus, the letter predicted, would be given wide coverage in the American press, radio, and TV networks, and would create a groundswell of sympathy that would ultimately help the regime. (Newsweek, 4/21/75.)

Dan later denied the charge that he had been playing politics with children's lives and stated that "These children would die if they were not allowed to go." In fairness to these officials, we must remember that they were constructing an emotionally charged policy while caught up in a panic state in which they believed the fall of Saigon was imminent. Perhaps the issue of Washington's guilt in using the orphaned children centers about the degree of congruence between U.S. policy and South Vietnamese policy at this time. Thieu's acrimonious blast at the U.S. in his resignation as Premier certainly suggests that during this volatile period the policies of Saigon and Washington were not one and the same.

There appear to be two bits of evidence which can be used to support the charge that American officials might have employed the airlift for political and/or foreign policy ends: (1) Judith Coburn stated that "U.S. Ambassador Graham Martin was reported to have made the highly doubtful argument to top Saigon officials that the airlift was helping shift American public opinion in favor of the Thieu government." (2) Reports made the rounds in America that in the early days of the airlift the Saigon government ordered a halt to the exodus of the children but rescinded this order following the intervention of American officials. It thus appears that any evidence that the Ford Administration politicized the babylift is circumstantial at best.

The charge that America played politics with Vietnamese children's lives is particularly disturbing since the charge strikes a blow at America's national character. I have been troubled in recent years by the predilection of so many of my fellow Americans to put on a "hair shirt" and proclaim our guilt to the world. I find this "mea culpa" attitude to be somewhat ridiculous. While there will probably always be a plethora of ways in which our nation can behave better, I am convinced that if our nation was as bad as some of America's social critics suggest, we could never have lasted 200 years as a nation.

### Needs of American children

Another issue which surfaced in the national dialogue concerning Operation Babylift was the fact that there were many children in America who needed the concern and services being given to the Vietnamese children. This is hardly the place to present the long, sad litany of our national failure in meeting the needs of our children. If one really needs documentation for these charges I suggest that he browse through the report of the 1970 White House Conference on Children. This document is essentially a 400-page statement of all that we are not doing and should be doing for children.

For those who have labored long and hard in the hopes of motivating our society to help our nation's young citizens, witnessing the nation's vast concern with a few hundred Vietnamese children gave rise to the charge of hypocrisy. Where is the concern for the thousand of American children who do not survive infancy because America, the richest nation on earth, has yet to lift itself into the company of the top 10 nations having the lowest infant mortality rates? Where is the concern over the National Nutrition Survey which reported on the vast number of poor children who do not receive sufficient nutrition to achieve normal physical development? Where is the concern for the 10's of thousands of children of working mothers who go uncared for during that period of the day between the time school is dismissed and their parents return from work? Where is the concern for those 350,000 children in America's inadequate foster-care program whose entire childhoods are often spent moving from home to home? Where is the concern for those 400,000 children cared for in residential institutions, sometimes, in conditions which Professor Burton Blatt of Syracuse University has described as permitting the legalized abuse of children?

If nothing else, the airlift of Vietnamese children forced Americans to read in their daily papers of the plight of approximately 100,000 American children available for adoption but who would go unadopted without special efforts by adoption agencies to recruit additional families. Why at a time when the number of families wishing to adopt children far outnumber the cohort of children available for adoption, do we have so many children who cannot be placed into adoptive homes? In professional circles the euphemism for these children is "hard-to-place" children. Beneath this benign nomenclature is the fact that...
these children are not adopted because they are too old (adoptive parents strongly prefer infants and may consider even 3-year-olds as too old), they are handicapped, and/or the children are Black. The cost to taxpayers of moving these children from foster placement to foster placement from early childhood to young adulthood is in the neighborhood of $60,000 per child. Perhaps this makes us feel that we are doing "enough" for these children, so the practice of subsidized adoptions which would cost but a fraction of this figure and would guarantee permanent homes with loving parents has yet to become a routine feature of our child welfare policy.

As a long-time advocate for children, I can state without fear of contradiction that the single greatest barrier to mounting needed programs for children in this country is the myth that we are a child-oriented society that has done for America's children all that needs doing. As a result of this myth, the bulk of our populace not only is unaware of our nation's serious shortcomings in dealing with certain basic needs of children and their families, but appears unable to hear or comprehend the indictment that can honestly be made concerning our unfulfilled responsibilities to America's children. When the history of Operation Babylift is finally written, it may well be that its greatest value lay in forcing Americans to become aware of what we as a nation were not doing for our own deprived and vulnerable children.

**American guilt**

During the reports of Operation Babylift a recurring theme was that this was not a humanitarian effort but was, essentially meant to assume the guilt of motives were certainly some that were less than selflessly altruistic.

A mechanism which perhaps played as great a role as guilt in determining the attitudes of many Americans was the mechanism of denial. Representative Don Bonker, after a visit to his constituents, said, "People are drained. They want to bury the memory of Indochina. They regard it as a tragic chapter in American life, but they want no further part of it." In this same vein, Representative Garner Shriver in summarizing the views of his constituents said, "The feeling is that we have made a considerable contribution to Cambodia and South Vietnam and that we have done enough."

Some of my own research on defense mechanisms indicates that a sense of guilt represents a more mature reaction to the Vietnamese situation than does the mechanism of massive denial. Furthermore, in terms of what must be done next in meeting our humanitarian obligations to the Vietnamese people, a sense of guilt can certainly lead to more constructive behavior than can the ostrich-like behavior emanating from denial which does little more than blind us to the need to do anything. Yet, there is some danger in emphasizing the guilt which so many Americans are currently experiencing in regard to Vietnam, and it is easy to envisage how such an emphasis could prove to be counter-productive. For those Americans who have endorsed and continue to endorse our foreign policy in regard to Vietnam, there is little about which to be guilty.
Thus an emphasis on the nation's guilt feelings may do little more than reopen the nation's wounds and reinstate the hostilities between various segments of our society. If this happens, our energies will be dissipated in internal struggles rather than being constructively directed towards wisely and properly meeting the needs of the Vietnamese people.

American chauvinism and racism

A telling criticism of Operation Babylift was that throughout this effort Americans displayed a massive disrespect for the Vietnamese people (both South and North) and their culture. Implicitly and sometimes explicitly the view was expanded that being raised by Americans in the culture of America was superior to being raised by Vietnamese in Vietnam. Critics of Operation Babylift were quick to note our chauvinism and xenophobia. These critics pointed out the ridiculousness of the belief that the Vietnamese Communists would kill children at random and the equally ridiculous assumption that even the best Vietnamese do not really love or know how to take care of their offspring. Support for the view that the North Vietnamese would care for the orphans comes from an unnamed American official who told Malcolm Browne of the New York Times:

"The Communists have an excellent record in looking after children. Orphans here under the Communists would probably be better off than under the present Saigon government. The real tragedy is the leaving behind of the adults who may face reprisals or death for having worked with Americans." (Quoted in The New Republic, 4/25/75.)

A similar opinion was expressed by Tom Miller, who served as a consultant to UNICEF in the North in 1973. He said, "It is not necessary to rescue the children from the Communists."

Not enough attention has ever been paid to the fact that the Vietnamese have a culture that extends backward in time 2,000 years. Nor have we appreciated sufficiently the fact that the Vietnamese have a greater respect for family and children than Americans do. Even with the ravages of war the extended family, which readily takes in orphaned children, is currently more viable in Vietnam than it is in the United States. To see these children removed from Vietnam, renamed with Americanized first names, and forever denied their heritage and culture was insulting to many Vietnamese, whatever their political affiliations might be.

A subissue in this charge that Americans were guilty of chauvinism and racism was the problem posed by some of the children being of mixed Black and Vietnamese parentage. What was never made clear was the relatively small number of potentially adoptable children that had either White or Black American fathers. Using the figures provided to AID by Jean and John Thomas, 770 adoptable children had American fathers, with 276 of these children having Black American fathers. Whether the partially Black children would experience more prejudice in Vietnam than they would in America is an open question. It is interesting that after a decade of involvement in Vietnam, Americans are still not aware that the decisions to which Vietnamese children sired by Americans are subjected have more to do with the size of their noses than with their skin color. Children of mixed matings of South Vietnamese and Americans are called "big nose."

The adoption by White adoptive parents of Afro-Aslan children brought to this country in the airlift reopened a festering problem that has long troubled America's child welfare community. An association of Black social workers has adopted the position that Black children should be adopted only by Black families. The Child Welfare League of America has advanced the more defensible position that while every effort should be made to have Black parents adopt Black children, a Black child should not be denied the benefits of a permanent adoptive home due only to the mis-match of his skin color, with that of his adoptive parents.

During Operation Babylift stories of Afro-Aslan children being adopted by White parents were upsetting to many Blacks who felt strongly that only a Black family can teach these children how to deal with the complexities involved in Black-White relations in the United States, Black consciousness and pride, and a feeling of group identity so essential for Black children to have. Given America's history of prejudice against Blacks, many Blacks felt that the Afro-Aslan children brought here in the airlift had only been transferred from the frying pan to the fire. William Cribbs, a Black legislative aid in Washing-
ton said, "A boy may be a babe in arms now but eventually he is going to be a 17-year-old buck. Is he going to be able to walk down the street with the mayor's daughter? The barriers are there—and if white America doesn't think they are, they are mistaken."

Again, the strongest rebuttal to these criticisms concerning culture and race came from adoptive parents. Mr. Stevens, an adoptive father, stated:

"All this worry about acculturation is nonsense. Maybe it's a problem when they're 16, but not for babies. The alternative is leaving them in an orphanage that our country has been supporting and then having that support withdrawn. * * * If [my child] had been left in Vietnam she would not have survived."

Certainly if the choice is between living and encountering intolerance or being dead, one would have to select living. The question, of course, is whether these are the only two alternatives open to Vietnamese children.

For children or parents

A further question which arose during Operation Babylift centered about whether the purpose of the airlift was to help Vietnamese children or whether it was designed to provide children for Americans wishing to adopt. In the early days of the airlift many of us were troubled by the repeated stories in newspapers and on TV of Americans phoning the private agencies handling the adoptions of the Vietnamese children and requesting a child. This smacked too much of calling the corner pizzeria for a take-out order. And while several Americans were vocal in questioning the motives of those adopting the children, the response from many Vietnamese was much more embittered. On the day of the C-5A crash a South Vietnamese army lieutenant said, "It is nice to see you Americans taking home souvenirs of our country as you leave—china elephants and orphans. Too bad some of them broke today, but we have plenty more."

In the many stories written about the airlift, insufficient emphasis was given to the fact that the children brought here were of two types: (1) Vietnamese children who were already in the adoptive pipeline and whose adoptive parents had already gone through careful screening. For these children the airlift provided quicker entry into the U.S. (2) Children who were not already in the adoptive pipeline but who were hurriedly brought to this country with their adoptions being arranged following their entry. The controversy concerning the motives of the adoptive parents is relevant only to the second group of children. When these children arrived too many Americans displayed an abysmal ignorance of the intricacies of the legal adoptive process and the reasons why this process contains so many safeguards.

The rhetoric surrounding the controversy soon became acrimonious and the adoptive parents were hurt and shaken by having their altruistic motives called into question. In retrospect it is now clear that the true villain here was neither the adoptive parents nor their critics, but was rather the poor planning (or lack of planning) behind Operation Babylift. Many of the adoptive parents were placed in a vulnerable position by the readiness of those in charge of the airlift to ignore the rather stringent requirements that must be met by adoptive parents, requirements that have been developed over the years and which are directed primarily towards guaranteeing optimal homes for adopted children. During this frenzied period Americans who would never qualify as adoptive parents under normal circumstances were permitted to adopt Vietnamese children. For instance, in one newspaper report we read of a single-parent home being approved for the adoption of an Operation Babylift child. I personally received a letter from an adoptive parent who stated, "We had hoped for another child for ten years and were unqualified by the standards of those in power." As an aside, this parent informed me that she was 61 years of age; she did not mention the age of the Vietnamese child she had adopted. If this child was an infant, by the time the child reached adolescence she would have an adoptive mother who would then be in her mid-70's. One must raise the question of whether placing this child in this home was really in the best interests of the child.
SAIGON—When all the political and military arguments over the disintegration of South Vietnam die down, what will be left will be the pure human drama of what has happened to the Vietnamese people. What we are witnessing here is one of history's epic migrations—waves of humanity fleeing their homes, swept up in a panic only dimly understood and spreading that panic to others in their southward path. It is a story of the breakup of families, of the abandonment of possessions, of desperate escapes and tragic failures, and for many of the people involved it is a story that has been painfully repeated time after time over nearly three decades of war here. Now it is all coming to a head in Saigon, a city full of people who have fled before and who must now decide whether to flee again. And so the Vietnamese, convinced that it will all be over soon—some welcoming the end and looking ahead to a new era, others who would rather die at sea than live under communism, many bitter toward the American government—sit at the lunch counters of Saigon and talk about what they have gone through.

SHELLING, DISORDER IMPERIAL DANANG (NEWSPAPER HEADLINE, MARCH 29, 1975)

"On that same date a Vietnamese student in the United States penned these words in a letter to a friend in Vietnam:

"Please tell me if my sister has gotten out of Danang yet. Her husband probably is stuck there with his artillery unit, or perhaps . . . they are both caught among the terrified mobs. Oh, God, what can we do to help them? My closest and dearest and gentlest and most religious sister! I want her out of the city, and I can't do anything to help her. Oh, why is it so?"

By the time the letter arrived, Danang had fallen and, as of this writing, this student's sister is still unaccounted for. Danang is calm and under Communist control. The letter-writer had gone to the States only a few months ago, shortly before her lost sister married and moved from Saigon to Danang with her husband.

The mother of these two young women said in an interview here a few days ago: "Now I have lost one daughter in the United States, and I know she will never return. I have lost another daughter in Danang. Of my five children remaining at home, two are very young and I want to keep them here. The other three are teenagers. They have studied the English language, and I think they could be happy in the United States. Can you help me get them out?"

Scene: The largely bare upper floor of a house in a crowded suburban Saigon neighborhood. Children run about, and a cool breeze blows through the open windows. Outside, you can see lush tropical trees waving against an intensely blue sky.

An old woman with round face, dirty white shirt and silken black trousers sits on a box. Next to her sits her 45-year-old daughter dressed in a mussed pink house suit. A sloppily dressed young man, a lieutenant who has now deserted, sits on another box nearby. Beside him is a morose 15-year-old girl. Both are distant relatives of the old woman. The four of them spent a week escaping from Danang. It is a miracle that they are here alive. Along the way, they lost half a dozen other family members, who now must either be dead or living in the new Communist-controlled zones.
Their story begins in Hoian, a large province capital south of Danang on Vietnam's central coast, at 3 o'clock on the afternoon of March 25. Word came in that the province capitals of Tamky and Quangngai to the south had fallen, and panic seized the people of Hoian. The mother tells their tale:

"I left Hoian on a public works truck for Danang with my daughter who is separated from her husband, my niece, two sons, two nephews and three servants. Refugees were crowding the city. As we left, soldiers stopped the truck and made us leave our bags of rice behind.

"We arrived in Danang that night and, since one of my sons had a house there, we slept in his house. As soon as we arrived, I tried to get boat tickets from the U.S. Agency for International Development to go south. Their office was crowded with hundreds of people, and I couldn't get any tickets.

"The next morning, my daughter, niece and I decided that we would leave the city by private boat. My two sons [ages 48 and 37] and two nephews [17 and 16] decided they would stay there with the servants and find some other form of transportation south.

"I don't know why they did this but, anyway, I told my sons that I would meet them again in Saigon soon. We all cried as we said good-bye. Late in the afternoon, after I was gone, the Vietcong entered the city so my sons and the others were trapped. My sons had already sent their own families to Saigon by airplane earlier, so now they are separated.

"My daughter, niece and I got on a barge not far offshore and waited there overnight with about 800 other people, all huddled together without food or water. Finally, some soldiers on board cut us loose and we drifted to sea. A soldier with a radio called a ship and we were taken on board. It took a day to sail down to Camranh Bay, where everybody got off. There were about 2,000 of us. No officials greeted us, and there was no food or water, no latrines, nothing.

"It was so bad that my daughter, niece and I went back to the ship captain and begged to go back on board. We had to cry in front of him, but finally he consented. We were the only passengers on this large ship, and the captain sailed north a short distance to Nhatrang to try and locate the ship's owner, himself a refugee and lost somewhere.

"At Nhatrang, soldiers on shore shot at us because, I guess, they thought we were fully loaded instead of empty and they didn't want any more people.

"After that, the ship went to Vungtuan, a port city not far southeast of Saigon, and the three lucky passengers went ashore and came to Saigon, where they were reunited with other family members living here. Days later, Camranh Bay, Nhatrang and other cities in the area fell to the Communists.

"As the old lady recounts her story, her grandson, a student in Saigon, sits on the floor and skillfully plucks out a modern tune on his guitar. He wears stylish clothes and has long, carefully modeled hair.

"The lieutenant, a cousin in the family, says, "I stayed in Hoian until the last minutes on the 28th. Even as I fled, I never saw a Vietcong. There was chaos as people rushed around the city and soldiers looted. I saw a soldier rip open one door, rush into a house and kill an old woman with rifle fire. There was nothing I could do.

"I caught a small boat with some marines. Behind us were dozens of other small boats and as we moved down the coast they ran out of gas and the people began jumping overboard. I don't know why they did that, but many of them died in the water because a navy boat that later tried to rescue them couldn't pick them all up. Maybe they panicked.

"We eventually sailed on to Vungtuan without incident, but I was without my wife and small child. I had sent them from Nolao to Danang on the 24th in hopes that they would be safe there. Now I don't know where they are, although I hope they will arrive at Vungtuan soon. I'd like to go down there and look for them, but if I appear on the street I'm liable to be arrested as a deserter.

"He shrugs a dispirited shrug. "I guess I intend to show up at headquarters sometime. I don't know when."

"What will happen now? What does the future hold?"

The daughter in pink answers simply, "I hope I can return to Danang and Hoian as soon as possible."

"You mean you would just as soon live under the Communists?"

The daughter: "Yes, we don't care because we have suffered in this war for 30 years and we have suffered so much misery."
The mother: "At the time, we were so afraid of the fighting between the two sides, and we also feared the unruly, retreating soldiers."

At these remarks, the lieutenant looks at the floor and shifts uncomfortably on his box.

"Well, now look," he says, "I don't really understand the higher politics of all this. I only hope that peace comes so that I can have my wife and child back. I guess that our best hope is that some Americans who are interested in Vietnam will try to help us in a humanitarian way—not help the Thieu government, just help the people, support the people."

The daughter: "That's right! That's right!"

The mother: "Since I left Danang each day many provinces have fallen. I think that the date for the reunification of our country will come soon."

The lieutenant says nothing more. He laughs nervously, and his eyes dart about the room.

The vast flow of refugees out of the Highlands, out of Quangtri and Hue and other cities of the Central Vietnamese coast in this spring of 1975, could certainly be remembered as one of the greatest and most terrible migrations of history. These are the words of a young woman living in Saigon:

"My uncle came back from Camranh. He saw a soldier sell his Honda for 20,000 piasters. The soldier walked down the street and at the first corner another soldier with a gun took the 20,000 piasters away from him. I am laughing, but really it's terrible.

"My new brother-in-law returned from Quinhon [another coastal city] and he lost half his weight. Now he's just like a skeleton. He saw robberies everywhere just for a piece of bread or a bowl of rice.

"He was on a small boat to begin with, with two companions who were also soldiers. They heard others on the boat whispering, "We must kill those three soldiers before they kill us." There was an old mother with these people and my brother-in-law, grabbing her as a shield, managed to get off the boat. He never learned what happened to the other soldiers.

"He walked to Vungtau, and when he arrived his feet were so swollen he couldn't stand up any more. He had nothing to eat and very little to drink for days. Even his cigarettes had been taken away from him by a man with a gun.

"My uncle's story is somewhat the same. At Camranh he saw a top general getting aboard an airplane, and just barely restrained a friend from throwing a grenade at the general.

"Then he was riding his jeep toward the coast when four soldiers with rifles took it away from him. He caught a bus to Vungtau, and it took 10 days to get there. On the way he saw a robber grab at a girl's necklace and when the girl resisted, the robber shot and killed her.

"My uncle, who is an officer, took off his insignia of rank but soldiers could see the bare spot on his uniform and ridiculed him openly. He kept his mouth shut because they could easily have killed him. He saw other civilians being killed, and soldiers dragging off women to be raped.

"At one point a baby fell off the bus onto the ground, and the bus roared off and left it there to die. My uncle and others shouted at the driver to stop but he shouted it was a dangerous area and they couldn't stop."

And these are the words of a young man. "In a refugee camp, people told me that in escaping from one coastal city, they saw desperate mothers on rafts near ships throwing their babies up to sailors on the ships. Sometimes the soldiers would miss and the babies would fall into the sea and disappear."

LETTER FROM A VIETNAMESE COOK TO A FORMER AMERICAN EMPLOYER NOW LIVING IN WASHINGTON

"Saigon, April 8, 1975. Dear Mrs. ______, How are you Mrs. ______? I hope you are fine.

"We are getting along well though the war is escalating and near the capital. When I write this letter this morning the presidential palace was bombed.

"So, one thing, please you to help me is that you find the way to take care of Whiskers my cat because I love him too much. Whiskers cannot live safely with this situation in Vietnam and without your help.

"As for me, I want to leave Vietnam for the U.S. But I have no way. In the U.S. I want a certain job even without salary but to have something to eat.

"For I cannot live in a country threatened by the war. Please help me!"
"The atmosphere in Saigon, as you know, is not good. All the people are ready
to fight the threat of the war at the gate of the capital. So Whiskers is threat­
ened."

"Once more I wish you and your family good luck, good health.
"Respectfully yours,

A half-French, half-Vietnamese woman, after listening to a description of .the
plight of terrified people in Saigon who hope to escape before a Communist take­
over, said, "Don't cry for them. The Saigonese have had their rich, spoiled life
and now they will be getting their just deserts.

"Yes, there will be a certain clearing away of the people by the Commu­
nists, but it's probably for the best." This woman is a chic, well-educated,pers0Il
who speaks fluent Vietnamese, French and English, and who has a good chance
of being evacuated one way or another in any emergency.

The following story is of an ordinary young Vietnamese woman who, a week
or so ago, was desperately undecided about whether, she wanted to flee the
country or not, and who a few days ago went through a deep emotional cata­
clysm of some sort that brought her to an acceptance that she will stay in
Vietnam for the rest of her life, no matter what happens.

She works in an office. Her: deeply tanned beauty makes men notice her In­
stantly, and she often wears tight Levis and T-shirts that, show, off ,her- 6,gnre.
She was greatly relieved the other day to decide, finally, that she would stay.
She laughed and told a friend, "I will be a V.C."

"Look," said one, "when the other side takes over you won't be able to wear
ao-dais and fancy Western clothes, but that will be about the only changefor
you. Life will go on, there will be peace and you will: be reunited with your
husband because he'll be out of the army. You and he and your child can lead
a decent, modest life here in the country of your birth."

The other friend then said, "Now consider what will happen if you leave
her. First, your trip by boat will be incredibly dangerous and you will prob­
ably not even make it alive to a neighboring country. If you do, what will hap­
pen then? Vietnamese is your' only real-language, and you have no money. You
will lead a life of poverty and loneliness. You will pine for your homeland, and
the loved ones you leave behind."

After an hour of this, the young woman relaxed. The following day she, as
so many others in this capital are doing, went to Vungtau to search for a lost
brother who had been in the army in a northern coastal city. She told of her
trip:

"A sergeant that I met told me that he had himself seen my brother get
wounded when a Vietcong rocket hit a truck he was riding in. He was wounded
in the foot, and three of his friends tried to carry him down to the coast, but
they gave up and finally left him behind.

"Later, on a ship, the sergeant asked the friends what happened to him and
they said, 'We had to leave him behind, but don't blame us for that because
we too are fleeing for our lives.' I believe the story, and it gives me hope be­
cause I hope he had a light wound and will be alright."

"My mother visited a fortune teller to ask about the destiny of this brother.
The fortune teller said he will return home by the 1st of May, but that if he
doesn't show up by then, we can consider him dead.

"You know, another brother of mine serving in the army died half a year
ago in battle, but if I make an emotional comparison with that case, the cur­
rent case seems much more hopeful. Six months ago, I had presentiments that
my brother would be killed. This time I have a hunch that he will show up."

Your husband is also an enlisted man in the army, and you haven't seen him
for two weeks and don't even know how to get in touch with him because he
is in a mobile unit somewhere in the countryside around Saigon. How is it,
since your family has sacrificed so much to the army and the nation, that you
can calmly accept the idea of living under the other side, the people your fam­
ily has been fighting all these years?

The woman: "I think for sure that I can live with the other side even though
one brother was killed by the Communists. But all the hatred in my family is
concentrated on Thieu, because he is the man who really killed my brother and
has forced my other brother to serve in the army.

"Early on the morning when I heard the palace was bombed I was happy
and I and my mother and father hoped that Thieu was killed. My father's view
is that if this regime is overthrown, then we'll have peace and a chance to find
my missing brother."
One of the two persons who talked this young woman into her decision to stay after a Communist takeover was formerly a high-ranking Vietcong officer who commanded a large unit in the attack on Saigon during the 1968 Tet offensive. Now, having defected for reasons that are not entirely clear, he leads a simple life working in a Saigon office but his sympathies clearly remain with the other side.

"I spent the whole of my youth fighting the French," he said. "When I was with the Communists, I didn’t agree with them on the military tactics. I was worried about my soldiers, and I didn’t want them all to get killed, so I left. My idea was to find a new way, a political solution.

"I have mixed feelings about the impending Communist victory here. It may be bad for me personally, but it will be good for the country. The country can easily be improved economically and in other ways when the other side takes over.

"People are worried about a bloodbath, but I don’t believe it. I understand well the policies of the Communists, and some people will be killed—those who committed crimes against the people, like the secret police. But in any case the Vietnamese people look on those guys as criminals, as owing a blood debt to the country. I mean the secret police who arrest, kill and torture people.

"I’m not a Communist but I agree, and accept many policies of the Communists. I’m happy at the victories of the other side, because when the Communists come here, we will easily solve the problems between Vietnamese and foreigners, between rich and poor, the problem of corruption, and so on. The country will improve.

"Figures, I just want to be a farmer, to work on my land for the rest of my life. I’m old anyway, so if I die now I’ve lived enough." The other man who talked to the young woman has also eagerly followed the Communist victories over the past five weeks. He said, "When they come into Saigon I won’t be able to drive my car around any more, I guess. But I’ll be okay.

"Even if I’m not okay, I was born here, grew up here, this is what was given to me by my ancestors. If it’s good I’ve got to contribute my efforts to make it better. If it’s bad, I’ve got to improve it. I’m not going to run away. I’ve decided to die here, for Vietnam. I’m not interested in going to Australia to milk kangaroos."

The young woman, 25, went to the United States several years ago, for her senior year of high school in the American Field Service program. She is now a secretary in an office of the U.S. Embassy here, and she is engaged to her Vietnamese sweetheart. She is attending a night course at a university here.

A visitor to her office leans on her desk and she looks him in the eye, silent. "Is the embassy going to get you out of here?" he asks.

"I don’t know," she replies, her voice nearly a whisper. "What will you do if they don’t?"

For 10 seconds she is silent while her eyes, brown and watery, search her visitor’s face.

"Kill myself," she blinks.

Two men sit drinking in a downtown bar. Both have been anti-government journalists, but now they are planning to flee the country with their families by boat, a desperate undertaking. Both think that life under the Communists would be unbearable.

"The Communists are very clever in identifying the people who really threaten them," says the first man. "For people like us, whose minds have been trained under a non-Communist system, life would be very difficult. I want to be safe, to survive. I want my wife and kids to have a life that we can choose for ourselves."

The second man says, "We would rather die, and do it ourselves, than let the Communists kill us. I fled from the North 20 years ago, and I know they would kill us. Maybe not right away, but they would do it.

"I told my daughters that they can stay here if they wish, and if they don’t declare their father’s name. They are pretty girls, and they can marry the Vietcong officials. But I, my wife and two sons, we must go abroad at any cost."

"Suppose I stayed here and they didn’t kill me. But they might do something like this: Every day the Communist officials would come to my house to flirt with my wife and, in the end, I would realize that my only recourse would
be suicide. No, my friend, I would rather be sucked to the bottom of the sea or killed by pirates."

They drank in silence for a while, then:

First man: "It’s so sad, we are anti-Communists but we have done nothing wrong. We are not leaders, we are not high-ranking. We’ve done nothing bad to the Vietnamese people, but now we must flee."

Second man: "We are the victims of both sides."

First: "Right! Victims of Thien, victims of the Communists. The Communists say they are patriotic and age trying to liberate their country because they love it. But really they are Communists, not patriots. And Thien, he is not a patriot either. If all these people were patriots as they claim, then why would they be fighting and destroying the country?"

A Vietnamese-speaking Westerner who spends a good deal of time chatting with the common people of this city said, "The mood is tense among the Vietnamese. The banks are crowded, and that happened in Danang the day before the panic started.

"The poor people in the marketplace and the cyclo drivers talk about ‘this dirty, corrupt government that never did anything for us.’ These people know that the government’s game is up. It’s all over. They’re scared of shelling and fighting and pain, but that’s all. They say, ‘We’ve been abandoned by the Americans.’"

The automobile drive from Hue to Danang takes you along a sandy coastal strip and up through spectacular mountain passes high above the turquoise swells of the South China Sea. It must be one of the most beautiful 80-mile car trips in the world, and the battered, black 1930’s-vintage Citroen sedans that used to ferry passengers back and forth between the two cities—Hue, the center of culture, and Danang, the bustling port city—gave a certain charm and atmosphere of timelessness to such a journey. Now both cities, and the road between them, are controlled by the Communists.

When I last made this journey nearly two months ago, a large, middle-aged Vietnamese man who spoke moderately good English shared the back seat of the Citroen with me, and he told this story:

"I was born the son of a Mandarin landlord in North Vietnam. My grandfather was born in 1850, and I can remember as a child listening to him tell how, during the latter part of the last century, people would persecute Catholics because Catholicism was considered a pro-French, left-wing foreign religion. "They would line a lot of Catholics up and clamp their necks between two long pieces of bamboo, all in a line. Then they would run a machete along the bamboo cutting all their heads off. At other times, people would take the crucifix of a Catholic and throw it in the dust, demanding that the Catholic stamp on it. If he refused, he was beheaded."

"My grandfather had six wives and a lot of land and countless servants. So far as I know, he never did anything but sit around having a good time. I had to be very polite to him, and so did my father. Sometimes I would go to see him, and he would ask me a few questions about how I was doing in school and so on. I was taught total respect for him, so much so that when I left a room I learned I could never turn my back on him. I had to back out of the room, bowing as I went."

"The same basic thing was true with my parents. You know, in the old days in the North, we couldn’t talk with our parents directly the way young people do today.

"It was only later, when I had joined the Vietminh, that I could talk directly with my father, and he would talk to me and ask for advice."

"I had to join the Vietminh. They were fighting the French and not all of them were Communists. Everybody joined. Later, when I learned that they were Communists and the natural enemies of the landlord class, I opposed them and they put me in jail."

"My father was killed by the Vietminh in 1954. They dragged him out of the jail I was in, took him to our native village and brought him before a people’s court. Then they machine-gunned him to death. I just met an army captain in Hue who also came from my native village. He was in that people’s court, and he remembers the death of my father. In Banmethoù recently I met some farmers who were sharecroppers for my father. You know, they still remember me, they still respect me."